

Toward an Ecology of Addiction: Overeaters Anonymous and Weight Watchers in a Culture of Consumption

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ABSTRACT

There is increasing evidence that aspects of human eating may be 'addictive'. Much of the existing literature examining this focuses on specific foods or individual pathologies of 'addiction'. Qualitative research methods, in particular content analysis, offers a rich opportunity to better understand 'addictive' aspects of human eating through the stories shared by those who have experienced compulsive eating. This research examines two different organizations that use storytelling as a tool for changing eating behaviours. Overeaters Anonymous (OA) and Weight Watchers (WW) began in the United States in the early 1960s as mutual support groups designed to help members with problems of compulsive overeating. This research examines: 1) the ways that OA and WW addressed 'addictions' with food when they were first formed; 2) how each organization has changed over time; and 3) the ways that identities are constructed through the telling of stories within each programme. For this thesis, I used historical analysis, in-person and online participant observation, and content analysis as research methods. I found that while OA and WW once similarly addressed 'addictions' with food, this is no longer the case. WW no longer understands their members as fundamentally different from others in the ways that they eat, and OA now welcomes members with a variety of different compulsive eating behaviours. However, similar themes regarding identity emerged from the OA and WW stories used in this research. OA and WW members describe that they acquire different belief systems regarding health and how to eat in each programme. In comparing these two organizations, how each has changed over time and the shifts in identity described by OA and WW members, this research identifies aspects of everyday living that members of both groups

similarly highlight as important factors influencing compulsive eating. Based on these findings, I then assess to what extent a new framework for understanding 'addiction' may be needed, and conclude by suggesting further areas of research that would be suitable for constructing this.

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LIST OF ABBREVIATIONS

3-0-1: 3 meals a day, nothing in-between, 1 day at a time

12&12: Twelve Steps and Twelve Traditions of Overeaters Anonymous

AA: Alcoholics Anonymous

AN: Anorexia Nervosa

BED: Binge-Eating Disorder

BMI: Body Mass Index

BN: Bulimia Nervosa

CEA-HOW: Compulsive Eating Anonymous - Honesty, Open-mindedness, Willingness

CUREC: Central University Research Ethics Committee

DSM-IV: Diagnostic and Statistical Manual of Mental Disorders

EDNOS: Eating Disorder Not-Otherwise Specified

FFH: Formerly Fat Housewife

GA: Gamblers Anonymous

HP: Higher Power

NA: Narcotics Anonymous

OA: Overeaters Anonymous

OA-HOW: OA - Honesty, Open-mindedness, Willingness

NBA: National Basketball Association

SES: Socio-Economic Status

WHO: World Health Organization

WW: Weight Watchers

*There is a full Glossary after the Bibliography for detailed definitions

INTRODUCTION

This thesis is about problematic consumption in the United States. It focuses on problematic food consumption and obsessive behaviours related to food intake in the U.S. It aims at informing various academic fields that deal with problematic forms of consumption and 'addictive' behaviours. This thesis aims at understanding how community-based organizations address a broader social process that influences compulsive eating behaviours in humans. It examines how members of Overeaters Anonymous (OA) and Weight Watchers (WW) construct their identities through sharing about their experiences with food and problematic forms of consumption with others. 'Sharing', or speaking about ones experiences in OA and WW, shapes individual identities through the ways that OA and WW members identify with others in their groups. In utilizing these 'shares', which are called 'Success Stories' in WW and 'shares' in OA[1] (see Chapter 2 and Glossary), this research hopes to gain further understanding about the ways the interactions between individuals and their environments influence problematic consumption, with particular emphasis on food and food-related behaviours.

Compulsive eating behaviours in humans are not necessarily problematic, however many people describe their experiences with compulsive eating as having a negative impact on health (Gearhardt and Corbin 2012a: 281-282).

[1] A twelve-step handbook of recovery explains that 'shares' differ from 'qualifications' or 'pitches' in their length and content (Editors of Recovery Press (2011[2009]: 145). This handbook defines a 'share' (and 'sharing') as 'Impart, reveal, disclose. Speaking up when called on in a twelve-step meeting for the purpose of letting members of the group know more about the speaker's "experience, strength, and hope"' (Editors of Recovery Press (2011[2009]: 166). The term 'share' is used in this thesis to represent the stories from both OA and WW, and the term 'stories' is also used.

This dissertation examines compulsive eating behaviors by looking at individuals who describe their own eating behaviours as problematic. This dissertation defines 'compulsive eating behaviour' as uncontrollable (or unstoppable), and 'addiction' in terms of food and eating behaviours as unmanageable. I use this definition in order to represent the shared eating experiences of members of two separate organizations that offer programmes for changing problematic eating behaviours. One of these organizations is focused specifically on weight loss, and the other focuses on recovery from 'addiction'. These differences between OA and WW are important, and are explained in detail throughout this section, as well as subsequent sections of this chapter (see *Identity and the Body in Consumer Culture*).

Both programmes were formed in the U.S. in the early 1960s, and both organizations have always utilized a group dynamic in order to address the problematic eating behaviours of members (Nidetch 1975: 69; Overeaters Anonymous 1980: 14; 1996). These programmes have changed, and despite the differences in how their food plans now operate, these organizations addressed problems of compulsive overeating for their founding members in similar ways. For example, OA and WW members similarly acquire new belief systems regarding food rules and health practices in each programme, and these influence the ways that members understand themselves as consumers in advanced capitalist economies (Cain 1991; Counihan 1992; Denzin 1989; 1995[1987]; Granberg 2011; Heyes 2006; Lester 1999; Reith 2004; Vibeke 1997).

Since their meetings first began, WW and OA have spread internationally (Overeaters Anonymous 2013a, accessed January 29th, 2013; Weight Watchers 2013e, accessed February 9th, 2013). They continue to operate as community-based organizations that address problematic eating behaviours for members. WW is an organization aimed at weight loss, and OA is a twelve-step

programme for recovery from compulsive overeating. WW is a corporation, and as such profits from selling an eating programme designed for members to lose weight. They offer in-person meetings and an online community, as well as food and other weight-loss products to help members lose weight using their programme (Weight Watchers 2013b, accessed January 29th, 2013). OA is a grassroots organization. It is fully self-supporting by voluntary contributions. OA offers the Twelve Steps, Twelve Traditions and nine tools of recovery for anyone who wants to stop eating compulsively (Overeaters Anonymous 2013a, accessed January 29th, 2013; 2013d, accessed February 9th, 2013). The nine OA tools of recovery include meetings, which are a key component of the Fellowship in OA as well as other twelve-step programmes (Overeaters Anonymous 2013c, accessed January 27th, 2013; Reinarman 1995).

WW and OA offer programmes with new rules for eating that address problems of control with food and the body. Each organization believes that problems with control underlie problematic patterns of eating behaviour. However, OA and WW address problems of control for their members in drastically different ways. WW sells a programme that gives new food rules for members. It is designed so that members can control the ways that they eat in order to lose weight. The WW programme addresses aspects of the physical body through application of their belief systems. Conversely, the Twelve Steps of OA give a step-by-step process by which members surrender control. Control is then handed over to a 'Power' greater than the self, and OA members surrender control over their eating behaviour, as well as their bodily appearance. They believe that the origin of their 'disease' is threefold, and includes aspects of the spiritual, emotional and physical body (Overeaters Anonymous 2013a, accessed January 29th, 2013).

In both OA and WW, members 'share' about how their eating has changed since joining the programme (Heyes 2006; Lester 1999; Martin 2000; 2002).

WW members share with other members through in-person meetings and online forums. They also give personal accounts about how they reached their goal weights using WW. These 'Success Stories' are published by the organization through their websites, cookbooks, magazines and newsletters (Hendley 2003; Heyes 2006). OA members share with others about their experiences of recovery using the Twelve Steps. They do this through in-person meetings, online meetings, magazines, newsletters, pamphlets and books. They describe how their eating has changed as the result of working the Twelve Steps, and how they maintain abstinence (Lester 1999; Overeaters Anonymous 2013a, accessed January 29th, 2013).

The telling of personal stories in OA and WW helps to further the understanding of compulsive eating in humans in several important ways. The founding members of WW and OA published accounts about how they formed the first meetings of these programmes (Nidetch 1975; Overeaters Anonymous 1980: 7-17; 1996). They give detailed descriptions of their experiences with compulsive overeating, and explain how they addressed aspects of their compulsive overeating through utilizing a group dynamic. Jean Nidetch, founder of WW, and Rozanne S., co-founder of OA, give similar descriptions of how they ate (Nidetch 1975: 20-22; Overeaters Anonymous 1980: 10; 1996: 6). Comparing these helps to better understand aspects of the lives of founding members that they perceived as influencing problematic food consumption, as well as how each organization originally addressed these problems. This is important to comparisons of each programme now, as it allows for an understanding about how the changing food environment has influenced patterns of consumption, and how each organization has adjusted their approaches to problematic eating as the result of these changes.

Sharing about experiences with problematic patterns of eating behaviour has remained an important component of both OA and WW over the last 50 years

(Hendley 2003; Overeaters Anonymous 1996). In each programme, members continue to talk about how their eating has changed through participation with OA or WW. The stories from these programmes give detailed descriptions of how the organizations now operate (Martin 2000; 2002). They also identify how norms regarding food and health have changed through participation in OA and WW, as well as aspects of everyday life that members perceived as having influenced their eating behaviours (Granberg 2011; Heyes 2006; Lester 1999). Members of OA and WW also describe specific problems with food and health, and how these changed after coming to OA or WW (Hendley 2003; Heyes 2006; Lester 1999; Martin 2000; 2002; Overeaters Anonymous 1980).

WW members purchase a membership to their programme, and this dimension of WW shapes the consumer identities of members. They pay for the value they perceive in WW as a product, and discuss the value weight loss has for them as members of the programme (Martin 2000; 2002). There are differences in the ways that various groups of people perceive value in food norms, health practices and body ideals. These market demographics include gender, ethnicity, 'race' and life stage. WW members place different value on membership according to these, and while all members pay the same price, there are obvious disparities in the value of bodily appearance for different genders, ethno-racial groupings and life stages. For this reason, WW markets their programme to various emerging markets, and they emphasize the value that their programme has for different groups.

OA members acquire twelve-step 'addict' identities through participation with their programme (Cain 1991; Denzin 1989; 1995[1987]; Reith 2004). They describe their experiences with compulsive eating and how they led to an unmanageable life. Members in OA describe how they are recovering from compulsive eating using the Twelve Steps, and their identities are shaped

through sharing twelve-step understandings about 'addiction' (Cain 1991; Lester 1999; Reinarman 1995; Valverde and White-Mair 1999). OA members believe that they consume in ways that are fundamentally different from others (Martin 2000; 2002), and abstinence becomes the first priority for members of the programme (Werdell 2012). In this way they acquire a consumer identity of an 'addict' (see Introduction, *Identity and the Body in Consumer Culture, consumer identity and addict identity*), where understandings of compulsive eating mean that they interact with the economy as abstinent consumers of particular goods (Bailey 2005; Reith 2004). This shapes their consumer identity in a particular way, making them non-consumers of certain goods (Bailey 2005; Reith 2004; Werdell 2012). Additionally, they become part of a larger twelve-step community that shares the cultural norms and vernacular utilized by numerous other twelve-step programmes (Reith 2004).

Examining the problematic patterns of eating described by members of OA and WW allows for new understandings of compulsive eating in humans. It does so through the ways that members highlight aspects of everyday life that they perceive as influencing their own eating behaviours. Sharing a common understanding about how to deal with these aspects of everyday life serves as a basis for identity formation within each programme, and the content of the stories shared among members can be used to further understand this type of problematic consumption of food and food-related behaviours. In utilizing the stories from OA and WW for this reason, the research questions for this thesis are:

1. How did Weight Watchers and Overeaters Anonymous address 'addictions' with food when they were first formed?
2. How have Weight Watchers and Overeaters Anonymous changed over time?

3. How are identities constructed through the identification with others in Weight Watchers and Overeaters Anonymous?

Answering these questions using the stories from OA and WW gives further insight into how the political-economic system, and aspects of the local ecology, influence eating. There are clear problems with control described in these stories, and OA and WW members explain how they use their programmes in order to address these at an individual level. Members also describe how their eating environment, as well as others around them, influence patterns of consumption. Through the 'shares' given by members, regular distribution of WW and OA materials and experiences from attending in-person meetings, this research aims to contribute to further understandings of compulsive eating behaviour.

FEEDING, EATING AND COMPULSIVE EATING

In order to answer the research questions of this dissertation, it is important to understand what constitutes feeding, eating and compulsive eating so that the complexity of eating as a form of problematic consumption can be fully explored. This section examines the differences between mammalian feeding and human eating so that the ways that identities influence consumption can be discussed in the following section.

Two important differences between mammalian feeding and human eating have been identified. These unique aspects of human food consumption are the result of hominin evolution. With ecological change, migration and the emergence of agriculture came diverse social and cultural norms regarding diets and eating, which were not only socially stratified but economically stratified as well (Ulijaszek 2002; Cohen 1998). For this reason understanding

the eating behaviours of humans today requires attention to changing food norms and class hierarchies, as well as body size (see Chapter 3).

Humans do not live in isolation from each other; they interact with one another as well as with other organisms around them (Ulijaszek et al. 2012: 53). Furthermore, competition for resources occurs within ecological communities between individuals, groups, populations and species. With human eating, as opposed to mammalian feeding, food consumption offers numerous avenues for acquiring social status. Higher status permits better access to resources and mates (Wiessner 1996: 3).

For all humans, food is indispensible for survival. Ulijaszek et al. (2012) observe, 'subsistence provides food; food provides nutrition. Nutrients variously supply energy, promote growth and repair of bodily tissue and regulate bodily processes' (2012: 4). There is huge variability of nutrient requirements across species. Requirements also vary within species, both at a population and individual level. Humans consume micronutrients such as vitamins and minerals, as well as macronutrients such as fat, protein, carbohydrates, fibre and water.

Food consumption is driven by dopamine reward circuitry in the brain. For example, 'food, which we need in order to survive, increases dopamine, which in turn motivates and drives us to learn that it is salient and to engage in behaviours that result in obtaining food.' (Volkow 2004: 13N). Thus, there are obvious driving forces for food consumption in humans. However, there is huge variability between individuals regarding how these mechanisms work (Volkow 2004). Much research has been done on these differences in humans in the recent work examining compulsive eating and 'addiction' to specific foods (Gearhardt et al. 2009; 2011). Such research focuses on either specific foods or individual pathologies of 'addiction', and little existing

research examines the complexity of social dynamics influencing interactions between the two.

Food can be used in a variety of ways in order to access power and status (Counihan 1988; 1992; Dietler 1996). Food is an excellent instrument of control. Food, food rules and controlling bodily appearance through consumption are all ways that humans can access social power (Bordo 1993; 1999; Gross and Dresrusse 1996; Counihan 1988; 1992). This thesis argues that eating behaviours can become highly compulsive as the result, and the participants of OA and WW help to identify groups of people who have experienced this. Previous research has described how humans lose the ability to control eating behaviours due to how effective food is in manipulating emotional states (Blass 2012; Ifland et al. 2012). The present research builds on previous work on food, 'addiction' and compulsive eating, and examines how food can be used to control the self, as well as others (Counihan 1988; 1992; Coveney 2000; Dietler 1996).

Food is not only eaten for health and nutrition, it is also a commodity (Cronin 2002; Reinarman 2007; Reith 2004). This means that humans can develop highly emotional relationships with foods, or types of foods, through the process of commodification (Coveney 2000; Cronin 2002). A 'commodity' is defined in this dissertation as anything intended for exchange (Appadurai 1986: 9; Cronin 2002), and by ascribing different exchange values to foods they become vehicles or transmitters of social meanings. Furthermore, food is purchased within a political-economic system, and therefore it carries value that is influenced by different properties. These include the potential to be consumed recreationally for pleasure, to convey social status or as a source of energy for work (Cronin 2002; Fischler 1980; Gross and Dresrusse 1996; Reinarman 2007). This influences the motivation for consuming particular

foods at an individual level, and the enormous meanings that foods carry are often highly personal.

There are numerous other factors influencing compulsive eating in humans. For example, aspects of everyday living, food norms and economic constraints all influence patterns of eating. The political-economic system in the U.S. has increasingly encouraged consuming for pleasure, and now facilitates the production of cheap, palatable foods (Ulijaszek 2007). These foods are also distributed in a way that makes them readily accessible, as well as affordable.

In the U.S., the political-economic system helps to structure eating behaviours in other highly individualized ways. This occurs at different social levels, where food policies have a cascade effect on eating practices through social dynamics of power and control. For example, Drewnowski (2010) observes that healthful foods cost more than less healthy options, and that historians have documented how these costs were determined by political agendas that sought to reshape the diets of the working class (2010: 1187). This is the problem facing policy interventions that address compulsive eating. For example, while some individuals describe problems with specific foods, others have compulsions with behaviours that are not food-specific. All of these problems, however, seem to be connected to social stratification in various ways.

Class and socio-economic status have a huge impact on food consumption, body norms and body size in the U.S. (Cheney 2011; Drewnowski et al. 2007; Ferrell 2011; Offer 2006; Rehm et al. 2012). The highest rates of obesity in the U.S. occur in groups with the highest poverty rates and least education (Drewnowski 2004), and this is independent from the social factors influencing disproportionate rates of childhood obesity across ethno-racial

groups (Drewnowski et al. 2009). Body sizes have been increasing in the U.S. since the 1960s, and while there continues to be obvious disparities in the rates of obesity for certain groups, there are also similar disparities in rates of eating disorders. For example, a 'cult of thinness' reemerged between the 1960s and 1980s in the U.S., and eating disorders have been on the rise since the 1970s, predominately affecting young women, especially in college (Offer 2001). Therefore socio-economic status and class-based norms are a major contributing factor to differences in eating behaviours throughout the U.S., and understanding these social pathways is useful for constructing more effective policies that address these food-related health problems.

Humans can define their entire identity through the ways that they eat (Fischler 1988). Fischler observes:

> Food is central to our sense of identity. The way any given human group eats helps it assert its diversity, hierarchy and organization, and at the same time, both its oneness and the otherness of whoever eats differently. Food is also central to individual identity, in that any given human individual is constructed, biologically, psychologically, and socially by the food he/she choses to incorporate. [Fischler 1988: 275]

For individuals experiencing problems with eating or the body, food identities become focused on this aspect of their consumption. Eating in compulsive or uncontrollable ways may provide chemical rewards derived from taste, fullness or feelings of cleanliness; however it gives no sense of group identity (Fischler 1980; 1988).

Fischler argues that humans have become 'mere consumers' in these eating environments throughout much of the industrial world (Fischler 1980:945), where people no longer have any connection to food production. Fischler explains that humans need a set of rules to be followed for everyday eating within industrial food environments (Fischler 1980; 1988: 290). This allows

them to exercise control over everyday living by reinserting food into 'a comprehensive system, i.e. in a set of coherent rules of behavior, whereby the food integrated into this regime (or this cuisine) recovers meaning and identity, and so also does the eater' (Fischler 1988: 291).

In the U.S., the ecological and socio-cultural constraints that once regulated food habits became weaker during the periods of economic transition that followed the First and Second World Wars (See Chapter 3, *OA and WW in a Culture of Consumption*). Popkin (1999) described this 'nutrition transition' that occurred throughout the 20th century, especially in countries like the U.S. This nutrition transition 'involves a shift away from plant-based diets towards higher per capita consumption of animal-based foods, oils and fats, processed sugars and processed carbohydrates' (Dixon 2009:322; Popkin 1999). Dixon goes on to argue that cuisine dominated the way that food was regulated until the 1950s, however since that time commercial food providers have made cooking redundant. As the result, cuisine no longer dictates the food rules for how to consume in everyday life (Dixon 2009: 323; Ulijaszek 2002). This has become problematic for individuals in countries such as the U.S., and nutritional science now dictates much of the symbolic reasoning behind 'good' and 'bad' food choices (Counihan 1992; 1999; Coveney 2000; Fischler 1980: 946; Levenstein 2003a; 2003b; Lupton 1996).

Members of WW and OA describe how they use their programmes to deal with issues of 'choice' and control in order to change patterns of problematic consumption. They explain how OA and WW provide new belief systems for how to eat, and members use others in the group to reinforce these new belief systems about food. They also share strategies for how to maintain these different ways of eating despite aspects of the environment that may be obstacles to doing so. In WW and OA members describe how they address problems of extra adiposity and obesity, and in OA members also describe

how they recover from bulimia, anorexia, binge eating, substance specific 'addictions' to foods, exercise bulimia and compulsive dieting. OA explains that they understand all of these different behaviours as 'symptoms' of the same 'addiction' or 'disease'. These 'symptoms' include:

> Obsession with body weight, size and shape, eating binges or grazing, preoccupation with reducing diets, starving, laxative or diuretic abuse, excessive exercise, inducing vomiting after eating, chewing and spitting out food, use of diet pills, shots and other medical interventions to control weight, inability to stop eating certain foods after taking the first bite, fantasies about food, vulnerability to quick-weight-loss schemes, constant preoccupation with food, using food as a reward or comfort. [Overeaters Anonymous 2013a, accessed January 29th, 2013; 2013b, accessed February 2nd, 2013]

Members using OA are recovering from a variety of problematic compulsive eating behaviours, and body sizes of members vary. Participants in WW, however, are changing problematic patterns of eating more generally, and Body Mass Index (BMI) classifications, rather than notions of 'addiction', are used to screen potential participants (Weight Watchers 2013d, accessed February 13th, 2013).

OA and WW each frame compulsive eating through their own organizations' belief systems (Martin 2000; 2002), and while both address problems of compulsive eating, neither programme utilizes biomedical definitions of 'addiction' when describing the eating behaviours of members. There is a controversy within biomedicine regarding the general definition of 'addiction', and the new definition for 'addiction' proposed for the revised edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) includes substance-specific 'addictions', as well as behavioural 'addictions'

(Peele 1985[2]; 2010, accessed November 6th, 2012; 2012, accessed November 6th, 2012). Furthermore, while there are sets of criteria for diagnosing 'addiction' in humans, there are problematic patterns of eating that do not necessarily meet these criteria. This makes compulsive eating a difficult health problem to examine using biomedical definitions of 'addiction' and 'disease'.

Biomedical research has focused on specific qualities of certain foods and types of foods in order to try and explain substance-specific pathways of 'addiction'. For example, Epel et al. (2012) looked at substance specific pathways of 'addiction' for 'comfort foods'. They define these foods as highly palatable, habit-driven forms of consumption (Epel et al. 2012: 268-269). Other research has compared sugar to cocaine (Ahmed 2012), or examined chemical dependency on sugar (Avena and Hoebel 2012). Researchers have looked at the influence that smoking, caffeine and alcohol consumption play in problematic food consumption (Blumenthal and Gold 2012; Evatt and Griffiths 2012; Gearhardt and Corbin 2012b; White and O'Malley 2012). They found that caffeine and smoking acted as appetite suppressants that curb the desire to eat, while alcohol made people more likely to overeat when drinking. While all these approaches to 'addiction' give interesting insights into the chemical pathways of certain eating behaviours, they do not fully address the problem of compulsive eating in humans. This is because they do not include an understanding of foods as commodities, or goods with ascribed values and meanings.

Cronin (2002) observes that with understandings of commodities and 'addiction', 'the risk of some approaches is to overlook the nature of these substances as *commodities*, not merely as objects made magical through the

[2] Peele was on the committee that discussed definitions of 'addiction' for the DSM-IV, and has written about his stance on the upcoming changes proposed for the DSM-V. For this reason, I reference his previous publications, as well as his more recent commentaries, which both discuss problems with defining 'addiction' in biomedicine.

touch of advertising' (Cronin 2002: 325). She suggests that there is an alchemical transformation that takes place when food is produced and sold in consumer culture. Commodities undergo a transmutation in capitalist societies, and they have value and social worth beyond the nutritional or branding properties ascribed to them through science or advertising (Cronin 2002; Reith 2004). Lupton explains how this is connected to identity:

> Goods thus act as a message system, indicating to oneself and others the type of image a person would like to fit into. When one consumes a hamburger from McDonalds' family restaurants, one is also consuming American culture. By choosing Pepsi over Coca Cola one is identifying with the 'Pepsi Generation'. [Lupton 1994: 113]

Current research on 'addiction', compulsion and problematic patterns of eating do not include these understandings of food as a commodity, and they have not included the immeasurable, intangible aspects of foods that influence patterns of consumption (Coveney 2000; Probyn 2000; Lupton 1996). These components of the commodity are invisible, and are vectors of social worth through how individuals perceive and define the value of various goods.

Reith (2004) observes that understanding commodities in this way gives further insight into tensions in the ideology of consumerism. Reith argues:

> The image of 'addiction' is underpinned by what can be described as a deification of the commodity, whereby a substance — usually described as a 'drug' (or, increasingly, an experience, described as 'drug-*like*') — is attributed with influential powers — no less than the ability to overwhelm the sovereign individual and transform them into something else entirely — an addict. As the bearer of these 'addictive' properties, the commodity appears to take on a demonic life of its own, and swallows up everything — reason, volition and autonomy — it comes in contact with. [Reith 2004: 286]

'Addiction' has also been described as a 'disease' where the economic relationship between humans and the commodity becomes inversed (Denzin 1995[1987]; Reinarman 1995; 2007; Reith 2004). Rather than choosing to consume in a particular way, 'addicts' describe that they lose the ability to control their consumption (Cronin 2002; Peele 1985; Reith 2004; Stearns 1997; 1999). Rather than consuming, they are consumed with thoughts about consumption. This occurs through what many 'addicts' describe as an uncontrollable obsession, and an everyday existence that becomes centered on consuming in particular ways (Bateson 1972; Reith 2004).

This potential for commodities to destroy individual self-control was the concern of temperance movements wherever they developed (Levine 1993: 9). These movements focused on the danger of the commodity, which had the potential to destroy an individual's ability to self-regulate behaviour. Levine (1978; 1993) observes that temperance movements mobilized groups of people to campaign against the production of a commodity (alcohol), and to educate the public about the threats that it posed to society (see Chapter 3, *OA and WW in a Culture of Consumption*). However, at the beginning of the 20th century, Alcoholics Anonymous (AA) emerged as an alternative for dealing with problems of 'addiction'. Rather than situating the problem of 'addiction' within the commodity, AA situated the problem of 'addiction' within the self (Levine 1978: 15). In making 'addiction' a problem within the individual body, the focus shifted to the 'addict', and recovery therefore became focused on self-work and abstinence.

In examining the history of alcoholism and the 'discovery of addiction' through this particular commodity, a similar comparison can be made to the emergence of 'compulsive eating' as a distinctly different type of behaviour from mammalian feeding and human eating. Compulsive eating is similarly seen as an 'addiction', in that it is understood as uncontrollable, or

unstoppable (Brownell and Gold 2012). This type of eating goes against belief systems regarding control and self-restraint within the U.S., where controlling food consumption, as well as bodily appearance, is understood as the responsibility of the individual (Featherstone 1982; Howson 2013).

While there has been a 'nutrition transition' that has resulted in the production of cheap, accessible and highly palatable foods in the U.S., these have not been the focus of policy interventions, as lobbyists have been successful at repealing laws that tax energy-dense foods (Cawley 2012). Much like the shift away from temperance movements, the problem of compulsive eating has become situated within the self, and this is reinforced by biomedical (Cartesian) belief systems (Werdell 2012). For this reason, many of the health interventions that address problematic food consumption have focused on the individual, and more specifically the divided mind/body individual, who is expected to control their desires and make better food 'choices' in a culture of mass consumption (Stearns 1997: 117). Examining the connection between the body and 'identity' (or self) is important for further understanding this, as the ways that people consume increasingly serve as the primary basis for identity formation within consumer culture.

IDENTITY AND THE BODY IN CONSUMER CULTURE

Approaches to 'identity' and 'self' are examined throughout this thesis, and both of these terms are used in ways that refer to 'how a person subjectively perceives who he or she is' (Ahuvia 2005: 172; Belk 1988). There are problems with identity and perceptions of the self that have emerged within consumer culture, and these influence compulsive consumption. In regards to compulsive eating, identities have been influenced by a rapidly changing food environment (see Introduction, *Feeding, Eating and Compulsive Eating*), and also by changing belief systems about bodily appearance and body

maintenance (Featherstone 1982). In order to discuss these, it is important to first specify the way that 'consumer culture' is used throughout this work, and how consumer culture influences the connections between identity and the body. Furthermore, since personal stories from the U.S. served as the primary source of data for this thesis, it is also important to examine discourses related to the body, identity and perceptions of the self in that country, which is a nation that typifies a culture of consumption.

With mass production comes mass consumption (Featherstone 1982), and by the beginning of the 21st century, many countries had economies that fostered an environment where everyday life revolved around consumption rather than production (Howson 2013). Featherstone (1982) has observed that in this type of consumer culture 'a new relationship between the body and self has developed' (1982: 27). He gives a detailed explanation of the emergence of the body as a primary symbol for identity construction within consumer culture (Howson 2013), and the importance that the body as a visual image plays in influencing identity. Featherstone argues that the physical body has become central to the role of identity formation within consumer culture (Featherstone 2006), and that a 'we are what we look' approach to self-identity limits understandings of the self as it relates to feelings, lived experience and senses other than vision. Therefore, he suggests that the 'body without image', or the body that is not dependent on a visual image, needs further exploration, and that this type of approach would move beyond the popular psychology of self-help discourse that understands the body as a 'reflexive body project' (2006: 235).

Through this limited view of the embodied 'self' (i.e. as a visual image), identity is defined through bodily appearance, and it can be altered through consuming particular goods and services within consumer culture (Belk 1988; Howson 2013; Schilling 1993). 'Identity', therefore, is 'embodied in the

external performances people give and over which they feel they can exert varying degrees of control' (Howson 2013). In this way 'control' becomes the central focus of the connection between perceptions of identity through bodily appearance. Whereas the body was once the locus of the soul, it has become emancipated within consumer culture, and can therefore be 'worked upon' at different layers (Giddens 1991). Howson (2013) observes that this view of the body is characteristic of the biomedical (i.e. Cartesian) model of the body that reaffirms a degree of control over the body through biomedical discourse. Furthermore, Howson (2013) argues that this perspective enables a wider social belief throughout consumer culture that 'through application of technology and information, the body can be endlessly modified' (Howson 2013: 122). Therefore, the body takes on the character of an unfinished product, to be shaped and molded throughout a lifetime, rather than a completed body project.

While research has focused on how this aspect of consumer culture has resulted in problems with consumers developing and maintaining a coherent sense of self (Ahuvia 2005: 172; Giddens 1991), postmodernists have argued that this allows consumers to have multiple, fragmented senses of self (Ahuvia 2005; Firat and Venkatesh 1995). For example, Firat and Venkatesh (1995) suggest that the contemporary consumer now possesses 'a fragmented and multiple sense of self with no need to reconcile identity contradictions to produce a unified experience' (Ahuvia 2005: 172; Firat and Venkatesh 1995). However Holt (2002) challenges this view, and suggests a critique and an alternative framework that further develops the 'liberatory postmodernist' approach put forward by Firat and Venkatesh. Instead, Holt (2002) argues that there has been an increasing resistance to brands as the authority for determining culture, and therefore an antibranding movement has emerged in postmodern consumer culture that has forced markets to evolve (Holt 2002:

72). Now, brands allow for highly individualized ways of identity construction, serving as a cultural resource, or ingredient, for constructing the self. This allows for the construction of a highly fragmented self, where people range from chameleon-like consumers to consumers who opt out of brand-assisted identities altogether. Those who opt out of brand-assisted identities instead use 'religion, local culture, work, art, ethnic enclaves, etc.' as the bases of identity formation (Holt 2002: 87).

Prior to these postmodernist approaches, Cushman (1990) suggested that rather than constructing multiple identities (Firat and Venkatesh 1995), or highly individualized, fragmented identities, there has been an emergence of an 'empty self' within consumer culture. Cushman (1990) argues that since the Second World War, the lack of 'community, tradition, and shared meanings' in the U.S. has resulted in the production of empty selves. For this reason, consumers lack a cohesive sense of self. Counter to Holt's (2002) observations, Cushman explains that people are increasingly consuming in compensatory ways to try to fulfill what has been lost alongside industrialization (Cushman 1990: 600).

These different perspectives regarding identity and the body within consumer culture are explored throughout this thesis, and the consumer experiences and identities described in OA and WW differ drastically. Members of WW describe constructing identities through weight loss using the WW programme, while members of OA describe discovering the self through surrendering control over weight, food and bodily appearance. Therefore, identity construction in WW utilizes understandings of the self through the physical body, while OA members construct a sense of self that is less dependent on bodily appearance. This occurs through how members develop an understanding of the self that is connected to — but not singularly defined by — the body.

There is little existing research exploring connections between selfhood, identity and 'addiction' (Larkin and Griffiths 2002). This dissertation argues that 'sharing' in OA and WW shapes individual identities through the ways that OA and WW members identify with others in their groups, and this has as much to do with sharing about eating behaviours as it does with discussing problems related to bodily appearance. Furthermore, given that biomedical models connect food and body size to notions of health, numerous members of OA and WW share about changes in their perceptions of health and wellbeing after coming to their programmes.

Ideas about control, surrender and 'working' on the body and ones 'self' are also explored using the 'shares' from OA and WW members. The comparison of these two programmes, where OA is focused on surrendering control over the body and WW on gaining control over the body, allows for a further understanding of the role that control plays in compulsive eating, 'addiction' and recovery. Given that OA and WW deal with this problem of control within consumer culture, much can be gained by examining the differences in how each programme deals with problems of control, and both OA and WW do so through their distinct understandings regarding connections between control, the body and the self.

It is important to note that 'identity' is not seen as a finished product, and this dissertation explores the ongoing process of 'identification' in OA and WW, rather than a 'once-and-done' experience of identity acquisition. Hall (1996) observes that identification, as opposed to identity, is 'constructed on the back of a recognition of some common origin or shared characteristics with another person or group, or with an ideal, and with the natural closure of solidarity and allegiance established on this foundation' (1996: 2). Using this perspective, identities are constantly constructed through the identification with others in each programme. Unlike an object, the 'identities' described in

this thesis are not an entity to be won, lost, sustained or abandoned. Instead, they are continuously shaped and reconstructed by consuming in ways that adhere to the belief systems shared by members of the OA and WW communities.

Carbaugh (1989) observes that in the U.S. specifically, 'choice' plays a fundamental role in the discourse on identity. He suggests that the economic environment offers constant opportunities for identity construction, as manufacturers make a variety of products from which consumers may choose. In exercising a choice, an individual right is asserted, and a unique identity is enacted (1989: 41). Carbaugh argues that this differs from descriptions regarding the self. Instead, the 'self' is described as an object or container that one possesses or *has*, whereas identities are described as constructed through making choices (1989: 61-62). Identity, therefore, is spoken about as though it can be controlled through actions (choices), whereas the self is described as a package containing resources. Thus, in the U.S., discourses about the self are closely related to the discourses about the body. In this way, identities are often spoken about as though they are continuously socially constructed, while the self is discussed as though it can be lost, found, broken, depleted, discovered etc.

This nuance can be further understood through Hearn's (2008) observation regarding identity and self-branding. Hearn suggests that the branded self is the product of an era of flexible personalities, and is a 'form of self-preservation singularly focused on attracting attention and acquiring cultural and monetary value' (Hearn 2008: 213). Therefore, what is often being described as an 'identity' may at times be more indicative of a 'self-brand'. This results from the way that consumer culture allows for multiple identities, or essentialized identities, to be constructed in order to increase social capital. For this reason, when discussing differences between 'self-branding', and

constructions of 'identity' and the 'self' in this thesis, I will be referring back to this subtle nuance.

Members of OA describe an interesting connection between the self and self-identity that may warrant further differentiation between these two terms. This has to do with the twelve-step approach to recovery, which frames 'addiction' as a problem with mind, body and spirit (as opposed to a Cartesian mind/body dichotomy). Counter to Giddens' (1991) observations, members of twelve-step programmes recover a body that once again becomes the locus of a 'self' or 'soul'. While this is connected to the body, the self is not defined primarily through it, and for this reason numerous members of OA explain that the body is no longer used as a source of identity construction (or self-brand), which can be manipulated through strategies of control.

This dissertation explores four predominant ways that OA and WW members describe changes in their identities through identification with others in their programmes. Food identities, health identities, consumer identities and 'addict' identities are explored as emergent themes throughout this research. These identities are not mutually exclusive, and they reflect aspects of the self that relate to 'lifestyles' within consumer culture, as well as attitudes and behaviours surrounding 'lifestyle choices' (Howson 2013: 197-199). OA and WW members both describe changes in their belief systems regarding these, and that these changes are lifelong. They explain that by 'working the programme' in OA, or 'taking the journey' in WW, they are committing to different ways of understanding food and eating behaviours. Identities, therefore, are constructed in each programme by identifying with others in the group, and this occurs through the 'sharing' of stories.

Consumer Identity

'Consumer identity' is used in this dissertation to describe the shared ways that different groups consume in order to access social status. Fiske (2000) observes that with capitalism, consumption 'offers a sense of control over communal meanings of oneself and social relations, it offers a means of controlling to some extent the context of everyday life' (2000: 315). Consuming in this way (i.e. for pleasure rather than needs) increased in the U.S. throughout the 20th century, especially during the period of economic expansion that took place following the Second World War (Reinarman 1995; Davies 1944). At this time, 'consumer identities' became 'highly attenuated, produced primarily through choosing from a range of slightly differentiated goods' (Holt 2002: 71).

Since that time, Willis (1990) and Laermans (1993) argue that a large number of people in contemporary Western societies no longer rely on 'organized religion, high culture, general ideologies or politically articulated forms of class consciousness to define themselves', and instead increasingly construct their individual identity out of cultural commodities (Laermans 1993: 155; Willis 1990). The ways that individuals consume relates to their life course in particular ways (McCracken 1988), and this influences the ways that goods are consumed in ways that convey messages and announce identities (Rose 1999: 271; Willis 1990). Similar to Hall (1996), McCracken (1988) suggests that the consumer is someone who is involved in a cultural project of completing the self through the ways that they consume. This is an active, ongoing process throughout a lifetime, and consumers have the ability to re-create themselves or sustain identities through consuming different goods (McCracken 1988: 88).

Aspects of identity can now be achieved through spending money (Laermans 1993; McCracken 1998; Rose 1999; Willis 1990). Demographics such as age, gender, class, socio-economic status (SES) and ethnicity are some of the most general categories influencing patterns of consumption within consumer culture. Furthermore, consuming particular goods can create a sense of belonging in both localized and globalized communities (Featherstone 2003; Robertson 2003), and this type of consumption can be extremely specific. For example, consumer identities such as yuppie, punk, green or techie have been created through consuming in particular ways in a global marketplace (Firat and Dholakia 1998: 109).

Sedgwick (1994) and Cronin (2002) suggest that it's these 'mystical properties' projected onto commodities that makes them so 'addictive' (Sedgwick 1994: 134). Sedgwick suggests that it is the ability to control identity, and the feeling of empowerment that comes from making consumer choices, that may be more addictive than the substance itself. Furthermore, she argues that this aspect of control is what unites the overeater, anorexic, bulimic, substance abuser and exercise 'addict'. All of which revolve around problems of control, and the 'addictive' potential of the assertion of will (Sedgwick 1994: 132-133).

Addict Identity

'Addict identity' is used throughout this dissertation in order to describe understandings of 'addiction'. These are twelve-step 'addict' identities, in that they are constructed within twelve-step Fellowships. It is important to note that this twelve-step 'addict' identity differs from biomedical understandings of 'the addict' and 'addiction', which do not serve as the shared basis for identity construction within these groups. In AA and other programmes that have adapted the AA approach, members share a common

belief system regarding the origins of their compulsive behaviours. They believe that the self has fundamentally lost the ability to control (i.e. moderate or stop) the consumption of specific products or behaviours, and that the Twelve Steps are the solution to this.

Reith and Dobbie (2012) argue that twelve-step 'addicts' acquire a particular type of consumer identity based on control and consumption, in which abstinence is seen as the only path to recovery. Reith and Dobbie observe that programmes based on the principals of AA use 'a specific concept of addiction as a chronic, quasi-medical personality disorder' where the 'addiction' is not something that one has, but instead is what one *is* (Cain 1991; Reith and Dobbie 2012: 518). Therefore, members within specific twelve-step groups share a collective identity in regards to 'addiction', where their 'persona is core to their self-of-self, with the idea of a fixed, unchanging identity defining who they [are], both in the present as well as in the past and future' (Reith and Dobbie 2012: 518).

In this way, twelve-step programmes are to some extent 'anti-consumer' organizations (Reith 2004; Valverde and White-Mair 1999). They do not explicitly challenge or involve themselves in any political controversies regarding temperance and consumption, however twelve-step groups are Fellowships of individuals who reject the authority of other governing bodies that have historically regulated problems with excess and control (Reinarman 1995; Valverde and White-Mair 1999). For example, the principals of AA assert that only another alcoholic can diagnose and treat alcoholism, rather than clergy or biomedical practitioners (Valverde and White-Mair 1999: 398). Thus, 'addiction' becomes an equalizer that transcends the class and status stratifications that influence the ways that different groups consume throughout free market economies.

Bailey (2005) argues that if consumer behaviours are used as the primary source of identity formation in contemporary society, 'addiction' and constructions of 'the addict' are at the opposite extremes of this consumer identity (2005: 537-539). Sedgwick (1994) explains that groups who self-identify as 'addicts' unite not to claim their right of freedom of consumption, 'but rather *as addicts*, as people who define themselves as *not* having freedom' (Sedgwick 1994: 141). In acquiring a twelve-step 'addict' identity, individuals can become socially empowered against the agendas of large corporations and manufacturers by becoming part of a group that is willing to stigmatize itself through sharing this particular type of consumer identity (Reith 2004; Sedgwick 1994).

Health Identity

'Health identity' is used in this dissertation to describe the ways that groups share belief systems for understanding 'healthy' living. For example, twelve-step 'addicts' share a common understanding of how to recover from their 'addictions' using the Twelve Steps. Therefore, twelve-step 'addicts' share a 'health identity' that has its own unique understanding of illness and wellbeing. In WW, members share an understanding that being 'obese' is unhealthy, and therefore associate improved health with weight loss using biomedical understandings of disease, BMI and obesity-related illnesses (Weight Watchers 2013g, accessed February 2nd, 2013).

Food is related to health identities in numerous ways, and the ways that OA and WW members understand this connection differs according to each organization, past eating experiences of members, as well as other more individualized belief systems regarding what constitutes 'healthy' eating. Members of both programmes describe themselves as 'healthier', therefore identifying with others in their groups that participation in their programmes

is 'good' for them. The ways that they describe this improved health status, however, varies. Members make sense of improved health through weight loss, weight gain, manageability of everyday living, contentment, valuations of self-worth, eating (or not eating) particular foods and changes in exercise routines and fitness. Thus, while experiences of members vary, there are changes in health identities in OA and WW that are based upon a shared cultural belief that actions (choices) within their programmes result in healthier bodies, as well as healthier selves.

Crawford (1984) remarks that the body is a cultural object, and humans invest the body with culture in ways that distinguish us from the rest of the natural world. In the U.S., 'health identities' are often connected to choices regarding consumption through prevailing attitudes about control and individual responsibility for making 'the right' (i.e. healthy) 'lifestyle choices' (Bordo 1999; Coveney 2000; Dixon 2009; Lupton 1994; Stearns 1999). Attitudes to health and healthy bodies are highly gendered in the U.S., and differ according to life stages (Featherstone and Hepworth 1991; Saltonstall 1993). Lupton explains that 'notions of "health" indeed are re-interpreted in middle-class commodity culture as concerning attractiveness and body maintenance' (1994: 113), and Saltonstall (1993) suggests that 'definitions of health often refer to deliberate, intentional action involving the body' (Saltonstall 1993: 8).

In the U.S., 'health' is discussed as part of one's identity. This is consistent with a prevailing belief system throughout Western societies that expects individuals to maximize their health status through making various 'lifestyle choices' (Howson 2013: 197-199; Turner 1991). OA and WW offer distinct ways for dealing with aspects of health that relate to consumption, food and the body, and members of OA and WW say that their programmes make lifestyle 'choices' more manageable for them.

Food Identity

'Food identity' is used in this dissertation to describe the ways that groups share a common understanding of how to eat. OA members utilize different food plans according to their various definitions of abstinence; however, the Twelve Steps of OA are the same for all members recovering from compulsive eating. WW members purchase a programme sold by the corporation in order to lose and maintain weight. The current food plan in this programme is a point-based system of counting numeric values, allowing WW members to include any food in their diet by moderating and portioning foods. In both OA and WW, the 'food identities' acquired are shared by other members of their groups. However, members of both programmes describe more personal, individualized ways that they eat using the OA or WW approaches to eating.

Comparing the food identities described by OA and WW members offers substantial insight into a deeper understanding of 'addiction'. It does so by examining the ways that members of each programme deal with problems of choice and control when trying to regulate a human need that cannot be abstained from altogether. I argue that understanding the ways that food identities are constructed in OA and WW can identify specific aspects of control involved in compulsive eating. For example, OA members all utilize different food plans and definitions of abstinence, but share the same way of recovering from 'addiction'. If all OA members are recovering from the same 'addiction' using the Twelve Steps, yet using different definitions of abstinence, then what are they all similarly recovering from? Furthermore, some OA members utilize the WW food plan, but are not able to change their compulsive behaviours using only WW, so what aspect of 'addiction' is addressed in OA but not WW? And why does WW work for numerous

members, while others in OA say that it exacerbated their problems with eating before coming to OA?

These questions can be answered using Bateson's (1972) research examining the process of recovery in AA. Bateson suggests that what members of twelve-step programmes experience by working the Twelve Steps is a change in epistemology. He explains that the Twelve Steps acknowledge a cultural variant of Cartesian Dualism involved in developing an 'addiction'. Throughout the West, there is a division between Mind and Matter, or as Bateson explains, 'between the conscious will, or "self", and the remainder of the personality' (1972: 313). Acquiring a twelve-step 'addict' identity corrects this disjunction, and unifies the concept of self through a threefold understanding of 'addiction' as a 'disease'.

When an individual is consuming 'addictively', the self is absent or subdued by the obsessive behaviours that come to define their entire identity (Reith 1999; Reith and Dobbie 2012). Therefore, the important difference between OA and WW members is their distinct belief systems regarding *control*. OA members recover from 'addiction' through an entirely new epistemology as 'addicts', recovering a self and an identity that had been taken over by uncontrollable consumption. WW members acquire different types of consumer identities (i.e. as WW consumers, thinner consumers, healthier consumers etc.) by utilizing a programme for controlling problems of food consumption that relate to the physical body. Thus, the 'addiction' of the self is understood as separate from food and bodily appearance.

CONTEXTUALIZING THIS THESIS WITH THE EXISTING RESEARCH ON OA AND WW

I suggest that through the experiences of members of WW and OA, a new framework for understanding 'addiction' may be needed. This section

explains this, first by exploring previous approaches to OA and WW, followed by a description as to how this research differs from these. Finally, by situating this research within the existing literature discussing other forms of problematic consumption and 'addiction', I aim to demonstrate how perceptions of identity and time influence compulsive eating in ways that are similar to other forms of problematic consumption.

This research is not designed to evaluate for efficacy, nor are the primary research questions aimed at evaluating how successful these organizations are at addressing problematic patterns of eating behaviour. Previous research on OA and WW, however, has examined this. For example Tsai and Wadden (2005) evaluate WW and OA as potential weight-loss programmes to which patients may be referred. Their research concludes that WW showed the most potential for weight loss for patients, while OA had little to no effect on weight loss. Their study, however, does not explain that OA explicitly states that it is not a weight-loss programme. OA's members are both obese from overeating and underweight from bulimia and anorexia (Ronel and Libman 2003). The problem of evaluating weight loss in populations suffering from 'addiction' is apparent. Lyons (2009) critiques this research by questioning the researchers long-standing connections to the weight-loss industry. Furthermore, Lyons is critical of the study's conclusion suggesting continued use of programmes such as WW for patient referrals, despite little evidence that they actually work (Lyons 2009: 78).

Ethnographic research on OA and WW also exists. Martin's (2000; 2002) work examines how these organizations differ in the ways that they address body shame for members. Martin explains that OA utilizes an approach to shame that understands body size as a manifestation of an underlying spiritual condition, while WW manufactures a need for managing shame within their programme in order to keep profiting from the participation of members

(Martin 2000: 37-38). In looking at the organizations in this way, Martin's approach to OA and WW suggests that members negotiate experiences of shame through these differing organizational frames.

Granberg (2011) looks at the experiences of members within OA and WW to better understand how individuals exit stigmatized identities within each programme. This research examines how individuals develop identities from stigmatized 'fat' bodies to 'normal' ones after losing weight in OA and WW. Importantly, Granberg observes that while her participants lost weight, they were part of a minority who were able to do so. This influences exit stigmas, as many who lose weight cannot maintain this loss. For those who were freed from stigmatizing self-labels, successful exiters saw their post-weight loss bodies as their authentic selves (Granberg 2011: 50). For this group, Granberg explains that her participants came to see themselves as 'normal', and therefore stopped identifying themselves with a stigmatized 'fat' identity.

Lester's (1999) ethnographic work on OA studied how eating behaviour is connected to bodily appearance. Lester focuses on how OA addresses social dynamics regarding power and control. She examines the highly gendered way that eating behaviour is influenced by body norms within 'American culture'. She uses Foucault's notion of 'technologies of the self' for understanding recovery in OA. Lester found that although the programme's focus is to relieve members of their suffering from compulsion with food, the programme might be unintentionally reinforcing gender inequalities. She suggests that OA risks doing so through how it regulates problematic consumption towards more 'normal' ways of eating for members. The findings from this research suggest that this is not the case, as both men and women describe similar experiences with food and the body in OA. Additionally, they describe their recovering lives as infinitely improved, as they no longer revolve around food and food-related behaviours.

Heyes (2006) applies the same theoretical approach to WW as Lester does to OA. She conducted participant observation in WW, and argues that WW uses words referring to its tools and programme that indicate a level of taking care of oneself and self-nurturing. This type of vernacular utilized by the programme makes members more dependent on the organization (2006: 140). Heyes writes that organizations such as WW sell the idea of a transformative weight-loss experience (Heyes 2006). The goal of the member is not only to lose weight, but also to become a new, transformed individual altogether. Heyes argues that the organization keeps members engaged with the programme through a vernacular that appears ethical and empowering. She suggests, however, that this does the opposite by reinforcing broader social norms that marginalize women through slim body norms.

In order to understand how the approach taken in this thesis differs from that of existing work, especially that of Lester (1999) and Heyes (2006), it is important to return to the discussion regarding identity and the body outlined in this chapter's section *Identity and the Body in Consumer Culture*. This thesis begins with a historical approach to OA and WW, and examines the social dynamics occurring in the U.S. when each programme began. As they were both formed in the U.S. in the early 1960s, the emergence of consumer culture following the Second World War is examined. This thesis looks at OA and WW within the context of consumer culture, as well as the rapidly changing food norms that accompanied industrialization in the U.S. It also examines OA and WW alongside the changing relationship between the body and the self within consumer culture. For this reason, examining 'desire' is especially important, as the body is both desirable and desiring within consumer culture (Featherstone 1982). For example, using the body as the basis for identity formation allows for bodies to become commodities, which can then be used to access capital (Hearn 2008; Offer 2001). Therefore,

while consumer culture creates a desire to consume that is felt within the physical body, bodies themselves have also become desirable objects for consumption.

Jenkins et al. (2011) discuss how the imagination in consumer behaviour 'tends to be associated with pleasurable daydreams and fantasies that centre on desired goods and experiences' (2011: 262). These daydreams focus on obtaining desirable objects, which include desirable bodies (Featherstone 2010). This desire drives consumer behaviours, and serves as a temporary escape from the routines of everyday life. Furthermore, Bjerg (2008) argues that constant commercials and advertisements throughout consumer culture install desires that would not otherwise be felt, and while these objects only promise to deliver enjoyment or satisfaction, drug consumption *does* deliver this feeling. Therefore, consumer culture creates an insatiable need that can never be completely fulfilled, while consuming 'drugs' (or commodities that are drug-like) offers a temporary escape from that feeling by hijacking the pleasure and reward systems in the brain (Brownell and Gold 2012: 439).

During these moments, Bjerg (2008) argues:

> The drug seems to remove the alienation constitutive to the subject. The drug takes away the feeling of lack and the subject floats into a state of pure and full Being. The complete satisfaction of desire experienced by the drug user in his high is at the same time a momentary cancelation of his desire. Together with the desire, his engagement in social reality, and thereby a fundamental part of what makes him a subject at all, also disappears. [2008: 11]

This absence experienced by the drug user is a temporary escape from the desire created by consumer culture (Bjerg 2008: 6). In the same way, fantasy and imagination of desirable activities also serve as a similar escape from the daily grind (Jenkins et al. 2011). In this way, the division between body and

self in consumer culture is connected to time and absence, where the presence of the physical body is separate from the experience of social time, and therefore emotional growth. Furthermore the body, Gerisch (2008) argues, is burdened with the central task of identity formation in a culture that emphasizes thin, time-attached appearances (Gerisch 2008; Featherstone 2010; Monaghan 2001), and the dependence on the body as the main source of fulfillment and accomplishment results in 'addictive' body maintenance behaviours, while at the same time stunting the emotional growth that occurs through concrete experiences.

This thesis suggests that these aspects of consumer culture create an ecology of 'addiction' within the U.S. On focusing on food specifically, the nutrition transition discussed in the section *Feeding, Eating and Compulsive Eating* suggests that industrialization brought a plethora of cheap, palatable and highly accessible foods, many of which have increasingly been described as desirable, 'addictive' and drug-like. Furthermore the social norms that regulated consumption have increasingly dissolved since the Second World War, as have cohesive communities with shared meanings and value systems. At the same time, consumer culture fosters a desire that is constantly felt, but can never be fully achieved through the purchasing of goods. This feeling, however, can be satisfied through the ingestion of drugs, or other drug-like commodities such as food, which temporarily access the pleasure systems of the brain.

The human body is an equally important component of compulsive eating within this ecology of 'addiction'. In consumer culture, the body has become an object owned by the self, and it serves as a representation of the self to others. It has also become the main source of identity formation, providing feelings of achievement and fulfillment through bodily appearance. Thus, body maintenance practices have become increasingly 'addictive' in the ways

that they allow for control over appearance and time-attached aspects of the self. Therefore the embodied experience of 'addiction' does not only rely on deriving pleasure from particular commodities such as alcohol, food or heroine. It also includes experiences with the commodified body, as the body itself has become a desirable object for consumption.

This research approaches WW and OA as organizations that are designed to deal with these aspects of an 'addictive' ecology. It looks at how OA and WW initially emerged as groups that similarly utilized new belief systems that went against these 'addictive' aspects of consumer culture within the U.S. However, since the 1960s OA has remained an organization that challenges these norms, while WW has itself become a commodity that is sold in a way that reinforces these social attitudes. In OA, members surrender control over their food consumption and bodily appearance, and use the Twelve Steps as a way to form a coherent, unified self-identity. In WW, members purchase a weight-loss programme that offers food rules for how to consume food and lose weight, and they describe how this allows them to socially construct their identities in different ways by achieving thinner bodies. I suggest that programmes such as WW have become potentially 'addictive' commodities as the result, in that they can be used as body maintenance strategies that 'take out' the self through strategies of control (see Chapter 6, *OA Health Identities*).

Several researchers have documented the importance that time, absence, identity and the embodied-self play in 'addiction'. Denzin (1995 [1987]) explains that 'the alcoholic lives a *dis-ease* of time and emotion that is experienced as an uneasiness with the self' (5). He suggests that alcohol is used to control fears of time and the self through neutralizing the negative emotions of the past, keeping the alcoholic from confronting the present and moving into the future. Reith (1999) has similarly observed a strong connection between time and the self in her work discussing the experiences

of ex-opiate 'addicts'. Her participants describe their recovery from 'addiction' as regaining a sense of temporality, where the self 'awakens' from 'addict time' into a present that projects a clean, non-using future. Reith and Dobbie's (2012) work on gambling 'addiction' describes this same connection between time, the body and identity, and Keane's (2002) work on smoking cigarettes also highlights this. In all these forms of problematic consumption, the self is made absent through the 'addictive' behaviour, and 'addicts' describe that they become removed from social time and live in a world that revolves around their 'addicted' selves, rather than their social selves.

Therefore, while previous research on OA and WW conducted by Tsai and Wadden (2005), Martin (2000; 2002), Granberg (2011), Lester (1999) and Heyes (2006) describe connections between identity and bodily appearance, this research is situated more closely to the existing literature on 'addiction' through the ways that I similarly approach problems of consumption, time and absence, the physical body and the self. Throughout this research, I examine identity and perceptions of the self in a way that contextualizes the experiences of OA and WW members within consumer culture in the U.S. I also highlight aspects of the political-economic system that members describe as contributing to their problems with compulsive eating. In doing so, findings from this research are aimed at furthering understandings about the connections between economic transitions, compulsive eating and 'addiction'.

CHAPTER OUTLINE

Chapter 2 describes the approaches taken in this thesis including historical analysis, participant observation and content analysis. This chapter gives a brief history of each organization, and explains how the research methods were used in order to answer the research questions of this thesis.

Chapter 3 is a comparison of OA and WW when they first formed. This chapter uses the stories of Jean Nidetch, founder of WW, and Rozanne S., co-founder of OA in order to gain insight into the similarities each woman experienced with compulsive eating, and how they formed groups in order to address those problems. In comparing OA and WW in this way, this chapter examines how both OA and WW situated problems of compulsive eating within the self, and how the original programmes consisted of others, who, like their founding members, believed that they fundamentally could not consume the same way as 'normal' people. These descriptions are then contextualized with the social transitions occurring at that time in U.S. history in order to further understand how changes in the political-economic system influenced patterns of consumption for particular groups in the U.S. following the Second World War.

After comparing the original OA and WW programmes, this thesis examines the ways that these programmes have changed, as well as how they now operate. Chapter 4 begins exploring this in WW, with a particular focus on the 'ProPoints' system of eating sold by WW, as well as the community dynamic. The ways that WW has changed are important, in that WW no longer situates the problem of compulsive eating within the individual body of members. Instead, WW addresses problems within the food environment, and they offer a comprehensive system of food rules, as well as strategies for eating, in order to help members lose weight.

Chapter 5 examines the ways that identities are constructed through participation in WW. This chapter identifies three predominant ways that WW members describe changes in their perceptions of self while using WW. These include changes in food identities, which become centered on the WW branded way of eating, health identities, which are influenced by biomedical and nutritional discourses regarding 'health' and consumer identities. WW

members describe that with weight loss, their entire identities as consumers change after achieving a thin body. WW uses these highly individualized experiences of members in order to reach out to specific target markets.

Chapter 6 of this thesis shifts from WW to OA, and examines how OA has changed since it was first formed. This chapter discusses the continued importance of the OA Fellowship, and how interacting with the OA community influences perceptions regarding the status symbols of particular goods. OA continues to situate the problem of 'addiction' within the individual body, and OA members create collective identities that revolve around the belief that particular foods have the potential to be 'addictive'. In doing so, they challenge broader social norms that these foods are 'safe' for consumption, and these social norms are heavily influenced by advertising. Furthermore, this chapter examines how the OA Fellowship serves as a cohesive community within the U.S., where access to such social networks may otherwise be unavailable due to norms regarding aesthetics, control and bodily appearance.

Similar to Chapter 5, Chapter 7 examines the ways that identities are constructed in OA. It explores the several predominant ways that OA members describe changes in perceptions regarding who they are. These relate to food identities, health identities and 'addict' identities, and while there are similar shifts in the ways that these aspects of self change in the programme, the ways that they do so differ drastically from WW. For example, while a shared branded way of eating influences WW food identities, recognizing personal binge foods and abstaining from these determine OA food identities. This challenges beliefs that these foods are 'safe', and can be eaten in moderation. The health identities described by OA members also challenge belief systems about body maintenance strategies, where OA members describe that many health practices such as dieting and

exercise have the potential to become compulsive. Finally, this chapter examines the twelve-step 'addict' identities constructed in OA, and the way that these differ from biomedically defined 'addict' identities.

Chapter 8 of this thesis summarizes the findings from this comparison of OA and WW, and explores the central role that control and surrender play in each organization. While WW is a programme that emphasizes control, OA instead focuses on surrender. The juxtaposition of these programmes suggests important implications for different theoretical approaches for understanding identity and the body within consumer culture. Chapter 8 explores these, as well as the potential implications that the findings from this research have for policy interventions aimed at addressing compulsive eating and 'addiction'. It then suggests a foundation for an alternative approach to 'addiction' using an ecological understanding of disease pathology. The thesis then concludes with a discussion regarding the areas of future research needed in order to construct such a framework, which include further comparisons of recovery from different 'addictions', additional theoretical considerations, as well as multisited research.

2 METHODS

The best way to approach studying these two organizations was not immediately obvious at the beginning of this project, and numerous adjustments were made to the research methods as the work evolved. This chapter explains the research methods used to study Overeaters Anonymous (OA) and Weight Watchers (WW), as well as ethical considerations and research bias. The research methods discussed within this chapter are summarized in Table 2.1 at the end of this introduction.

Historical analysis was conducted in order to answer the first research question of this thesis. It explains the published accounts that were used in order to examine the individual accounts of the founding members of OA and WW. It also describes how a literature review was conducted in order to contextualize these accounts with political and ecological aspects of the changing environment at that time. In moving toward an ecological framework for understanding 'addiction', this research looks at both individual descriptions of compulsive eating behaviour, as well as changes in the environment during the time that OA and WW were formed.

Participant observation was conducted in New York in order to answer the second research question (see Introduction, *Introduction*). 17 pounds were lost using the WW POINTS (or 'points') programme during the summer of 2009. Use of a food journal and WW resources handed out at meetings, as well as attending in-person meetings, helped to answer the question regarding how WW has changed over time. Content from the online community was also examined in order to see how members utilize this aspect of the programme.

Content analysis was used in order to further examine how OA and WW have changed, as well as how identities are constructed through the sharing of stories. 'Success Stories' on the WW website are interviews conducted by the organization. These discuss the amount of weight lost, as well as the experiences of members. 'Success Stories' are posted on their website in the form of text, pictures and videos. I transcribed and coded the videos. A detailed explanation of how this was done is included in this chapter (see *Studying Weight Watchers and Overeaters Anonymous, content analysis*). Podcasts from OA were also transcribed and coded. This is also detailed in the *content analysis* subsection of this chapter (see *Studying Weight Watchers and Overeaters Anonymous*). These OA podcasts were made available to me on iTunes by an OA group from Los Angeles.

Members acquire a group identity through telling stories to each other in this way, and the stories 'shared' by members become group stories through how they are used as the basis for identity formation within each group (Denzin 1989). For WW, the corporation influenced the content of these stories through interviews and editing. In examining these stories, it is evident that WW no longer understands eating behaviour through notions of 'addiction'. Instead, the 'shares' provided by members today describe their experiences with new sets of food rules designed for weight loss, and these food rules are sold by WW. For this reason they represent the corporation as well as the community of members within it.

Similar to Denzin's (1989) observations of stories told in Alcoholics Anonymous (AA), OA members 'share' in meetings as twelve-step 'addict'-selves in front of other twelve-step 'addicts'. In this way their stories also become group stories. They are told and retold in meetings over and over again. There is not one concrete life story for each individual that represents all the lived experiences prior to joining the programme, and the listening and

telling of stories in OA continuously reconstructs identities within that programme.

After describing how themes were identified within the stories from OA and WW, research bias and ethical considerations are discussed. Past experiences with WW and other twelve-step programmes are described. This is done in order to contextualize this study within the existing research on eating behaviour and 'addiction'. The formal application for ethical approval is also described, as well as how ethical issues arose while conducting research. There were serious safety concerns during this project that influenced the timeline for completion. Considerations of reciprocity are described for OA and WW upon completion. This includes ethical issues for the specific health topics examined in this research. For example, members of OA acquire 'addict' identities, and there are ethical implications regarding stigmatized identities, which need to be considered when applying findings to public health.

Table 2.1 Research Methods Summary

Research Method	Time Duration	Summary
Historical Analysis	2007-2012	7 books, journal lit review
In-Person WW Meetings	June 2009-Sept 2009	11 meetings[3], 17 lbs. lost using the WW food plan

[3] This is the final publication of an ongoing research project. Similar to Valverde and White-Mair's (1999) research article, I wish to contextualize how this thesis is aligned with other projects conducted throughout my coursework at the University of Oxford. This project started with an MSc literature review on 'psychological ambivalence' and 'addiction'. That was followed by an MPhil thesis that compared OA and WW in the U.S. and U.K. However, the U.K. portion of that research was ultimately dropped during the DPhil. I have also

Online WW Materials	March 2009-July 2011	127 'Quickbites' 236 'Success Stories'
Online OA Materials	June 2011-Jan 2012	42 *Lifeline Magazines* 222 podcasts
WW Content analysis	Dec 2011-June 2012	87 coded 'Success Stories', 70 of these with coded videos, 236 total stories examined
OA Content analysis	June 2012-Dec 2012	30 transcribed and coded stories, 222 total stories examined

STUDYING WEIGHT WATCHERS AND OVEREATERS ANONYMOUS

A Brief History of Weight Watchers and Overeaters Anonymous

WW and OA share many similar characteristics regarding their creation in the early 1960s (Schwartz 1986). The ways that they have both spread internationally, however, differ drastically. Jean Nidetch ran her meetings for two years before WW became a corporation (Derdak and Stanfel 2000: 446; Dienstag 1994: 215). She incorporated WW with the help of Al and Felice Lippert, who asked her to their home after hearing about the weight loss others were experiencing using Nidetch's groups (Derdak and Stanfel 2000: 446; Dienstag 1994: 215; Nidetch 1975: 80). On May 15th, 1963, WW was officially a business (Dienstag 1994: 215-216). With the help of the Lipperts, Nidetch found a location to hold meetings (Derdak and Stanfel 2000; Dienstag

attended numerous WW meetings in London (as well as some OA meetings). I have included three WW meetings attended in London in this sample size, as I attended these after New York. At this time WW started to utilize an international ProPoints Plan that both London and New York members used in WW. Thus, the information from these meetings was useful in writing this thesis and I have included them in this chapter.

1994: 215-216), and on the first day 60 people lined up to join WW (Dienstag 1994: 216). In the first few years, training programmes for new 'Group Leaders' (or 'Leaders') were set up as members successfully lost weight (Derdak and Stanfel 2000: 446; Dienstag 1994: 216; Nidetch 1975: 97-98). Low cost franchises were sold to WW members who had successfully lost weight using the programme (Dienstag 1994: 216-220). By 1968, WW had 102 franchises in the United States, as well as in the United Kingdom, Canada, Puerto Rico and Israel (Derdak and Stanfel 2000: 447).

OA's growth as an organization has very few similarities to WW. OA struggled with applying the twelve-step ideology from AA to food and eating (Overeaters Anonymous 1996: 74). While the number of OA groups increased steadily throughout the 1960s, OA was plagued with difficulties surrounding notions of abstinence and 'addiction' (Overeaters Anonymous 1996: 155-162). Despite an apparent need for a twelve-step programme that addressed compulsive eating behaviour, there were ongoing controversies about the aspects of eating that members found 'addictive' (Gilman 2008; Overeaters Anonymous 1996: 155-162; Werdell 2012), and the original OA programme focused mainly on weight loss. For example, one long-time member explains that OA originally operated much like a diet club, and distributed 'diets' or food plans to members (A. 1994: 64). This was controversial, and while some members believed that abstinence should be defined through strict, structured eating plans (Overeaters Anonymous 1996: 154; Werdell 2012), others such as Rozanne S. felt that OA should address compulsive eating more generally (Overeaters Anonymous 1996: 160).

There were numerous attempts to resolve these issues of how to define abstinence and compulsive eating (Overeaters Anonymous 1996: 163-173). Several of these attempts resulted in changes to OA. At other times, however, members left OA and formed separate groups (Overeaters Anonymous 1996:

172; Werdell 2012). The 'Gray Sheet' was the most famous food plan that was once circulated to OA members (A. 1994: 64). It was a typical high-protein, low-carbohydrate diet that became popular in the U.S. in the 1960s (A. 1994: 64). Jim A. writes:

> The basic structure of the Gray Sheet was three meals a day with nothing in between, not even the 'free foods' from our dieting days, except black coffee, tea, or diet soda. There was a long list of foods to be avoided, including all the usual binge foods, such as candy, cake, and alcohol, but also bread and bread products. Vitamin supplements were recommended, as were regular medical checkups. [A. 1994: 65]

There were detailed lists of proteins, fruits and vegetables that could be eaten in different portions. Many lost weight quickly with this food plan due to the small portion sizes (A. 1994: 64). Its popularity also came from its relative flexibility compared to other diets available in the U.S. at that time (A. 1994: 65). Some OA members explained that the strict elimination of certain foods completely removed their desire to binge, while others 'damn[ed] it for being nutritionally unbalanced' (A. 1994: 64). Despite the numerous setbacks due to controversies regarding different food plans, by 1967 OA had 100 meetings throughout the U.S. (Overeaters Anonymous 1996: 205).

The 1970s was a period of expansion for both OA and WW, though in different ways. By 1972, OA no longer considered itself a 'mom and pop' operation, with the addition of a 'real' office and secretary (Lifeline 2010a), and OA set up an international committee in order to support membership overseas (Overeaters Anonymous 1996: 210). By the end of the 1970s, they had established eight regions throughout the U.S., and everywhere else on the planet fell within a ninth region (Overeaters Anonymous 1996: 210-211). However, there were continued issues regarding food and abstinence in the organization. These were partially resolved by creating a pamphlet entitled

'Dignity of Choice' in 1978 (Overeaters Anonymous 1996: 170; Lifeline 2010b; Lifeline 2010c). The pamphlet described eight different plans of eating that members could chose from to help them achieve and maintain abstinence (Overeaters Anonymous 1996: 170-172).

WW celebrated nearly 10 years of financial success by selling franchises, charging membership fees and creating a brand of WW foods. In 1964 WW had revenues of $160,000 (Lyons 2009; Schwartz 1986: 246). By 1970, WW revenues had increased to $8 million and by 1977 they were $39 million (Lyons 2009: Schwartz 1986: 246). WW foods were extremely successful, as were other WW brand products (Derdak and Stanfel 2000: 447; Dienstag 1994: 230-232). Felice Lippert's idea for a WW cookbook was one of the company's most successful ventures (Derdak and Stanfel 2000: 447). Additionally, Al Lippert designed a billfold to hold low-fat dehydrated milk products, sugar-free sweeteners and bouillon packets so that WW members could carry these items with them when dining outside the home (Derdak and Stanfel 2000: 447). Al Lippert led WW through this period of rapid expansion, however by the end of the 1970s he was ready to retire (Derdak and Stanfel 2000; Dienstag 1994: 224). H.J. Heinz Company bought Weight Watchers International and Foodways National in 1978 (Dienstag 1994: 226).

Both OA and WW continued to grow throughout the 1980s, though for different reasons. WW began a new programme in 1984 called 'Quick Start' (Dienstag 1994: 229). This allowed members to lose weight more rapidly during the first two weeks. Quick Start was immensely popular, as were the additional WW brand food products added throughout the 1980s, which included frozen microwaveable dinners and desserts (Dienstag 1994: 231). Throughout the 1980s WW celebrated 'unprecedented growth in product sales' (Derdak and Stanfel 2000: 448; Dienstag 1994: 229-236). By the late

1980s the circulation of *Weight Watchers Magazine* was over one million (Derdak and Stanfel 2000: 448).

WW brand foods have a related, yet divergent history regarding how they were developed and sold internationally (Derdak and Stanfel 2000; Dienstag 1994: 230-232). In 1988, WW foods were more popular than Lean Cuisine, and their frozen desserts were outselling Sara Lee (Dienstag 1994: 231). By 1989, companies such as Jenny Craig, Slim-Fast, Healthy Choice and Nutri/System were competing against WW for market shares (Derdak and Stanfel 2000: 448). WW responded to this, and developed a new product line called 'Smart Ones' that featured low-fat, low-calorie entrees and desserts (Derdak and Stanfel 2000: 448).

OA also grew tremendously in the 1980s. In 1985, OA had 120,000 members worldwide and 6,500 groups (Lifeline 2010d). This was because a younger demographic was joining the programme (Lifeline 2010j). In the U.S., the social acceptability of recovery and twelve-step programmes was also increasing drastically (Lifeline 2010j). Treatment centres were more active, and there was a growing awareness of problems with 'addiction', recovery and food issues (Lifeline 2010i). As early as 1981 OA started being discussed in journal publications (Anonymous 1981), and by 1987 therapists were recommending OA as part of a recovery regimen for patients with eating disorders such as anorexia and bulimia (Yeary 1987).

In the 1980s, a movement began in OA called 'Honesty, Open-mindedness and Willingness' (HOW) (Overeaters Anonymous 1996: 171). HOW continues to operate now as subgroup of OA, offering a more structured way of working the programme called OA-HOW (Lifeline 2010l). However, back in the 1980s the HOW movement became disruptive for some of the OA intergroups (Overeaters Anonymous 1996: 172). The HOW founder

eventually left OA, and started his own programme called Compulsive Eaters Anonymous-HOW (CEA-HOW) (Overeaters Anonymous 1996: 172; Werdell 2012: 357), and this organization differs from the HOW movement that continues to be a part of OA. OA voted to officially stop publishing food plans in 1986, however this decision was not unanimous (A. 1994: 64). This controversy was a part of the ongoing problem of defining abstinence with food, but OA membership still grew to 15,000 by 1990 (Lifeline 2010e).

International OA groups were continuing to grow in the 1990s (Lifeline 2010f). Previously there had been little need to have more organizational structure than intergroups in overseas countries. This changed by the mid-1990s, and OA's international regions had to reorganize. In 1994, OA voted to establish a 10th region, which included countries and territories in the Far East, Southeast Asia, Australia, New Zealand and the Western Pacific Basin (Lifeline 2010e; Overeaters Anonymous 1996: 212). In 1995 a vote was passed at the World Service Business Conference that National Service Boards were needed to connect OA intergroups overseas (Lifeline 2010f). The same year, abstinence was removed from the list of tools of recovery, and was replaced by a plan of eating (Lifeline 2010f; Overeaters Anonymous 1996: 172).

WW also released a new plan of eating in the 1990s. This used a counting system of points for different foods in order to lose weight (Derdak and Stanfel 2000; Duchess of York and Weight Watchers 2000; Hendley 2003). It was called '1,2,3 Success', and WW employed Sarah Ferguson, Duchess of York, to promote it (Derdak and Stanfel 2000: 449; Duchess of York and Weight Watchers 2000; Hendley 2003). Over the years, WW had regularly released cookbooks, which included 'Success Stories' and eating plans (Nidetch 1975: 122-146; Weston 1975; 1991). These emphasized that WW was a lifestyle, and not a diet. Ferguson's book *Win the Weight Game* marked a definite shift in the way that WW marketed itself to new customers. Rather

than an Formerly Fat Housewife (FFH), which is how Nidetch described herself, WW hired a fallen aristocrat to sell their new point-based food plan (Duchess of York and Weight Watchers 2000; Nidetch 1975: 11; Schwartz 1986). Divorced from a queen's son, the Duchess explained that before WW she was a single working mother, with growing debt and a serious weight problem (Duchess of York and Weight Watchers 2000: 12).

This is an important point in the history of WW. With this spokeswoman and new food plan, WW attendance increased by 50 percent worldwide (Derdak and Stanfel 2000: 449). During this time, WW began utilizing a discourse of self-help and recovery that was similar to OA. The Duchess of York wrote about the importance of a Higher Power for rationalizing that a person's tribulations are part of a bigger plan (2000: 105-106). She described the usefulness of identifying what a person can control, and what they cannot (2000: 86). She explained how mothers influence food behaviours in their children, as well as their belief systems regarding bodily appearance (2000: 39-53). Furthermore, she observes how food can be used as a form of comfort during times of stress (2000: 102-103), or as a 'best friend' (2000: 63), and her book sells the '1,2,3 Success' plan as a healthy alternative to emotional eating that isn't 'boring' (2000: 113).

There have been changes to the ways that 'points' are calculated over the years, but this system of counting continues to be the approach to eating sold by WW (Weight Watchers 2013c, accessed January 29th, 2013). Artal Luxembourg bought WW in 1999, and the company went public two years later (Derdak and Stanfel 2000: 449). In 2010 WW released a new 'ProPoints' programme, which is the most recent version of calculating numeric values for different foods (Weight Watchers 2013c, accessed January 29th, 2013). WW reports that in 2011, 'consumers spent almost $5 billion on Weight Watchers branded products and services' (Weight Watchers 2013e, accessed

February 9th, 2013). In 2013, there were 1.3 million WW members worldwide, with 12,000 Group Leaders running 45,000 meetings (Weight Watchers 2013e, accessed February 9th, 2013).

OA continued to grow, and in 2004 a new 'Dignity of Choice' pamphlet was released (Lifeline 2010g). Although food plans had not been published for years, they continued to be circulated 'underground' among members (A. 1994: 65). These food plans are still circulated today, and are often reinventions of the original OA 'Gray Sheet' that was once immensely popular in the programme (A. 1994: 64-66). In 2007 OA organised a public awareness campaign, hiring a professional public relations agency to help carry its message of recovery to those who still suffer from compulsive eating (Lifeline 2010h). As an organization, OA's stance is that their programme is based on 'attraction rather than promotion' (Overeaters Anonymous 2013c, accessed January 27th, 2013). A committee was created to oversee this public awareness campaign (Lifeline 2010h). This public relations push included professional podcasts posted on the OA website, monthly press releases sent to media outlets, as well as public service radio announcements and paid advertisements on internet search engines (Lifeline 2010h). Today OA has 7,000 meetings in 75 different countries worldwide, with an estimated 54,000 members (Overeaters Anonymous 2011).

Since the beginning, WW and OA members were predominately female. Over the years, both organizations actively tried to recruit more men to their programmes (Bell and McNaughton 2007: 116; Overeaters Anonymous 1996: 83). In WW, Jean Nidetch served as the original spokesperson for WW until the early 1980s, followed by Lynn Redgrave in 1983, Kathleen Sullivan in 1994, Sarah Ferguson in 1996, Jennifer Hudson in 2010, Charles Barkley in

2011 and Jessica Simpson in 2012[4] (Hendley 2003). The ways that WW has actively campaigned for new customers reflects changing trends in the U.S. regarding who does and does not utilise commercial weight-loss programmes. When the meetings first started, dieting and talking about weight and food were seen as a female pastime. More specifically, in the U.S. these activities were associated with white, middle-class women (Offer 2001; Schwartz 1986). Men and minority groups were hesitant to participate during the early years of each programme, however this started to change by the late 1970s (Schwartz 1986). Today, WW is reaching out to different groups through new spokespeople and Spanish-speaking meetings. While I do not have demographic data on current WW membership, the ways that the company has increasingly tried to incorporate different groups reflects changes in the political-economic system that influence body size, weight loss, consumption of weight-loss programmes and eating behaviour.

OA does not have spokespeople for its programme, although they do have 'circuit speakers' who travel to different groups in order to 'pitch' their experience in recovery (Editors of Recovery Press 2011[2009]: 25). When speaking to the press and on radio, television and film, members need to maintain their own anonymity when sharing their experience, strength and hope of recovery with others (Overeaters Anonymous 2008[1990]: 193). This makes it difficult to get a sense of those who utilize OA and those who do not, as well as the demographics of members throughout the U.S. In 2010 OA published a member survey with some useful demographic data on its programme. The majority of OA members continue to be white[5] (93%) females (87%). Many have some level of education past high school, with

[4] I observed these different spokespeople in television advertisements and WW online throughout my research, and a press release detailing this was also accessed on July 1st 2013 from: http://www.weightwatchers.com/about/prs/wwi_template.aspx?GCMSID=1391731

[5] OA specifies that they use 'white' as a demographic category that does not include Hispanics.

almost half of members in the U.S. having undergraduate and graduate degrees. Of the members who responded to this survey, 95% self-identified as 'compulsive eaters/overeaters', followed by 16% who identified as being bulimics and 9% as anorexics[6] (Overeaters Anonymous 2011). OA highlights differences in their membership through their publications, focusing on biomedically defined disease categories, age groups and gender issues. They have also started to publish their literature in Spanish in order to make these tools of recovery available to different groups.

Brief timelines showing the ways that OA and WW have changed over the last 50 years, as well as spread internationally, are summarized in Tables 2.2 and 2.3.

Table 2.2 Weight Watchers Timeline, 1961-2013

YEAR	EVENT
1961	First WW meeting held by Jean Nidetch in Queens, NY
1962	Al and Felice Lippert attend one of Nidetch's meetings
1963	With the help of the Lipperts, WW becomes a corporation
1965	WW starts producing WW brand foods
1967	*Weight Watchers Magazine* begins publication
1968	WW has 102 franchises in 24 states, Canada, Israel, Puerto Rico and the United Kingdom

[6] Members could choose multiple categories.

1968	WW goes public
1974-1976	WW meetings expand overseas
1978	H.J. Heinz Company buys Weight Watchers International and Foodways National
1984	'Quick Start' programme begins, and WW rapidly expands
1988	WW begins buying back franchises
1993	WW has 15,000 Leaders, 30,000 meetings, in 24 countries
1997	'1,2,3 Success' points programme begins, Sarah Ferguson becomes the spokesperson for this WW campaign
1999	Artal Luxembourg buys WW
1999	WeightWatchers.com begins
2001	WW goes public
2010	WW start 'PointsPlus' programme
2013	1.3 million WW members worldwide, 45,000 meetings, 12,000 Group Leaders

(Derdak and Stanfel 2000; Dienstag 1994; Hendley 2003; Nidetch 1975; Weight Watchers 2013c, accessed January 29th, 2013; Weston 1991).

Table 2.3 Overeaters Anonymous Timeline, 1960-2013

YEAR	EVENT

1960	First OA meeting convenes on January 19th in Hollywood, California by Rozanne S., Jo S. and Bernice K.
1962	21 OA groups in the U.S.
1963	48 OA groups in the U.S.
1960-1967	100 meetings across the U.S.
1965	*Lifeline Magazine* begins
Late 1960s	OA's low-carbohydrate food plan became known as the 'Gray Sheet' (previous years it was printed on gold, pink and green paper), and it was not a requirement for abstinence in OA
1964-1972	Food and abstinence controversies ensue. 'Carbohydrate Addicts' form separate group, 'Gray Sheet' becomes increasingly popular in OA New York meetings (as well as other parts of the country). 'OA Westminster', 'OA Plus' and 'Cambridge' groups become movements that use strict carbohydrate rules for abstinence
1976	OA establishes 8 regions in the U.S.
1977	'Blue Sheet' adopted by OA as new food plan to resolve disputes
1978-1987	'Dignity of Choice' booklet adopted by OA (which had eight different food plans for members to chose from)
1979	Support for developing OA International groups, focusing on Europe

1982	Region 9 established as OA outside of the U.S. and Canada
1985	OA-HOW movement begins, and in 1995 the OA-HOW founder leaves OA and creates CEA-HOW
1990	OA has 15,000 members worldwide
1994	Region 10 established, which includes countries and territories in the Far East, Southeast Asia, Australia, New Zealand and Western Pacific Basin
1995	'Plan of eating' replaces 'abstinence' as a tool for recovery
2004	New Dignity of Choice pamphlet released
2013	OA has 7,000 meetings, 54,000 members, in 75 different countries

(Lifeline 2010a; 2010b; 2010c; 2010d; 2010e; 2010f; 2010g; 2010h; Overeaters Anonymous 1996; 2013a, accessed January 29th, 2013; Werdell 2012).

Historical Analysis

Published accounts from the founding members of OA and WW were examined for the historical analysis. Rozanne S.' description of how she started the first OA meetings was discovered during the early stages of research. This account was taken from a book of stories shared by individual members of OA that was published by the organization in 1980. Two additional texts, *Beyond our Wildest Dreams: A History of Overeaters Anonymous as Seen by a Cofounder* (Overeaters Anonymous 1996) and *Recovery From Compulsive Eating: A Complete Guide to the Twelve Step Program* (A. 1994), were also used for the historical analysis. For WW, Jean Nidetch published a memoir in 1972 describing her life and how it changed after forming WW.

Nidetch lists herself as the author of this book, as told to Joan Rattner Heilman. She gives a detailed description of why she started WW, as well as the early days of the WW community before it became a corporation (Nidetch 1975: 69-78).

Additional published materials such as *In Good Company: 125 Years at the Heinz Table* (Dienstag 1994), *A Weight Off My Mind: My Life and the Story of Weight Watchers* (Weston 1991), *Win the Weight Game: Successful Strategies for Living Well* (Duchess of York and Weight Watchers 2000) were also used. Like many current biomedical understandings of 'addiction', the founding members of OA and WW understood their eating as inherently different from other 'normal' eaters. This research project is interested in examining to what extent a new ecological framework for understanding 'addiction' may be constructed. For this reason, the historical analysis examines not just the accounts of the individuals from the early WW and OA communities, but aspects of their environment as well.

This includes an extensive review of the academic literature discussing changes throughout the U.S. during the 1950s and 1960s. For example, there were remarkable changes in city structures, neighbourhoods and housing following the Second World War. I use descriptions of demographics given by the founding members and looked at changes in gender norms and ethno-racial constructs in the U.S. at that time (see Chapter 3). This is important for understanding the social meaning that food and bodily appearance had for the founding members of OA and WW, and is discussed in further detail in Chapters 3, 5 and 7. This analysis also includes a review of socio-economic status (SES) in the U.S. following periods of industrialization throughout the first half of the 20th century and how these influenced norms regarding consumption. Finally, changes in food production in the U.S., including

marketing and availability, were considered (see Introduction, *Feeding, Eating and Compulsive Eating*).

The historical analysis also includes an examination of political-economic aspects of the environment. There is a mass-consumer culture in the U.S. that is extreme when compared to other industrialized nations. During the 1950s and 1960s, middle-class norms regarding temperance and moderation were challenged in the U.S. This 'cultural revolution' influenced the acceptability of consuming for pleasure, and increased ambivalence regarding self-control and restraint. This is included in the historical analysis in Chapter 3, with an emphasis on how these changes contributed to the social meanings ascribed to particular foods or types of foods. These shifts in social norms regarding pleasure and restraint have had a lasting effect, and continue to influence attitudes surrounding food and eating behaviour in the U.S.

Online Research and Participant Observation

In-person meetings and online research methods were used to address the second research question (see Introduction, *Introduction*). This allowed changes in the OA and WW communities, as well as the organizations, to be examined. The original design of this research was intended to compare online participation in WW and OA to in-person meetings. For WW, this included observing members on the WW website and comparing them to in-person meetings. For OA, I could not participate in online meetings in chat rooms because I was not a member, and I decided not to use overt deception in order to do so. Therefore, 'shares' made available through audiotape recordings were planned for this comparison to in-person OA meetings (Martin 200: 128; 2002: 163). However, while conducting this research, OA 'shares' were made available on iTunes by an intergroup in Los Angeles. After these were discovered, there was no need to utilize an audiotape

library. Instead, these 'shares' from the OA intergroup were collected and listened to, which contributed substantially to my understanding of OA.

Online research for WW took place from October 2007-June 2012, and participant observation was conducted in New York City from June 2009-September 2009. These research methods were integrated during the coding phase of this research, when content analysis was conducted on the stories shared by members of OA and WW. This section first discusses how online research methods were used in order to study OA and WW, followed by a description of how participant observation was conducted.

There are a variety of ways that members of the OA and WW communities interact online. Both organizations provide online platforms for their communities through their websites. These were used throughout this research at various times in order to understand how the OA and WW programmes have changed. There were other forms of online research, which included the electronic distribution of materials from each programme, as well as podcasts made available online. Wilson and Peterson (2002) have argued that anthropology is especially good for researching these types of interactions within online communities:

> Indeed, anthropology is uniquely suited for the study of socioculturally situated online communication within a rapidly changing context. Anthropological methodologies enable the investigation of cross-cultural, multileveled, and multisited phenomena; emerging constructions of individual and collective identity; and the culturally embedded nature of emerging communicative and social practices. [2002: 450]

They go on to emphasize that the strength of such research requires an understanding of the offline community as well. This is especially important for further consideration of how online interactions within communities influence food identities, where the opportunity to interact with others

outside the local area would influence shared identities among members. Local identities are less important for OA, where programme members worldwide adopt a shared twelve-step 'addict' identity.

Analysis of e-documents was important for examining how OA and WW have changed. Much of the online content was collected from the regular distribution of emails by each organization. These emails were printed and saved. For WW, these emails were called 'Quickbites' and were collected from March 2009-July 2011. 127 emails were collected for this part of the data. The regular distributions of electronic materials made available by OA were also a source of data. These were in the form of monthly and weekly *Lifeline Magazines* published by OA. I purchased a subscription to these from June 2011-January 2012, and received 42 total emails.

Stories collected from online sources also helped with understanding how OA and WW have changed. These are referred to as 'shares' throughout this research (see Introduction, *Introduction*). 'Shares' from OA and WW vary in length, ranging from a few minutes to an hour. These stories are the shared experiences with food and eating given by OA and WW members. For WW, these stories were called 'Success Stories' by the organization, and are published online. They were also included in weekly emails. The total number of WW stories collected from online sources was 236, and summaries (one to five lines in length, 20 pages of notes) from all of these were indexed in a notebook for quick comparisons of the entire data set (see Appendix 3). While OA also made a few 'shares' available on their website, these were not used as the primary source of data for this research. This was because there were only a few 'shares' available from this online source, and therefore

podcasts were a better data source. In total, 222 podcasts were collected[7] (see Appendix 3). I took detailed notes on 53 of these (one to six pages in length, 153 pages of notes) and brief notes on 145 of them (one to two pages in length, 156 pages of notes)[8].

Participant observation helped me to gain an offline understanding of WW. WW was formed outside of New York City in Queens, New York, and for this reason it was decided to attend in-person WW meetings in New York City. I arrived at my first in-person WW meeting in New York about a half an hour early. I was concerned that I would get lost navigating the streets of Manhattan, and I also wanted time to observe other members showing up for the meeting. I walked to what would become my local meeting. This location was selected by proximity to where I was renting a room in an apartment in the Lower West Side. Initially, I wanted to turn around and go back to the anonymous safety of my online research. I was infinitely more comfortable researching the WW e-community. The relief upon arriving at my first meeting was twofold: not only was I grateful for the air conditioning in the room after trekking around the city in the summer heat, but I was also happy to have made it inside and away from observers passing by. In my mind, if people saw me attending WW meetings they would think that I needed them. While I was not bothered about the stigma of 'fat' bodies or weight loss, I was bothered by the idea that a passerby would think that I needed others to help me lose weight. This is absurd of course, since I study how humans help each other lose weight using these communities. However, until I attended

[7] While there are 222 stories, there are 178 members from OA represented within this data set. Therefore, there are multiple stories given by members in this data, and the number of 'shares' collected differs than the number of people who are 'sharing'.

[8] Six of the stories from the detailed notes were selected during the random selection of the 30 transcribed stories for content analysis (see Chapter 2, *Studying Weight Watchers and Overeaters Anonymous, content analysis*). For this reason, the 222 total podcasts results from 145 brief notes, 53 detailed notes and 24 (30 minus 6) transcribed stories.

meetings I hadn't realized just how hard it is to admit individual defeat when coming to such organizations.

Fieldnotes from WW were in the form of a daily food journal used to track eating behaviours in the programme. These were personal, as they were daily and weekly records of food intake, as well as my weight loss. The food journal had several useful aspects to it. In recording the foods consumed every day, this journal describes specific foods and their eating locations as experienced at every meal while conducting research. It is also a tool for recording how I met the programmes daily-recommended intake of certain foods such as oils, multi-vitamins, fruits and vegetables, dairy products and fibre-based breads. This journal included daily graphs for gaging hunger levels, designed to help WW members look back at what was consumed and adjust eating behaviours in order to regulate hunger trends throughout the day. This journal also had a section for notes, which was helpful for jotting down fieldnotes in meetings. It also gave helpful hints at the end of each week, and in conjunction with all of these forms of tracking, it also had a weigh-in log. This kept a record of weekly weight losses or gains I experienced in WW throughout the time I spent attending meetings in New York.

I did not conduct participant observation for OA while attending WW meetings in New York. Initially I had planned on attending OA meetings during this time. There were problems, however, with ensuring informed consent of members when I first started going to OA meetings in New York. For this reason I decided not to continue with the participant observation in OA. I do not believe that this had a substantial influence on my understandings of OA, as I have personal experiences of attending another twelve-step programme (see Chapter 2, *Research Bias and Ethical Considerations*)

The OA podcasts used for this research were recorded by members and made available by an intergroup from Los Angeles. Since OA was formed in Hollywood, California, there continues to be a strong OA community in Los Angeles County, as well as surrounding areas. This made these OA podcasts ideal for researching this community. I listened to many of these OA meetings[9] in my apartment in New York while I was in the city attending WW meetings, as well as at various times throughout my research.

Although I did not formally conduct any participant observation in Los Angeles, I lived there for two years before starting this research project. My apartment was located in the city of Los Angeles in an area called the Miracle Mile (within Central Los Angeles). This was helpful for informing how I understood aspects of the historical analysis in Chapter 3, as well as my understandings of Angelenos. I also worked for an ambulance service that covered much of Los Angeles County. For this reason I have substantial knowledge of Los Angeles County from driving and navigating the ambulance, as well as interacting with patients while at work. This especially includes areas such as West Hollywood, Rancho Palos Verdes, Inglewood, Culver City, Long Beach, Malibu, Torrance, Gardena, Hawthorne, Lennox, Carson and San Pedro.

Listening to these podcasts from the Los Angeles OA intergroup allowed handwritten notes to be taken. Given that these 'shares' were recorded, I could hear and understand all of the stories 'shared' by each speaker by repeating sections or pausing them. For 198 stories (out of the 222), I included personal binge foods identified by each member, as well as definitions of

[9] While members never describe these OA meetings as 'open', they do explain that their family members who are not part of the programme are sometimes in attendance. Furthermore, they explain that they sign wavers for permission to post their 'shares' on iTunes, and members explicitly state that they give their permission for being recorded, and that they are aware that they are being listened to by an outside audience.

abstinence, in my notes. Furthermore, I made a point to write down how different members described their own understandings of their 'addictions' as 'diseases', as well as how perceptions of the self have changed in recovery. Finally, 30 additional 'shares' were randomly selected, transcribed and coded. These served as the 'shares' from OA that are quoted in Chapters 6 and 7, and I describe the way that I coded these stories in the following subsection.

Content analysis

Coding was used as the research method for processing the content of stories. Here, Saldaña's definition is used to explain that 'a code in qualitative inquiry is most often a word or short phrase that symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of language-based or visual data' (2009: 3). Shared experiences of members from both OA and WW were coded through several cycles in order to process their content in a way that usefully extracted themes from their stories.

While the final research project was a comparison between OA and WW, the original research design was constructed in order to compare in-person meetings in OA and WW to online interactions in OA and WW. Therefore, the research design has evolved throughout the duration of this project, and ultimately ended in a comparison of control and surrender in WW and OA. For this reason, I did not use the same coding categories for the stories from OA as I did for WW. Instead, I constructed separate coding categories in order to analyze the stories from each programme. Coding categories for OA were constructed using detailed notes made while listening to OA podcasts. Coding categories for WW were constructed using the experiences from participant observation. Much can be gained by combining the two, and analyzing the data using the same categories is a potential area for future research. However, similar themes emerged from OA and WW despite the

differences in how they were coded, and for this reason I give a detailed description in this subsection explaining how I decided on the coding categories for each programme.

The first cycle of coding I conducted included primary coding through visual and auditory impressions. These nonlinguistic aspects of stories, such as the sound of voices and photos, helped to try and 'get to know' the members from each programme in some way. I used auditory impressions for the stories from OA and visual/auditory impressions for the stories from WW. I was also able to get a general impression of OA and WW members from the details about themselves that they mentioned in their stories, such as where members lived or their life stage. Furthermore, I was able to get a visual impression of WW members by examining the before and after photos made available in their 'Success Stories', as well as their heights, ages and weights, which were published alongside their stories.

Next, more attention was given to the linguistic and verbal content of the stories, with an emphasis on repeated words or topics mentioned throughout the 'shares'. For example, this round of coding demonstrated the importance that photographs play in influencing identities within each programme, as well as how wearing different clothes has a drastic effect on the ways that identities are constructed. During this round of coding, therefore, there were aspects of bodily appearance that were understood as separate from discourses surrounding health, and these were noted both in the 'shares' from OA, as well as WW. This helped to examine the twofold nature of problematic eating, which includes both problems with bodily appearance, as well as certain foods.

Finally, 'shares' were transcribed and visually coded using coding categories. Therefore, the first two cycles of coding for WW and OA stories were similar,

however the final cycle of coding differed for each programme. Although coding categories were not the same for analyzing the stories from each programme, the content of these stories were remarkably similar. This, as well as the historical analysis (see Chapter 2, *Studying Weight Watchers and Overeaters Anonymous, A brief history of Weight Watchers and Overeaters Anonymous* and Chapter 3), made it increasingly apparent that perceptions about control and surrender were especially important for better understanding compulsive eating.

The participant observation conducted in WW informed how coding categories were constructed for the final cycle of coding. Transcriptions of the 70 web videos were printed and analyzed alongside the pictures, videos and the 87 'Success Story' documents (the 87 'Success Stories' were selected from the 236 due to their accompanying videos and their publication in WW emails). The coding categories were: 1) community dynamic; 2) issues regarding control/freedom/power; 3) work and parenting; 4) demographic information regarding ethnicity/race/religion/age/gender; 5) diet programme/food plan/WW tools; 6) medical history and dieting history; 7) physical activity. The community dynamic and 'diet' programme/food plan/tools were the most prevalent aspects of WW I observed while attending meetings. Medical history and physical exercise were the next most discussed topics, followed by issues with eating strategies and portion control. Coding for different demographics was included due to observing huge differences in gender and ethnic groups while attending meetings, as well as age groups (older women tended to attend meetings during the day, while the group was more diverse in evening meetings). Finally, I decided to include 'work and parenting' as a coding category after observing numerous members attending lunchtime meetings in New York, as well as hearing multiple discussions about eating with other members of the family.

The detailed notes taken while listening to OA podcasts were used to construct the coding categories for OA. 30 stories were randomly selected from the 222 stories[10], and the final coding categories for examining these were: 1) specific foods; 2) food plans, including abstinence using food plans; 3) control, including abstinence and control; 4) family dynamics and family history; 5) community; 6) Higher Power/notions of God; 7) working the programme and anonymity; 8) exercise and physical activity. The most prevalent themes identified in the detailed notes were the importance of the Fellowship (community), as well as notions of God/Higher Power. Following this, specific foods, or personal binge foods, food plans and abstinence were dominant themes. While 'working the programme' was also related to the Fellowship, as well as food plans and abstinence, it was included with anonymity, as this is one of the most important distinguishing characteristics of the 'Programme' and OA. Family dynamics and history were also used as categories, as almost all members discuss these when describing their eating behaviours throughout their lives. Finally, descriptions about compulsive exercise/physical activity were present enough in the OA stories that I thought this topic warranted a separate coding category from control, abstinence or 'working the programme'.

While the coding categories differed, the way that I conducted this final round of coding for each set of stories was the same. For this final cycle, I assigned a highlighter colour to each category, and highlighted sections of stories throughout the printed versions of the 'shares'. Highlighting these particular themes helped to categorically sort content in a way that could be written up without imposing a theoretical interpretation. This allowed the data to do the telling, and this color-coding method made it especially easy to

[10] Names of members and the year their stories were shared were written on pieces of paper, dropped in an envelope, mixed up and then drawn without looking.

see the emergent themes throughout all the different stories examined. Furthermore, the coding categories were not mutually exclusive, and therefore the use of different colors allowed for sections of stories to be coded and analyzed in a way that reflected multiple categories. This allowed for an examination of common or shared experiences within OA and WW, as well as the highly individualized experiences of members within each group.

There were limitations in using these stories, or 'shares', as sources of data for content analysis. The first limitation was the obvious differences in the length of 'shares'. For example, while OA members talk for 30-45 minutes, WW members give one to two minute interviews in their online videos. These transcribed videos are a few paragraphs in length, while OA 'shares' are five to twelve pages in length. For this reason, there were 30 OA 'shares' randomly selected, transcribed and coded, whereas there were 87 of the WW 'Success Stories', with 70 videos, which were transcribed and coded. Furthermore, the OA 'shares' were long, and it was therefore difficult to code such lengthy stories without the help of computer coding programmes. This is an area for future research, where a comparison can be made using the findings from this research to findings derived from computer coding programmes.

There were other limitations to using this type of data. For example, the videos that accompanied the WW 'Success Stories' were edited and produced by WW. This meant that when analyzing this data, the absence of information or themes could not be used as a true indication that they were not present in the shared experiences of members, as the unedited footage was not available. This was not a problem for OA 'shares', as so few of them were edited. Therefore, for WW, important emergent themes could have been edited out of stories if they were not good for the corporate agenda of the organization. For this reason, the agenda of WW as a corporation is

interwoven throughout these stories in subtle ways. For example, interviewers from WW ask questions to members about specific topics. In Chapter 5 (see *WW Consumer Identities*), I suggest that WW does so in order to reach out to particular market demographics by highlighting these aspects of identity during their 'Success Story' interviews.

These stories also show some of the common 'shareable', or acceptable forms, of struggle that members experience within the programme. For example, there are few stories that challenge the WW philosophy or describe that it simply didn't work for a particular participant. While I do not have any data regarding dropout rates, there are descriptions about WW in the OA stories that demonstrate that negative experiences in WW exist. As a corporation, WW has a legitimate concern that posting this type of content would deter new members from joining, as well as discourage continued membership of those already using their programme.

For OA, there were similar limitations, as negative talk about the 'Programme' is discouraged. In a quick blog search looking for negative experiences within OA, I found postings where people describe that they stopped attending meetings because they did not like their local OA groups. I also found a posting that suggested that the shared identities within this group did not allow for enough self-expression and individuality, where seeing yourself as a 'unique' member of the group is understood as part of the 'disease' of 'addiction'. These findings are consistent with Dodes and Dodes (2014) findings about negative experiences within AA, where their participants complained about similar negative experiences while attending meetings in that twelve-step programme.

There is another important aspect of these 'shares' that influenced the findings in this thesis. Unlike Denzin's (1989) observations regarding

epiphantic moments as serving to structure the way that alcoholics see and talk about their lives in AA, the stories used for this research had a suggested format for the speakers. OA members in this meeting were encouraged to talk about their lives before OA, how they came to OA and how their lives changed after coming to OA. There were also 'question and answer' sessions after OA speakers finished sharing their 'experience, strength, and hope', and I also listened to these parts of meetings. While all members did not strictly follow this format when speaking, this influenced the structure of 'shares' more than any other aspect of their content.

Furthermore, I did not record the times when quotations were taken from these stories. This is an opportunity missed, as the coding strategies used in this research were focused instead on emergent themes when highlighting sections of stories. As the final cycle of coding was conducted after the stories had already been printed, I did not go back and mark the times within stories when the quotations used throughout the subsequent chapters were spoken. However, when organizing the emergent themes after analyzing this data, the colors made it easier to see the prevalence of some topics in relation to others. Therefore, while this coding method was easier in some ways, it resulted in missed opportunities in others.

RESEARCH BIAS AND ETHICAL CONSIDERATIONS

The most obvious research bias I have is that I come from a family affected by 'addiction', including alcoholism, and I have observed the transformative potential of twelve-step programmes. My own lived experiences are not of the recovering alcoholic, but as a family member who enabled and facilitated 'addiction' for many years by lying, covering up and smoothing over problems. I have experience attending a twelve-step programme that addresses these types of behaviours. For this reason, I have been exposed to

the cultural belief systems of twelve-step programmes by attending meetings in another fellowship, and I also have been indirectly exposed to different fellowships when interacting with friends and relatives who are members of other twelve-step programmes.

Similarly, researchers such as Denzin (1995[1987]) have explained that they come from a family affected by alcoholism (1995[1987]: 8). While his ethnographic work was inspired by his dissatisfaction with the existing literature on alcoholism from various fields, this is also the case for this research. Denzin further clarifies that his work on alcoholism is controversial in that it is 'pro-Alcoholics Anonymous' (1995[1987]: xxviii-xxix). He explains that his research bias comes from seeing AA work, while at the same time watching people die trying to become 'normal' social drinkers. In the same sense, I am 'pro-twelve-step programmes', in that I believe that studying these groups offers a unique opportunity for better understanding 'addiction'.

Despite my bias regarding twelve-step programmes as a preferred group for studying problems of compulsive consumption within consumer culture, my own beliefs about 'addiction' are not necessarily consistent with twelve-step etymologies regarding the 'disease' of 'addiction'. However, I am also not convinced by biomedical definitions of 'addiction' either and I am especially wary of substance-specific pathways for defining 'addiction', as well as social constructs of 'the addict'. While I do not believe that 'addiction' is strictly a social construct, I do believe that there is danger in defining such personal health problems through any authoritative gaze, even if that authority comes from a well-intentioned 'twelve-stepping' 'addict' (see Glossary). For this reason, I analyzed the data in this research with the understanding that 'addiction' is better understood as a self-defined disease. I also use the term 'addict' as a self-definition used by members of OA, and do so with the

acknowledgement that for many of them, being 'an addict' is the most important aspect influencing day-to-day living.

My strongest research bias regarding 'addiction' comes from my beliefs regarding substance abuse at a population level. While much focus has been given to individual pathologies of 'addiction', and genetic factors influencing the likelihood of developing an 'addiction', I have found that there are blaringly obvious demographic disparities of different 'addictions' throughout human populations. I observed this in the academic literature, as well as during my work in emergency rooms and prehospital care, where I saw obvious disproportionate rates of 'addiction' and 'substance abuse' in the cities where I worked. I believe that understanding these disparities offers some of the greatest opportunities for better understanding the social pathways of this 'disease', with particular emphasis on social inequality, marginalization and economic transition.

I have experiences with OA and WW that had the potential to influence this research in ways that were harder to discern. Warren et al. (2000) discuss issues with gender and group identification while conducting ethnographic fieldwork in programmes such as OA. She observed that 'especially for women, self-help groups based upon perceived "eating disorders" are a potent site for cycles of self-and other-identification reflected in fieldnotes' (Warren et al. 2000: 192). As a woman, I could relate to many of the experiences that were described in the stories used for this research, and I had moments when I felt a strong identification with others in these groups. I do not have an eating disorder by any biomedical definition of disease, nor am I clinically obese. There have been times during my life when I was overweight, as well as times when I desperately wanted to be thin. As many of the 'shares' from OA and WW talk about these issues, I related to some of these aspects of 'shares', while differentiating myself from others.

My first exposure to WW was through a roommate during my undergraduate coursework at Boston University. This roommate had recently had her membership terminated because her rate of weight loss was too rapid. Since she was unable to rejoin due to the company's safety concerns, she asked if I wanted to follow the 'points' programme with her. Five months later, we had both lost weight. Admittedly much of it was mine, and she taught me the eating strategies for weight loss that she had learned while using this points system. Although I've not seen her in years, my weight after this experience is more or less the same. I used the online WW programme several years later, both in Boston and while in Australia. During this research I tried several food plans sold by WW. These were useful experiences for better understanding the stories 'shared' within this programme, as well as how members utilize it to change problematic patterns of eating behaviour. However, I am not currently, nor do I plan to be, a WW member after the completion of this research.

Past experiences had the potential to influence my understandings of how OA and WW have changed, as well as the ways that identities are constructed within each group. I made a conscious effort to be as objective as possible when dealing with issues regarding 'addiction' and control, as well as bodily appearance and gender. This has been useful in contextualizing how findings from this research further contribute to the academic literature. I believe that too much attention has been given to behaviour modification techniques within the existing literature on eating behaviour. WW currently uses this approach, and OA is used as a comparison to this model (Anonymous 1981; Weiner 1998). The research methods used for OA and WW gave equal consideration to understanding how each organization currently addresses eating behaviour. Much of the existing research on weight loss, dieting and compulsive eating has focused on women. I made a purposeful effort to treat

the stories from men with equal credence, especially when discussing issues regarding identity, food and the body.

There were various ways in which ethics had to be considered throughout this research. Some of these were procedural in a formal application process for ethical approval, and others arose while conducting research. I reviewed the guidelines from the Association of Social Anthropologists for this research (2009, accessed December 21st, 2012). The Central University Research Ethics Committee (CUREC) assessment examined the level of risk for this research project through the submission of an ethics application for review. Specific ethical issues were considered during this process, which included concerns regarding the populations studied, legality of research methods, avoiding undue intrusion and ensuring anonymity.

I studied people that self-identified as having problematic eating behaviours. Many OA members describe themselves as 'addicts', while almost all WW members do not. The guidelines given by the CUREC ethics approval made it clear that my research methods should not interfere with how members utilized OA and WW. Adherence to these guidelines resulted in changes to the original research plan. Adjustments were also made for addressing problems with informed consent, as well as avoiding undue intrusion while attending meetings.

I refer to the founding members of OA and WW using the names they give in the published books that describe their stories. I have not anonymised Rozanne S., Bernice K. and Jo S. (the co-founders of OA) or Jean Nidetch and Al and Felice Lippert (the co-founders of WW), as I considered these members historical figures (i.e. similar to Bill Wilson and Dr. Bob Smith who co-founded Alcoholics Anonymous). The names accompanying all other stories throughout this dissertation have been changed in order to minimize

disturbance to OA and WW members. Many of these names were found by browsing through websites for naming. As an anthropologist, I understand that names carry many important social meanings. All of the names used throughout this dissertation were intended to prevent issues of disturbance. They were not meant to homogenize or standardize the members of OA and WW in any way. Concerns regarding patenting and copyright laws were discussed during the CUREC review. I transcribed the stories used by WW, and a transcriptionist produced nearly all of the text used for OA. This allowed for research material to be used in a way that did not infringe on copyright laws.

Respecting the rights of anonymity in OA was relatively straightforward. Almost all OA members did not reveal last names, or any other way that I could identify them during my research. For those who did reveal personal information, it was not enough to compromise anonymity during this research. The 'shares' from OA were recorded and made available to the public with consent from the speakers. Given the public nature of these podcasts, I do not believe that I have violated OA's rules for attending 'open' and 'closed' meetings, where 'closed' meetings are only for OA members. For WW, overt deception was not used in any way. During participant observation I attended meetings as a paying WW customer. I was fully prepared to discuss my role as an anthropologist during this time, however there was never a need to do so.

A travel and field site risk assessment was conducted and submitted for this project. *Surviving Fieldwork: Health and Safety in Anthropological Fieldwork* (Howell 1990) was the resource used for informing issues regarding health and safety when using anthropological research methods. There were serious issues regarding health and safety while I was conducting this research. I did

not anticipate any of these in my field site risk assessment. Dealing with these issues influenced the timeline for completing this project.

Issues regarding reciprocity and this research have been considered. As WW is a corporation, I paid for membership to both WW UK and WW in the U.S. throughout this research. The 'shares' used in this research were made available to the public through their online web content and for that reason they can be understood as published data. The same applies to the content of threads and blogs, as well as the distribution of WW materials sent by email. Many of these serve to promote the organization, so as a researcher I felt little need of reciprocity to the company itself.

In considering reciprocity for OA, this organization is fully self-supporting through voluntary contributions. They do not advertise, as the organization believes in attraction rather than promotion. OA makes pamphlets available for physicians and patient referral, however there is little knowledge about this programme in academic settings. In fact, very few people I have spoken with were aware that OA exists, and that it is a programme for addressing a variety of problematic patterns of eating. The OA stories used for this research represent ways that members reach out to others through sharing their experiences of recovery. In considering issues of reciprocity, research publications and lectures are ways that these stories may reach others without promoting the programme.

Findings from this research have the potential to exploit populations. In examining the intimate relationships between humans and food, the findings in the research have the potential to be used by food advertisers and commercial weight-loss companies for financial gain. I do not believe that my findings give any novel ways to sell or market foods that have not already been published in the academic literature. The ethical considerations

regarding my findings are that this thesis summarizes and discusses numerous fetishized and potentially 'addictive' foods in one cohesive document. Given the public availability of the data sources used, however, I do not see any need to publish these findings as sensitive information requiring delayed access to other readers.

Further ethical considerations regarding the implications of this research were considered according to the topic being examined. While this research is about the eating behaviours of humans, many of the ways that OA and WW members discuss these behaviours relate to biomedical notions of disease. Obesity, 'addiction' and various forms of eating disorders are discussed. Cain (1991) remarks on the ethical implications of this, concluding that if sharing in AA is an instrument for identity acquisition, ethical considerations should be taken when applying these findings to health practices (1991: 246). This is because individuals are replacing their perception of a 'normal' identity with a socially stigmatized, 'abnormal' one. This is further considered in Chapter 7 (see *OA Addict Identities*). Given that WW and OA use sharing in similar ways, this issue regarding identity and negative stigmas is considered at other times throughout this work (see Chapter 3, *Rozanne S. and Jean Nidetch*). This becomes important to the comparison between OA and WW, which are summarized and critically examined in the final chapter of this thesis (see Chapter 8).

3 WEIGHT WATCHERS AND OVEREATERS ANONYMOUS

This chapter discusses the findings from the historical analysis conducted for this thesis. It examines how Overeaters Anonymous (OA) and Weight Watchers (WW) were formed. Understanding how they were formed is important, as it demonstrates how similar these programmes were to each other when they first began. This chapter highlights this by identifying the similarities between the experiences of the founding members of OA and WW, as well as the problems they faced when dealing with compulsive eating. Each programme used different approaches to address similar problematic eating behaviours, where total abstinence from food was impossible. This chapter uses the stories 'shared' by the founding members of OA and WW in order to explain how each organization originally addressed compulsive eating for their members when they first began.

These historical accounts given by the founding members of OA and WW are then contextualized within the socio-cultural and economic transitions occurring in the United States during the 1950s and 1960s. There was an important economic boom that took place after the Second World War (Offer 2006). This chapter examines how this 'postwar economic boom' influenced class dynamics in the U.S., and the effects this had on food and body norms. It also explores how the changing consumer market in the U.S. influenced the consumer culture there. Finally, it discusses the role that each organization had in addressing problems of social cohesion during this period of transition, with particular emphasis on the importance of the group dynamic

in OA and WW, the new sets of food rules that each programme offered, as well as alternative belief systems regarding individual willpower and control.

ROZANNE S. AND JEAN NIDETCH

The founding members of OA and WW shared numerous important characteristics (Schwartz 1986). They were both women in their thirties from Jewish backgrounds, married, living in sprawling zones of cities and had both struggled with weight and compulsive eating their entire lives (Nidetch 1975: 11-17; Overeaters Anonymous 1980: 7-11; 1996; Schwartz 1986). These demographics do nothing to indicate any individual pathways regarding compulsive eating. However, they do allow for a further contextualization of the founding members alongside the social trends occurring in the U.S. at that time.

This section examines accounts given by the founding members of OA and WW, Rozanne S. and Jean Slutsky Nidetch. Nidetch was born in Brooklyn, New York in 1923, and Rozanne S. in Chicago in 1929 (Gilman 2008; Overeaters Anonymous 1980: 8; 1996: 7). Rozanne S. describes herself as a big-city girl, who moved to Los Angeles (Overeaters Anonymous 1996: 16). She was living in West Hollywood, California when the first meeting of OA was held on January 19th, 1960 (Overeaters Anonymous 1980: 12; 1996: 14). Nidetch gives a detailed account of her years growing up in the suburbs of New York. She eventually moved to Philadelphia, Pennsylvania with her husband, and finally settled in Queens, New York in the early 1950s (Nidetch 1975: 52).

WW was founded in Queens, New York, in 1963. In 1961 Jean Nidetch enlisted the help of a handful of overweight friends to go on a low-fat diet and check-in with each other weekly (Nidetch 1975: 80). They all lost weight and after two years of helping others using this group dynamic, Nidetch

found a venue to hold meetings and started charging for attendance. Within a few months, her meetings had grown to 40 women, and in 1963 she incorporated WW with the help of Al Lippert (Dienstag 1994: 215; Nidetch 1975: 80-93). WW was known nationally by 1967, and by 1968 it was a publically held corporation (Derdak and Stanfel 2000; Dienstag 1994: 222; Nidetch 1975: 98). As a 38-year-old mother and housewife born in Brooklyn, Nidetch explains that before WW she was overweight, dieting her entire life and eating compulsively before she and her friends started group meetings (Gilman 2008: 197).

Nidetch recalls that after just a few months, women were lining up around the block for a local meeting that she held in a rented space above a movie theater (Derdak and Stanfel 2000: 446; Dienstag 1994: 215-216; Nidetch 1975: 82). In the beginning, Nidetch needed to charge a few cents per member in order to cover the cost of the community's meetings (Nidetch 1975: 75). However, for the first two years the charge was minimal (1975: 79-83). It wasn't until meetings in different locations started that Nidetch decided to incorporate her meetings, ultimately making a large profit from national and international franchises (Derdak and Stanfel 2000; Dienstag 1994: 217-220; Nidetch 1975: 96-97). Every new meeting had to be run by 'Group Leaders', all of whom had at one time been overweight and had successfully lost and maintained weight using WW (Dienstag 1994: 216-217; Nidetch 1975: 97-98; Weston 1991). Nidetch felt that this was one of the most important factors of group meetings because her experience of trying to lose weight alone at a New York obesity clinic had failed to work (Dienstag 1994: 211-212; Nidetch 1975: 64-68; Weston 1991). Additionally, Nidetch started using reward incentives. Amounts of weight loss would be rewarded with a pin, and members were given diamonds indicating the amount of weight they had successfully lost in WW (Nidetch 1975: 75).

Rozanne S. and two other women convened the first OA meeting in a friend's dining room in West Los Angeles, California in 1960 (Gilman 2008; Overeaters Anonymous 1980: 12; 1996: 14; Schwartz 1986). Rozanne S. was a 30-year-old housewife and mother when the first meeting of OA took place (Overeaters Anonymous 1980: 12; 1996: 14). She had moved to Los Angeles from the Midwest to pursue her dream of a career in film and television (Overeaters Anonymous 1980: 9). After marrying and moving to Hollywood with her husband, she explains that she got the idea for OA in 1958 after watching a television programme about Gamblers Anonymous (GA). Rozanne S. thought GA might help a friend, and accompanied him to his first GA meeting (Overeaters Anonymous 1996: 6). While she listened to GA members speak at the meeting, Rozanne S. realized that the way the group discussed gambling 'addiction' was exactly how she experienced her own compulsive *eating* behaviour (Overeaters Anonymous 1996: 6). Rozanne recalls:

> As long as I live I will never forget that night. We were in a meeting hall with about twenty-five men and a sprinkling of wives. Each man in turn got up and talked about his life of lying and cheating and stealing. I sat there transfixed. 'My God,' I thought, 'I'm not alone, after all.' The room became brighter and brighter, and I wanted to cry with relief. I was not the only one; there were others who felt as I felt and who had done what I had done! Of course, our compulsions were not the same. They were obsessed with gambling and money, and I thought of nothing but overeating and food. [Overeaters Anonymous 1980: 10]

Rozanne S. explains that at that moment she realized, 'I am not alone anymore' (Overeaters Anonymous 1996: 6). The first OA meeting, however, did not convene until two years later in 1960 (Overeaters Anonymous 1996: 14). Rozanne S. met two other neighbourhood women, Jo S. and Bernice K., who shared the same problem of compulsive overeating, and they held the

first meeting of OA in Bernice's living room (Overeaters Anonymous 1996: 14; 2013a, accessed January 29th, 2013).

Rozanne S. describes:

> One crisp January day I was walking down the street with my very overweight neighbor, chatting as we both pushed our babies in strollers. I remember telling her about *my* problem and *my* solution, never once intimating that she had the same problem…On January 19, 1960 we held our first OA meeting. Jo and I were there, along with Bernice K., the wife of a GA member. Bernice left at the third meeting, explaining, 'My doctor says dieting makes me nervous.' With that, she walked out the door. Jo and I looked at each other. I said, 'Dieting makes me nervous, too.' Jo wanted to leave, but I started to cry and said that I couldn't do it alone and she had to stay. She did. [Overeaters Anonymous 1980: 12]

Rozanne S. believed that individual willpower alone was not enough to stop her compulsive eating (Overeaters Anonymous 1980: 14; 1996: 37-38), and she attributed her abstinence to the collective 'Power' of the group that she and its co-founders had formed (Overeaters Anonymous 1996: 37-38). In both Nidetch and Rozanne's stories, there were similar beliefs that if one worked hard enough he or she could accomplish absolutely anything through individual willpower alone (Nidetch 1975: 30; Overeaters Anonymous 1980: 7; 1996: 16-17; Schwartz 1986). What both women found, however, was that the power of a group was needed in order to lose weight, and both Nidetch and Rozanne S. attributed their success in WW and OA to this group dynamic (Derdak and Stanfel 2000: 446; Nidetch 1975: 70; Overeaters Anonymous 1980: 14-16; 1996: 122).

Rozanne S. described the expectations across three generations of her family that influenced her understandings of the importance of control, achievement and bodily appearance:

> 'Honey, if you have a twenty-three inch waist, everything else will be all right.'
>
> My mother's words were to haunt me all my growing-up years. The promise that a slender figure would bring instant and permanent happiness was an illusion in which I believed with all my heart and soul.
>
> The few times I was thin, nothing else changed. I figured that the fault was mine, and if I tried harder, the world would be different. The persistence of my illusion was astonishing.
>
> Trying harder was a family tradition. I come from a family of superachievers, almost all of them compulsive overeaters...So my brother and I learned early that the way to be worth anything was to work very hard and to achieve beyond the scope of most other people. Just being a loving human wasn't enough; we had to be able to produce to be worthwhile. [Overeaters Anonymous 1980: 7-8]

From this description, it is apparent how important belief systems regarding control were in influencing behaviours related to body maintenance. In explaining that 'trying harder was a family tradition', Rozanne S. describes how social markers of success were connected to self-worth in her family. She explains that this was especially true for bodily appearance, where achieving thinness was understood as the most important thing in her life. Rozanne S. describes that it was an illusion that thinness would bring permanent happiness, and this aspect of her story highlights how important thin bodies were at this time in U.S. history.

Not only do both Rozanne S. and Nidetch explain how their self-worth was defined through bodily appearance, but they also describe long histories of yo-yo dieting throughout their entire adolescence and adult lives prior to the formation of WW and OA. Nidetch explains:

> I had dieted all my life. I dieted in preparation for birthday parties. I dieted for graduation. I dieted for my engagement party. I dieted for my wedding. I'm talking about crash diets, any fast method like black coffee with nothing. Or black coffee and cigarettes, or eggs and grapefruit. Oil capsules. Wafers that looked and tasted like dog biscuits. I took little red pills, little yellow pills, little green pills. I lost weight hundreds of times. You can loose weight if you eat watermelon for two weeks. Or bananas and milk, or cottage cheese and peaches. A neighbor tells you about a diet and it works. You lose weight. Sometimes you don't feel well, often you don't look well, but you always lose weight. [1975: 14]

The similarities between the dieting experiences of Nidetch and Rozanne S. are striking. They also describe similar experiences regarding their intense desire to be thin (Nidetch 1975: 28-30; Overeaters Anonymous 1980: 9). Both make sense of their dieting histories through life stages, with particular emphasis on how marriage and children influenced eating behaviours and body size (Nidetch 1975: 52-61; Overeaters Anonymous 1980: 7-10). They highlight how body size influenced their perceptions of self-worth, with particular emphasis on the increased importance of thinness prior to marriage.

Jean Nidetch and Rozanne S. fundamentally saw themselves as compulsive overeaters (Nidetch 1975: 27-31; Overeaters Anonymous 1996: 16; Schwartz 1986: 208). The meanings of certain foods, their tastes and experiences with bodily appearance that Rozanne S. and Nidetch describe are the same ones indicated in other compulsive eating behaviours (Bordo 1999; Brumberg 1988; Burgard 2009; Counihan 1999; Fischler 1980; 1988; Guthman 2009; Lupton 1994; Popenoe 2005; Puhl and Brownell 2003; Warin 2003). In fact Nidetch even remarks on this negative stigma regarding certain types of bodies, and the notion that 'fat people', like 'alcoholics' or 'addicts', are not the same as 'civilians':

> Fat people are always potentially fat people, even when they're thin. We aren't like 'civilians', those people who are thin without trying. We have a problem — *we must keep eating*…We'll probably never be any different. The answer is that we have to learn to stuff the *right* foods into our mouths. [Hendley 2003; Nidetch 1975: 27]

Thinness was a symptom of being at the top of the middle class in the U.S. in the second half of the 20th century (Ferrell 2011). Being overweight was associated with working-class families, as well as ethnic minorities (Ferrell 2011; Levenstein 2003a; 2003b; Offer 2006; Stearns 1999). These class-based norms regarding consumption were the same for problems with alcohol consumption (Hanson 1995), and while these women spoke about 'addictions' to food, they also had obsessions with their bodies that were hugely influenced by socio-economic status and class hierarchies in the U.S.

Schwartz (1986) observed the similarities between the original WW and OA groups, as well as their founding members (1986: 204-213). His observations regarding WW and OA come from the same published accounts used for this dissertation, as well as a personal interview with Rozanne S.[11] (Schwartz 1986: 406). He argues:

> Dieting groups were to women of the 1950s and 1960s what water cures had been for women a century before: floating islands under their command, a middle ground by which to establish a sense of dominion and networks of sodality. Their inlets and elevations, their geography and topography, were fixed by women with long histories of social involvement and abiding desires for a place in the public world…These were all married women in their thirties when they began OA [and]

[11] While I was not able to interview Rozanne S., I was able to listen to her 'share' through podcasts made available by the Los Angeles Intergroup of OA (Rozanne S. Overeaters Anonymous Long-Timers Virtual Speakers Bureau. The L.A. Intergroup of Overeaters Anonymous, podcast audio, November 1st, 2005. http://itunes.apple.com, accessed June 15th, 2009).

> Weight Watchers…For them, losing weight meant taking charge of their lives *and* resuming an audience. [Schwartz 1986: 210-211]

In their accounts, Nidetch and Rozanne S. both describe how family and larger socio-cultural norms influenced their perceptions regarding self-control and consumption (Nidetch 1975: 20-31; Overeaters Anonymous 1980: 7; 1996: 16-17). They explain that they thought they should be able to consume like others, and this belief persisted until they founded WW and OA (Nidetch 1975: 27-31; Overeaters Anonymous 1980: 16; 1996: 16-17). By forming their groups, Nidetch and Rozanne S. brought together others like them. OA and WW consisted of groups of individuals who had also tried, and failed, at numerous attempts to moderate food consumption (Nidetch 1975: 18-19; Overeaters Anonymous 1996: 14; Schwartz 1986).

Nidetch understood her programme as teaching members to continue eating compulsively, and she insisted that all they had to do was overeat different foods in order to be thin (1975: 27). Rozanne S., however, understood her compulsive eating as a spiritual emptiness that she had tried to fill through attention from men, food and possessions (Overeaters Anonymous 1980: 14). She believed a twelve-step approach was needed to stop her compulsive behaviours (Overeaters Anonymous 1980: 14; 1996: 16-20). With this understanding of her compulsions, Rozanne S. believed that the community of OA served as a Higher Power that would ultimately lead to spiritual enlightenment, filling her internal void (Overeaters Anonymous 1980: 14; 1996: 69-72).

While there were numerous similarities between the founding members of OA and WW, the weight loss that resulted for both of them after forming their groups had drastically different effects on each woman (Nidetch 1975:

27-31; Overeaters Anonymous 1980: 14). After losing weight in OA, Rozanne S. explains that the thinner she became, the worse she felt:

> In the summer of 1960 a television interview brought in five hundred letters, and Overeaters Anonymous was on its way! My troubles, however, were just beginning. I was not overeating, I was thin, I was spending compulsively — and I was a mass of self-will run riot. I felt because I had been one of OA's founders that every word I uttered was a pearl of wisdom. I believed that everyone had to listen to me. That was the only way I could make myself important. I couldn't achieve that feeling from inside, and I simply didn't know what to do. [Overeaters Anonymous 1980: 14]

Rozanne S. believed that until she had surrendered her self-will and control, she could not truly recover from her compulsive behaviours (Overeaters Anonymous 1980: 14; 1996: 37-38). In *her* understanding of the community, the group dynamic served as a Power greater than herself, otherwise known as a 'Higher Power' (HP), that she could turn to in order to recover (Overeaters Anonymous 1980: 14).

For Nidetch, however, achieving thinness using the WW community seemed to give her more confidence than she had ever previously experienced:

> I'm just a Formerly Fat Housewife. I'm not a doctor or a psychiatrist. I'm not a dietician. I don't know any of the technical details of nutrition, and I never had lessons in hypnosis, nor have I been to an A.A. meeting.
>
> But I *do* know how to eat, how to lose weight and stay that way.
>
> I don't guarantee that losing weight makes life beautiful. I don't guarantee that it's going to give you the success in life that you want. But *surely* it's going to make you confident that you are capable of controlling your own body, that you are not the victim of your compulsions. [1975: 27]

Nidetch believed that by talking about feelings of shame regarding fat, admitting secretive eating behaviours and 'sharing' about obsessions with food, individuals could stick to a 'diet' or eating programme (Derdak and Stanfel 2000: 446; Nidetch 1975: 70-78). They could also learn new ways to continue overeating from other members in order to lose weight (Gilman 2008; Nidetch 1975: 147-150; Weston 1991).

In this way, both OA and WW were aimed at addressing compulsive eating behaviours using a community dynamic. While OA focused on surrendering control, WW focused on obtaining it (Schwartz 1986). WW focuses on issues with adiposity, while OA addresses a spiritual emptiness or void (Nidetch 1975: 29; Overeaters Anonymous 1996: 43; Schwartz 1986). OA was originally designed to help members abstain from compulsive eating behaviour, WW was not (Schwartz 1986). These differences between how OA and WW approached compulsive eating behaviour continue today, where issues of control (and surrender) are negotiated differently by each organization. The ways that these differences influenced the design of this research project are discussed at the end of this section.

In the WW community, members continued their compulsive eating behaviour using different sets of food rules. When Rozanne S. and Jean Nidetch lost weight, neither saw their 'addictions' or compulsions removed by simply becoming thin. Instead, they both understood that they were still fundamentally different in the ways that they ate when compared to others (Nidetch 1975: 27-31; Overeaters Anonymous 1980: 16). For this reason they both needed new strategies for eating. For Rozanne S., OA meant working a twelve-step programme in order to address compulsive behaviour (Overeaters Anonymous 1980: 14; 1996: 69-72). For Nidetch, WW was about learning which foods, or types of foods, could be compulsively consumed in ways that did not result in extra body fat (Nidetch 1975: 29).

Nidetch and Rozanne S. believed that 'sharing' was an essential component of the group dynamic (Nidetch 1975: 73; Overeaters Anonymous 1980: 17; 1996: 14). Schwartz (1986) argues that it was especially important to talk about problems with food and bodily appearance within a cohesive community during this time in the U.S. He explains:

> The group was not incidental to dieting, it was the crux. It made the act of dieting an empowering act. It gave substance to the newly slimmed body, a social significance apart from the thin fiberglass mannequins in shop windows. It was the group that made something of the body, endowed it with a new, comfortable presence…The group would go on, no matter what. In the group there was world enough and time to trust small changes. Outside, everything moved by leaps and jerks, and you went crazy trying to leap and jerk along. Outside, no one would notice a loss of weight until you had crossed some sudden threshold. You went on panic diets for weddings and parties just to cross that threshold for a moment, knowing beforehand you would gain the pounds back days later. Or you starved yourself in public to make your dieting seem honest, then gorged in private. Inside the group, everything was steadier. People applauded the smallest decrements, the least sacrifice, the gradual succession of insights. The group maintained a slow but confident time during which you could grow as you lost. [Schwartz 1986: 211]

Rozanne S. and Nidetch thought that talking with others in the group was essential for changing compulsive eating behaviour (Overeaters Anonymous 1996: 14; Nidetch 1975: 73). They believed that talking in the group helped members to deal with stigmatized bodies and eating behaviours (Nidetch 1975: 23-26; Overeaters Anonymous 1980: 7-10; Schwartz 1986). They also believed that they were fundamentally incapable of moderating food consumption, and this situation of problematic consumption within the individual, or self, came from belief systems about 'addiction' and control that emerged in the U.S. at the beginning of the 20th century (Levine 1978: 2).

Although OA and WW members acquired 'addict' identities through participation in each programme, they explain that this empowered them (Schwartz 1986). I suggest that it did so by challenging the 'medical identities' (Thompson 2004: 170) regarding obesity and adiposity during this time in U.S. history. Rather than using individual willpower to moderate eating behaviour, OA and WW members acquired identities as 'addicts', allowing them to deal with the physical markers of a stigmatized identity (Granberg 2011; Howson 2013: 28-30). They did so by utilizing a group dynamic, and the cohesiveness of the early OA and WW communities resulted from using 'compulsive eater', a less stigmatized identity than 'fat', as the basis of identity formation within the group. Acquiring this type of 'addict' identity, as opposed to a 'fat' or 'obese' medical identity, was therefore empowering in a similar way to the emergence of alcoholism, where situating the problem of 'addiction' within the individual body resulted in a 'purer' medical model that had 'less of a tendency to view addiction as a self-inflicted disease' (Levine 1978: 15). In understanding themselves as 'addicts', both Rozanne S. and Nidetch were therefore able to disassociate themselves from the negative stigmas in the U.S. that were associated with 'fat' bodies (Farrell 2011).

The founding members of OA and WW describe how meanings of food and the body influenced their compulsive consumption (Nidetch 1975: 32-37; Overeaters Anonymous 1980; 1996: 135-174), and they also explain how belief systems regarding achievement influenced their perceptions of control over food and bodily appearance throughout their lives. This is consistent with what has been observed by Featherstone (1982) regarding belief systems about controlling the physical image of the body through strategies of body maintenance. Therefore, before OA and WW, both Nidetch and Rozanne S. were constructing self-identities through the physical or visual image of the

body, believing that self-reflexive body maintenance techniques (such as dieting) were ways to achieve a desired physique that conveyed a restrained or controlled self-identity.

Furthermore, Nidetch and Rozanne S. describe the importance of buying and wearing different clothing after losing weight, which allowed them to show off the 'natural form' of the body (Featherstone 1982). They explain that they wanted to be different *types* of people by becoming thin people, and this results from the connections between identity, the body and consumption within consumer culture. More specifically, these women wanted to be different *types* of consumers, and they believed that they could find fulfillment in obtaining thin bodies, as well as other objects of desire, such as clothing.

Rozanne S. and Nidetch no longer wanted to be yo-yo dieters (Schwartz 1986: 208-211), and they wanted to join the ranks of other 'normal' consumers when buying clothes, displaying the body at the beach or pool or dressing for different social events (Nidetch 1975: 25-31; Overeaters Anonymous 1980: 14). This is evident in their descriptions of how they felt about their bodies in private, as well as how they felt when interacting with others in various social spaces. Nidetch explains:

> I once heard a woman say to a friend during a class, 'Mabel, we can take our coats off here.' Now, this was a great thing to her. *Here*, in *this* place, she could take her coat off without embarrassment. Obviously, there were other places where she and Mabel never removed their coats. Obviously, they were ashamed to show what they looked like. *Here*, they could remove the lie, the façade they had been living with for so long. [Nidetch 1975: 18]

'Fat' bodies are stigmatized bodies in the U.S. (Granberg 2011), and in a mass-consumer culture, individuals can access value through different forms of

consumption, and by achieving 'the look' (Bordo 1999; Coveney 2000; Featherstone 1991: 179; Lupton 1994; Schwartz 1986: 224-225; Turner 1991). Attempts to fashion and present the body in particular ways takes time, dedication and can verge on an obsession, and Nidetch describes how the WW community addressed this:

> Before Weight Watchers, fat people couldn't communicate with thin people and they couldn't communicate very well with each other, either. Fat people were the biggest bores in the world. No one cared what they did or didn't eat for lunch. No one cared whether they had two hors d'oeuvres or 25 hors d'oeuvres at a party. If I were talking to a brunette, would I dare talk about what I go through to make my hair blond? She wouldn't have any interest in the fact that every three weeks I devote a whole day out of my life — plus money, effort and some discomfort — to it. How could she possibly understand and why would she care? If I told it to another blond-by-choice, she would be interested and might even have some helpful advice. [Nidetch 1975: 18-19]

In this way, the OA and WW communities can be seen as spaces where members could talk about experiences with food and the body (Nidetch 1975: 18-22; Overeaters Anonymous 1980: 17; 1996: 14). They were also spaces that did not trivialize the struggles that members shared regarding food, and the OA and WW communities created in-groups for discussing these eating experiences.

Rozanne S. describes that after losing weight, she became a compulsive spender (Overeaters Anonymous 1980: 14). She used the group to recover from this compulsion in the same way that she used it for dealing with problems of compulsive eating (Overeaters Anonymous 1980: 14-17). Therefore, while WW focused on food in connection to the body, OA was directed at 'addict' identities more generally, and members of OA acquired consumer identities as 'addicts' that set them apart from others in more ways

than eating behaviour. In acquiring these twelve-step 'addict' identities, OA members aligned themselves not only with other compulsive eaters, but also with members of other twelve-step programmes, and while Alcoholics Anonymous (AA) is a completely separate organization, it had a tremendous impact on the OA Fellowship (Overeaters Anonymous 1996: 69).

The original OA and WW programmes both gave new sets of food rules for members (Nidetch 1975: 122-146; Overeaters Anonymous 1996: 137). These food behaviours provided new criteria for understanding notions of food and eating (Nidetch 1975: 147; Overeaters Anonymous 1996: 137; Schwartz 1986). Discussing these food behaviours with others in the community shaped the identities of OA and WW members. Table 3.1 summarizes Schwartz's (1986) contrasts between the original OA and WW programmes when they were first formed.

Table 3.1 Schwartz's (1986) Comparison of OA and WW

	Weight Watchers	Overeaters Anonymous
Center of time	Past	Future
Definition of appetite	Desire	Compulsion
Emotional focus	Anxiety/loneliness	Anger/depression
Healing method	Anamnesis	Psychomachia
Root Metaphors:	Military	Religious
A fat person as	Barbarian	Sinner
A dieter as	Crusader	Prodigal child

A thin person as	Civilian	Devoted servant
Direction of cure		
From	Primitive	Dependent
To	Civilized	Adult

(Schwartz 1986: 209)[12]

These differences in the original OA and WW programmes influenced the ways that identities were constructed in each programme. Through 'sharing' with others in the OA and WW communities, Nidetch and Rozanne S. reinforced their understandings of themselves as compulsive eaters. Nidetch and Rozanne S., however, differed in the ways that they constructed other aspects of the self, including their identities as consumers. For example, Nidetch describes how she began to consume like others after her appearance changed. She describes how she acquired a 'normal' body by losing weight, and how this changed the ways that she participated in consumer culture (Nidetch 1975: 30-31). She shared about these experiences with others, emphasizing that if they wanted *this* enough, all they needed to do was eat different foods (Nidetch 1975: 30-31; Weston 1991).

Rozanne S.'s consumer identity was constructed through 'sharing' her experiences of compulsive eating with others in OA (Overeaters Anonymous 1980: 17; 1996: 22). While Rozanne S. acquired a twelve-step 'addict' identity, she explains that this allowed for a spiritual awakening, as well as a process of recovery (Overeaters Anonymous 1996: 37-45; Stearns 1999). Therefore, the focus for Rozanne S. was on finding inner peace, rather than simply losing weight in order to 'achieve' thinness. Thus, while Nidetch emphasizes the

[12] This table has been modified from Schwartz's original one. I have left out some of his formatting, as well as an additional programme that he compared.

role of the physical or visual body in her story, Rozanne S. explains that her changes in identity came from the sensory body, or 'the body without image' (Featherstone 2006; 2010). This aspect of identity acquisition continues to influence the ways that OA members use the programme today, and while OA members do discuss the visual body, they also include descriptions about the sensory experiences of recovery.

While OA and WW once shared numerous similarities in the ways that they situated problems of compulsive eating within the self, this is no longer the case (Granberg 2011; Martin 2000; 2002; Tsai and Wadden 2005; Weiner 1998). Furthermore, in the stories used for this research, some members of OA describe how participation in programmes such as WW facilitated their compulsive eating. They describe the emphasis of control in WW, and explain that weighing and measuring foods (i.e. portion control) resulted in more unmanageable eating. These 'shares' from OA demonstrate the important role that perceptions of control play in fueling problems of compulsive eating, and for this reason, the comparison of the two organizations gives further insight into this aspect of 'addiction'.

OA AND WW AS NON-DIETS

The previous section looked at the micro-social process of 'addiction' from the shared experiences of the founding members of OA and WW. Comparing the changes in OA and WW over time also allows for deeper insight into how each organization is situated within a changing political-economic system. Chapter 2 highlighted some of these changes through how each programme grew and changed over the last 50 years (see *Studying Weight Watchers and Overeaters Anonymous, A brief history of Weight Watchers and Overeaters Anonymous*). For example, it gave particular attention to the changing notions of abstinence in OA (Overeaters Anonymous 1996: 137-162), as well as the

different food plans sold by WW (Hendley 2003). Each can be seen as corresponding to shifts in the broader consumer culture within the U.S. over time.

Products for weight loss have been sold in the U.S. since the 1800s as a way to regulate consumption, but it wasn't until the 1950s and 1960s that weight-loss products and diet programmes became a national preoccupation (Lyons 2009: 76; Offer 2001). For this reason, when both OA and WW were formed they emphasized that they were not 'diet' programmes, since both Nidetch and Rozanne S. had long histories of failed attempts at dieting. As the founding members described in the previous section (see Chapter 3, *Rozanne S. and Jean Nidetch*), 'dieting' made them nervous, and if successful it only resulted in temporary weight loss. This is consistent with what Stearns (1999) observed regarding the connection between body norms and the social anxieties with 'dieting' practices in the U.S., as well as how these ways of balancing consumption may actually exacerbate problematic eating behaviours:

> Dieting, in fact, juxtaposed consumerism and the desire for discipline as starkly as any aspect of twentieth-century society, which is why it is important to emphasize the ongoing conflict. In fact, the strain produced not only some important weight control but also a more pervasive anxiety that served as an additional emblem of the tensions of American consumerism. Even though they were less successful than some other contemporaries in keeping pounds off, Americans clearly worried more and had less confidence in their own appearance. In their actual dieting, their guilt was significant, if sometimes counterproductive. [Stearns 1999: 283-284]

It is important to mention that both OA and WW utilized revolutionary approaches to eating that went against all the commonly held beliefs regarding eating behaviour and weight loss at that time. OA and WW were once programmes that challenged broader social norms regarding food,

eating, temperance and self-restraint. Additionally, they rejected the food norms that were becoming part of the mainstream food culture in the U.S. For example, OA and WW members refrained from eating fried foods, heavily refined foods and drinking alcohol (A. 1994: 65; Nidetch 1975: 122-127; Weston 1991; Schwartz 1986).

Nidetch's original food plan was known as a 'non-diet' because members could eat and still lose weight (Nidetch 1975: 147-150; Dienstag 1994: 212-214; Weston 1991; Schwartz 1986). Nidetch held the firm belief that in order to lose weight, members had to eat. She was adamant that there should be no meal skipping in the WW programme (Nidetch 1975: 123; Schwartz 1986). She believed that this was what 'diets' were, and that no compulsive overeater could ever lose weight by trying *not* to eat (Dienstag 1994: 212-214; Duchess of York and Weight Watchers 2000; Gilman 2008: 197).

The original food plan used by WW was free and available to the public from the New York City Department of Health Obesity Clinic (Dienstag 1994: 212; Weston 1991). Dr. Norman Joliffe came up with the diet for the Bureau of Nutrition of the New York City Department of Health (Dienstag 1994: 211-212). He was a nutritionist, and Nidetch describes that there was nothing unhealthy or depriving about the 'diet' she was given by the clinic (Dienstag 1994: 211-212; Nidetch 1975: 70-71). What was hard was adhering to it, and having to discuss her eating with another person who could not relate to being overweight (Derdak and Stanfel 2000: 446; Dienstag 1994: 214; Weston 1991). Nidetch thought 'normal' eaters lacked empathy for the struggles of compulsive overeaters (Nidetch 1975: 64-65). She believed that this was something that could be gained from the group dynamic in WW (Nidetch 1975: 18-22; Weston 1991).

Hendley (2003) explains that the original eating plan offered by Nidetch used law-enforcement metaphors, where strictly forbidden foods were labeled as 'illegal', while what remained were referred to as 'legal foods' (Hendley 2003: 17). In this way, foods were categorized according to what members could and could not eat (Hendley 2003). Nidetch believed that the meetings helped members to adhere to this eating plan, and that members needed to desire their own thinness more than the items on the forbidden foods list (Nidetch 1975: 30).

OA struggled with defining problems with food and definitions of abstinence (Overeaters Anonymous 1996: 137-162). Their food plan eliminated certain foods, like sugar and carbohydrates, which members believed were causing their compulsive overeating (Overeaters Anonymous 1996: 144). This was controversial in the programme, and OA dealt with recurrent issues regarding plans of eating and abstinence (Overeaters Anonymous 1996: 137-162). The original OA programme provided rules for how to abstain from compulsive overeating by using a detailed meal plan (Overeaters Anonymous 1996: 135-162). During these early years, all members of OA ate in the same way. They adhered to specific rules for eating, and as an organization OA struggled with negotiating a working understanding of the relationship between specific foods, compulsive eating and 'addiction' (Overeaters Anonymous 1996: 135-173). By 1978, OA had adopted a plan of eating entitled 'Dignity of Choice', which allowed members to choose their own plan of eating (Overeaters Anonymous 1996: 170-173).

While white sugar and white flour were once the most popular foods to abstain from in OA, now members abstain from a variety of foods. Yeary (1987) observes:

> Perhaps the most radical and controversial aspect of the OA approach is the tenet that different foods can elicit different psychological responses from the body…OA neither attempts to define which foods should be avoided nor gives specific guidelines. However, speakers at OA meetings often describe their avoidance of sugar, white flour, caffeine, and foods that may cause allergic reactions. [Yeary 1987: 305]

There was also a distinct shift in OA's perspective towards 'addiction' that occurred when other types of compulsive eaters started attending the programme. This had to do with the inclusion of 'addictive' behaviours as the focus of recovery, rather than simply 'addictive' foods.

In addition to compulsive overeaters (or compulsive eaters), OA now includes members who self-identify as anorexics, bulimics and 'food addicts' (Gilman 2008: 229; Yeary 1987). It is now the most used mutual support programme for addressing issues of compulsive overeating (Gilman 2008: 244). It is also the most well-known support group for addressing biomedically classified eating disorders, such as binge-eating disorder (BED) (Gilman 2008: 27). Thus, despite the shift in understandings of the origins of compulsive overeating, OA still carries the message of recovery to people with a variety of compulsive eating behaviours (Overeaters Anonymous 2013b, accessed February 2nd, 2013; 2013d, accessed February 9th, 2013; Yeary 1987). In moving away from biomedical classifications of 'addiction', which have historically been based on the pathologies of particular substances (Keane 2004), OA has been able to resolve their controversies regarding abstinence and food plans (Gilman 2008; Overeaters Anonymous 1996: 172-173; Yeary 1987). They have done so through an understanding that all forms of compulsive eating share a common pathway of 'addiction', a 'disease', which is described in the 'Big Book' (see Chapter 6, *Overeaters Anonymous* and Glossary) of AA (Overeaters Anonymous 1996: 173; Reinarman 1995; Reith 2004; Yeary 1987).

The WW approach to eating has also undergone an important shift from Nidetch's original programme (Hendley 2003). The food plans sold by WW have changed dramatically over the last 50 years. These changes are discussed in further detail in Chapter 2 (see *Studying Weight Watchers and Overeaters Anonymous, A brief history of Weight Watchers and Overeaters Anonymous*) and Chapter 4, however they are mentioned here because the changing food plans reflect the changing needs of WW customers in the U.S. and around the world (Hendley 2003; Schwartz 1986).

WW food plans have responded to the political-economic system in very particular ways. One of the first changes was that food plans had to become more universal in order for WW to expand overseas (Weston 1991). The original food plan was designed for residents of New York City (Nidetch 1975: 128-136; Weston 1991). It included foods that were readily available in New York's delis, as well as consumed predominately in specific ethnically defined diets. Weston (1991):

> The American diet sheet referred to certain New York specialties such as bagels and gefilte fish, and certain fruits and vegetables were confusingly known by different names…although the early members were prepared to go to great lengths to find delicatessens and other specialist shops, we soon realized we would have to Anglicize the programme. [Weston 1991: 51]

There were other problems with the WW food plan for those living outside of major cities in the U.S. There were specific foods and strategies for eating on the WW plan that were simply hard to adhere to, and for this reason WW brand foods were extremely useful to members (Dienstag 1994: 230-232; Nidetch 1975: 99-100; Weston 1991). This allowed WW members to construct brand-assisted identities not only through the food plans sold by WW, but also by purchasing WW food products and cookbooks.

Nidetch always favored a simple way of understanding eating (Dienstag 1994: 219; Weston 1991). This influenced the subsequent food plans that have been sold by WW over the years. Rather than making sense of eating through a strictly forbidding set of food rules, increasingly WW has sold a system of eating that emphasizes freedom of choice (Dienstag 1994: 240-241; Duchess of York and Weight Watchers 2000; Hendley 2003).

Now, the WW programme continues to be sold as the non-diet alternative for weight loss (Derdak and Stanfel 2000: 447; Dienstag 1994: 240; Gilman 2008: 197). WW reassures members that they can still eat the foods that they enjoy, as long as they count, track and moderate the consumption of them (Hendley 2003; Heyes 2006). Thus, while OA remains part of a larger twelve-step movement, WW has taken on more of a 'if you can't beat them, join them' approach to industrialized food environments. As they market and sell the flexibility of their programme to potential customers, WW continuously reinforces the idea that their customers can interact with the mass-consumer culture of the U.S. and still lose weight (Heyes 2006). However, new sets of food rules (or a food plan) are needed in order to do so, and these can be purchased from WW online, or learned by attending WW meetings (Heyes 2006; Martin 2002; 2004; Weight Watchers 2013a, accessed February 13th, 2013; 2013b, accessed January 29th, 2013; 2013c, accessed January 29th, 2013; 2013d, accessed February 13th, 2013; 2013f, accessed February 10th, 2013; 2013g, accessed February 2nd, 2013).

OA AND WW IN A CULTURE OF CONSUMPTION

In order to understand the macro-social processes influencing patterns of compulsive eating, the ways that OA and WW fit into a larger historical process will now be contextualized. There are anxieties and obsessions regarding moderation, restraint and consumption of food in the U.S. that are

more severe than in other countries (Rozin et al. 1999; 2003; 2011; Wilson 2005). Wilson (2005) argues, 'the struggle to find balance between all these things is not purely an American dilemma, to be sure. But there does exist a particularly American way of negotiating the line between indulgence and restraint' (Wilson 2005: 155). These anxieties are not unique to food consumption, and Levine (1978; 1993) observes how concepts of 'addiction' arose from similar anxieties regarding alcohol and the lack of control that occurred when drinking (see Introduction, *Feeding, Eating and Compulsive Eating*). Furthermore, Protestant norms regarding self-restraint and control influenced consumption patterns in the U.S. until after the Second World War, at which point the emergence of consumer culture brought with it a completely different pleasure ethic (Featherstone 1982).

Firat and Dholakia (1998) explain that the U.S. is '*The* consuming society. Not that other societies did not consume. This one, however, was consumed with consuming. For over a century in America, and today all over the globe, we find so many others expressing the same idea' (Firat and Dholakia 1998: 2). Furthermore, they observe that the period following the Second World War was when the U.S. became '*The* consuming society' (Firat and Dholakia 1998: 4). They attribute this transition to the automobilization and suburbanization that occurred in the U.S. during that time (Firat and Dholakia 1998). This 'culture of consumption' brought distinct shifts in the value systems influencing the ways that many Americans consumed (see Introduction, *Identity and the Body in Consumer Culture*).

Here, understanding the role that the Protestant ethic has played in influencing consumption in the U.S. is important. Weber (2001[1904]) observed the connection between demonstrations of success and beliefs regarding predestination. The ways that individuals consumed in the U.S. was a way to demonstrate success, and thus God's favour in Heaven (Kalberg

1997; Weber 2001[1904]). Therefore, work and demonstrations of success were connected to a specific religious doctrine defined by mastery of the world, toil and self-discipline (Kalberg 1997). Veblen (2005 [1899]) picks up where Weber leaves off, and suggests that accumulations of wealth were subsequently used to demonstrate status through non-production (Davis 1944). Whereas the Protestant ethic fostered social cohesion throughout periods of industrialization in the U.S. in the 18th and 19th centuries, demonstrations of status came from displays of leisure rather than work in the 20th century (Davis 1944). Therefore, consuming for pleasure and adhering to ascetics that indicated accumulation of wealth through the display of functionless goods were emulated throughout the 20th century (see Introduction, *Identity and the Body in Consumer Culture*). In consuming in this way, new commercial products manufactured in advanced capitalist environments offered increasing ways by which the self might perceive the loss of control, since pleasure has become a staple for developing and selling products since the 1950s (Reinarman 1995).

Value systems regarding food consumption were influenced by this consumer culture in the U.S. (see Introduction, *Feeding, Eating and Compulsive Eating*). This was reflected in the ways that advertisers sold food products throughout the 20th century. Belk and Pollay (1985) observe that from 1900-1980 food ads in the U.S. went from emphasizing nutrition (function), to convenience and then finally to taste (pleasure). They remark that from 1940-1980 there was an especially strong increase in the hedonistic appeals to luxury in food ads. While this was the trend in food advertising, this also reflects a more general trend in the way products were marketed to consumers. Selling pleasure and hedonic consumption has been increasingly valued over function and practicality in the U.S. in the 20th century (1985: 896). Furthermore, Featherstone (1990) remarks that within consumer culture, there are

increasing contexts and situations where consuming for emotional fulfillment and pleasing oneself, as opposed to others, are deemed appropriate (see Introduction, *Identity and the Body in Consumer Culture*).

Whybrow (2005) comments on this aspect of the culture of mass consumption within the U.S. He suggests that by producing and consuming products in this way, Americans are increasingly confusing the 'pursuit of happiness' with the 'pursuit of pleasure'. While pleasure might result in instant gratification that feels good in the short term, the happiness that comes from social bonds is invaluable and being lost:

> One thing is clear: the pursuit of happiness through the accumulation of material wealth is proving to be a blind alley. The purchase of luxury, Americans have discovered, does not substitute for neighbors in building happiness and security. It is intimacy, not materialism, that buffers the stress of everyday living. Meaning is found in the social bond. Attachment to others serves survival in infancy, and empathic understanding facilitates adaptation throughout life. Feelings of happiness are tied to intimacy and are dependent on the reinforcing presence of companions and friendship. [Whybrow 2005: 229]

For this reason, Reinarman argues, twelve-step programmes have increased since the cultural revolution of the 1950s and 1960s that resulted in pleasure being used as a motive for consuming certain products. The twelve-step movement, therefore, combats the desire created by mass-consumer culture, where there is an overwhelming availability of pleasurable goods with diminishing socio-cultural norms regarding how to regulate their consumption (see Introduction, *Feeding, Eating and Compulsive Eating*).

Twelve-step programmes address issues of control by offering new sets of simple rules for how to consume, as well as a cohesive community in an increasingly individualized and fragmented society. Reinarman concludes:

> At its simplest, my argument is that twelve-step groups have spread far and fast in recent years because they offer participants two crucial components of a meaningful way of life that seem increasingly difficult to find in advanced capitalist culture. First, twelve-step groups offer participants a clear *cosmology* — a system of commonsense beliefs about how the world works, a sense of ones place in it, a vocabulary or discourse within which one can construct a positive self, answers to unanswerable questions, and a basic strategy for self-control that provides concrete solutions to personal problems. Second, twelve-step groups provide participants with a caring *community* — a fellowship of people who welcome them, know them by name, share their language, have experienced their troubles, listen to their tellings, support their struggles, and care about their general well-being. In short, the twelve-step movement provides a new sort of kinship network to replace far-flung, fragmented families. [Reinarman 1995: 104]

In doing so such programmes offer two critical components needed to sustain cultures and stable identities that have diminished alongside industrialization.

Valverde and White-Mair (1999: 397-398) explain that rather than simply a programme designed to help members stop drinking, AA (and programmes based on AA) aim at helping members to find inner peace. They suggest that what made twelve-step programmes so popular was the emphasis on actions, rather than ideologies, in order to transform the self. In this way the Twelve Steps are not a moral technique to achieve salvation or any other distant goal situated in the future. They are techniques for managing the present, and the problems that arise during everyday living. Furthermore, the ideologies in twelve-step programmes are more than simply a shift in epistemology, and for members using the Twelve Steps, 'values and ideas are nothing but actions — doing is being' (Valverde and White-Mair 1999: 400). Thus, previous research has thoroughly explored the role that AA and other twelve-

step programmes play in consumer culture. However, none have contextualized the ways that WW and OA fit into this larger historical process.

It is important to understand that while there was an obsession with self-control in the U.S. that most likely resulted in the twelve-step movement originating there, such programmes do not address cultural beliefs regarding self-restraint that are specific to that country. Anxieties surrounding self-control are found within consumer cultures that have historically been 'temperance cultures', which are countries that have been especially influenced by Protestant ideologies (Levine 1993). Therefore, twelve-step programmes can be seen as the solution to the socio-cultural problems that accompany industrialization in such 'temperance cultures' (see Introduction, *Feeding, Eating and Compulsive Eating* and Chapter 8, *Future Research Recommendations*).

The problem with compulsive eating described by Nidetch and Rozanne S. was twofold: they had obsessions with food, as well as obsessions with bodily appearance. In their similar desires to be thin, they both found that trying not to eat was an impossible strategy for achieving this goal. In situating the problem of compulsive eating within the self, rather than society, Nidetch and Rozanne S. were able to utilize a social dynamic that challenged broader social norms through their identification with others in their groups. This way of situating the problem of 'addiction' within the individual came about from the disease model developed in AA, where previous approaches to 'addiction' placed the problem within certain commodities (Levine 1978; 1993). Thus, the twelve-step programme was an alternative to the temperance movement, and the meetings, support and community used within these programmes was their distinguishing characteristic (Levine 1978: 14). In their meetings, members of OA could talk openly about their problems with food,

as well as bodily appearance, and developed techniques for how to consume in an environment of excess.

While much attention in the academic literature has been given to the confessional aspects of these 'shares', less attention has been paid to the ways that OA and WW members openly discuss strategies for how to consume. Members within each programme often do so, and similar to observations made by Valverde and White-Mair regarding AA (1999: 396), if OA and WW had tried to explicitly square off against the food or dieting industries during the post-war rise of consumer culture, they almost surely would have failed. Instead, they admitted they could not control their eating in the same way as others, and came up with alternative methods to do so. To this extent, the original OA and WW programmes can be seen as anti-consumer organizations that challenged broader social norms regarding self-control and restraint. They did so by situating problems of compulsive eating within the self, and utilized various strategies for managing excess as alternatives to individual self-control.

This perspective on OA and WW has a resonating effect on existing macro-social approaches to substance abuse and 'addiction'. Cronin (2002) and McKee (2002) argue that particular substances play only a small role in the social process of 'addiction'. However, much of the research continues to focus on the 'addictive' nature of specific substances (Cronin 2002; Reith; 2004; Sedgwick 1994). McKee and Leon (2005) suggest that more understanding is needed as to why people seek solace in substances that are harmful. They have identified several variables influencing these patterns of consumption, and found that groups experiencing the most rapid social transition, and have the least education and fewest resources, are the most likely to develop problems with alcoholism and substance abuse (McKee and Leon 2005: 1205).

McKee (2002) observes:

> The substances used vary: alcohol, heroine, cocaine, or solvents. But the broad picture is the same. All are societies that have been fractured by changing circumstances, in which earlier values and meanings are no longer understood or accepted, and new ones have not developed. Traditional support networks have been disrupted. Expectations have been raised, but with not obvious, legitimate means to fulfill them. These societies produced people, especially young men, but increasingly also young women, whose outlook is characterized by a sense of futility, lack of purpose, emotional emptiness and despair. [McKee 2002: 456]

The stories from Nidetch and Rozanne S. are consistent with this observation. They describe feelings of futility and defeat when trying to use conventional forms of self-control in an increasing environment of excess. They explain the problems of having stigmatized bodies, and the feelings of alienation that came from this. They describe how their struggles to achieve thin bodies using pills and dieting were dangerous, and resulted in poorer health and negative feelings of self-worth.

Karen Brodkin (2002; 2004), Susan Bordo (1999) and Bernice Weston (1991) describe similar experiences about how class norms influenced identities following the Second World War. They explain that appearing 'normal' took precedence over previously held belief systems regarding food and bodily appearance, and eroded aspects of identity that were reinforced through ethnically-defined neighborhoods prior to suburbanization. Bordo summarizes that more than simply a shift of place and space, this period in U.S. history resulted in a virtual disappearance of ethnic culture and religious communities, dislocations of gender and isolation of families (1999: 218).

Furthermore, identities started to be formed around brands during this time, and the fragmentation of strong ethnic identities resulted in national brands

becoming central to constructing identities (Holt 2002: 83). Therefore, the coinciding decrease of social norms, alongside this increase in the power of marketers as a cultural authority, allowed companies to sell products to particular groups. These groups included the newly 'whitened' (Brodkin 2002; Radzilowski 2007) nonelite suburbanites, who 'had flocked from tightly bound urban ethnic enclaves to suburbs where their neighbors were strangers, often with different ethnic backgrounds' (Holt 2002: 82). Given that there were no shared belief systems for constructing identities in these neighbourhoods, brands provided images of the 'good life' that acted as the social glue that brought these neighbourhoods together. This influenced both food consumption, as well as behaviours of body maintenance, through the shared value systems created by marketers in order to sell their products (Featherstone 1982; Holt 2002).

I suggest that these social dynamics influenced compulsive eating behaviours in the U.S. following the Second World War. Furthermore, as they are the same macro-social aspects of social transition and problematic consumption identified by McKee and Leon (2005), they may have been involved in influencing the experiences of compulsive eating described by Nidetch and Rozanne S. This assertion is supported by similarities in the locations outside of cities where WW and OA first formed, the time in U.S. history when they both began, the demographics of founding members, as well as the similarities in their experiences of compulsive eating. Utilizing this comparison does not allow for a causative pathway for understanding compulsive eating to be identified. It does, however, contextualize the experiences described by Nidetch and Rozanne S. (as well as the function of their original programmes) within a larger historical process. In doing so I aim to situate this research within the existing academic literature examining the macro-social process of 'addiction' within consumer culture in order to

evaluate to what extent a new framework for understanding 'addictive' consumption may be needed.

Durkheim's notion of anomie is useful for evaluating this, in that it identifies the feelings of normlessness that accompany rapid social change. Durkheim argues that with periods of industrialization similar to the one that followed the Second World War, anomie results if divisions of labor lack clear constraints for 'proper' and acceptable behaviour (1984[1893]: 304). Using this concept, it is easy to understand how problems with food and bodily appearance increased during this time in history, as well as the reason that community-based programmes such as WW and OA were formed as solutions to these problems.

Both OA and WW provided social cohesion and membership to a group, therefore providing a sense of community that decreased with suburbanization. Additionally, they gave clear rules for eating that went against beliefs about dieting at that time, and members shared strategies with each other for how to consume in a rapidly changing food environment (see Introduction, *Feeding, Eating and Compulsive Eating*). Durkheim's notion of anomie is also similar to that observed by Cushman (1990), who argues that feelings of alienation and normlessness occur when community, tradition and shared meanings decrease during economic transitions. This is also consistent with McKee's (2002) observations regarding social transition and substance abuse, where despite the substances used (in this case food and the body), substance abuse increases when there is a disintegration of communal values and no new value system has developed. OA and WW offered solutions to this, and gave members a sense of meaning and empowerment through the ways that identities were constructed through participation in their programmes (see Chapter 3, *Rozanne S. and Jean Nidetch*).

Food was not the only aspect influencing this, as the fashion for thinness, especially for women, increased during this time (Offer 2001). Cheney (2011) explains that in the U.S., thin bodies allow women from minority groups to access social mobility and acceptance to peer groups. Given that there was a redistribution of populations that accompanied suburbanization, acquiring a thin body had greater importance during this post-war economic transition. This was especially true for women, whose social roles were rapidly changing (Bordo 1999; Offer 2001). For this reason, Schwartz argues that dieting groups in the 1950s and 1960s helped women to establish a 'sense of dominion' and 'networks of sodality' (1986: 210), and allowed members to lose weight in order to meet the 'proper' and acceptable social norms regarding bodily appearance.

Durkheim's notion of anomie helps to give a concise picture of the social dynamics influencing compulsive eating during this time in U.S. history. It also helps to explain the usefulness of the group dynamics utilized in OA and WW, given what has been observed in the stories 'shared' by Nidetch and Rozanne S. Furthermore, the anomic feeling observed by Durkheim is similar to that described by other 'compulsive eaters', who explain that they have feelings of normlessness, as well as an insatiable desire or internal void. An ecological approach to 'addiction' would include all of these social dynamics that influence compulsive behaviour. In doing so, such a framework could then be used to construct more effective health policies that address compulsive or 'addictive' behaviours at a population level. As opposed to biomedical approaches for diagnosing 'addiction', such a framework would allow for the creation of health interventions targeted at specific groups, especially those who are disproportionately affected by social and economic transitions.

DISCUSSION

Rozanne S. and Nidetch describe the same problem with control and compulsive eating. The Introduction Chapter discussed how this problem was twofold, in that it includes problems with specific foods (see *Feeding, Eating and Compulsive Eating*) as well as problems with bodily appearance (see *Identity and the Body in Consumer Culture*). Giddens (1991) remarks that 'dieting' resulted from the growth of bodily regimes for 'reflexively influencing the project of the self' (1991: 105). Given the connection between bodily appearance and the self within consumer culture, Giddens (1991) argues that anorexia and compulsive overeating are both the unfortunate result of the individual's responsibility to 'create and maintain a distinctive self-identity. They are extreme versions of the control of bodily regimes which has now become generic to the circumstances of day-to-day life' (1991: 105). Therefore, it is not surprising that while the 'cult of thinness' arose during this same time in U.S. history (Offer 2001; 2006), so too did two organizations that similarly addressed problems of compulsive eating through negotiating alternative identities that revolved around strategies of control and surrender.

The ways that each programme utilized a community dynamic in order to address these problems warrants further discussion. As outlined in the Introduction Chapter (see *Identity and the Body Within Consumer Culture*), Cushman (1990) argues that the desire that drives consumer culture results in 'empty selves'. He argues that this was the result of dissolving cohesive communities following the Second World War, which previously served as the source of shared meanings and value systems from which to construct a cohesive sense of self. The findings from this chapter are consistent with Cushman's approach. This, along with Bjerg's (2008) observations regarding

drug consumption and capitalism, can be used in order to better understand compulsive eating using Nidetch and Rozanne S.' stories.

The first point of comparison that is crucial is the similarity in the way that Nidetch and Rozanne S. situated their problems with compulsive eating within their selves. Rather than challenging the food production system in the U.S., both women acquired stigmatized identities through self-defining their eating patterns as fundamentally different from 'normal' eaters (Dolezal 2010). In willing to stigmatize their identities in this way, they were able to create groups of individuals who shared the same feelings of difference and alienation from being overweight. Furthermore, by acquiring the identities of compulsive eaters, they were able to lose weight through the help of others like them, thereby shedding the stigmatized marker of a lack of self-control and discipline. Therefore, both women challenged broader social norms regarding expectations for the individual to control eating behaviour using willpower alone. They describe that this was empowering, in that biomedical interventions had failed in helping them deal with 'obese' medical identities. However, losing weight and acquiring stigmatized 'addict' identities reinforces broader social norms regarding aesthetics and self-restraint in the U.S., where Protestant ideologies have influenced the belief that 'normal' people should be able to control their eating behaviours. This reinforces the idea that 'addiction' results from problems within the physical body, rather than the disintegration of group norms, which have historically acted to regulate such behaviours (Durkheim 1984[1893]; Hanson 1995; McKee and Leon 2005).

In returning to the issue of food specifically, a second important similarity between Nidetch and Rozanne S. needs further remark. Rozanne S. and Nidetch identified specific foods that they found 'addictive' or drug-like. They believed that these foods resulted in their problems with bodily

appearance, and they made connections between food and the body, rather than food and the self (see Introduction, *Feeding, Eating and Compulsive Eating*). Therefore, these foods took on the symbolic meaning of 'junk', through how they became viewed as garbage or as a waste to the body. Bjerg (2008) comments that this becomes troubling for 'the addict' within capitalist economies. The sheer realization that something so trivial can bring a complete sense of pleasure or fulfillment collapses the difference between subject and object within consumer culture (Bjerg 2008: 19). Through the knowledge that the body can be chemically manipulated in order to achieve absolute enjoyment through junk — as opposed to other forms of enjoyment that capitalist society only grants in diluted forms — the 'addicted' user becomes permanently aware that this potential exists. Because of this, the 'addicted' drug user is forever changed, where Bjerg (2008) describes that 'to the addicted drug user the social reality of consumption capitalism has dissolved' (20).

For this reason, I argue that the communities of the original OA and WW programmes were the most important aspect for addressing these two problems with compulsive eating. The community was a source for what had been lost through dissolving social cohesion following the Second World War (Cushman 1990; Durkheim 1984[1893]; Reinarman 1995), and it gave members an opportunity for accessing fulfillment through human interactions, rather than the consumption of goods or foods that members identified as drug-like. This is consistent with what Bateson (1972) observed in the community dynamic within AA, where 'the total system is a Durkheimian religion in the sense that the relationship between man and his community parallels the relationship between man and God' (1972: 333). That is to say that while neither community offered any religious doctrine, both the original OA and WW groups were constructed in ways that utilized a cohesive group dynamic

for support. This stood in contrast to broader social norms that emphasized using individual willpower alone. Furthermore, these communities were spaces where information was shared in order to help one another, which made them distinctly unique social groups that went against the increasing competitive consumption occurring throughout consumer culture (Bourdieu 1984[1979]; Rafferty 2011).

However, while the structure of OA was designed to keep this community dynamic as an integral part of the programme, the WW community quickly became commodified. While the group dynamic remains a distinguishing aspect of both programmes now, in OA it serves as a space for identity formation that does not revolve around consuming particular goods through brand-assisted food identities. However in WW, this is no longer the case, and members of the WW community now construct a multitude of identities through the ways that they learn to consume certain foods using that programme.

Given this historical analysis of OA and WW, Chapters 4 and 5 go on to examine how WW now operates. Following this, Chapters 6 and 7 examine how this differs drastically from the self-work now occurring in OA. This allows for the final chapter to serve as a comparison between the ways that each group addresses the issues of control and food consumption in day-to-day life.

4 THE WEIGHT WATCHERS APPROACH TO FOOD AND EATING

This chapter examines how members of Weight Watchers (WW) relate to their food using the WW programme today. WW continues to sell members a new way of eating designed for weight loss. This 'food plan' has changed numerous times over the years, and WW currently sells a food plan that utilizes a point system of eating.

However, WW sells more than a food plan. As an organization, they have always sold their programme as a lifestyle change, and the use of group support has been a distinguishing feature of WW that makes it different from other commercial weight-loss programmes. The ways that members now utilize the community dynamic are discussed in this chapter.

CHANGING FOOD PLANS, CHANGING FRAMEWORKS

Nidetch's approach to weight loss using the WW programme was simple. She believed that she was a compulsive overeater and for this reason she was unable to adhere to the diet given to her by her physician. Nidetch believed that in order to do so she needed to talk about food with other compulsive eaters. The first meeting was a group of six women in her living room (Hendley 2003; Nidetch 1975: 69). After the group started successfully losing weight, Nidetch began helping others by holding meetings in their homes. Before Nidetch ever thought of making a business out of mutual support, she began her WW crusade by 'crisscrossing the Bronx, Brooklyn, Queens, and Long Island, helping others by going to people's homes, especially those too obese to negotiate their front door' (Dienstag 1994: 214). She carried a scale to

meetings, and talked openly with others about her compulsive eating (Hendley 2003).

In the early days, WW used the same food plan given to Nidetch at the New York Obesity Clinic (Dienstag 1994: 212; Hendley 2003; Nidetch 1975: 71). Along with recommendations to consult a physician before embarking on the programme, this original food plan for weight reduction gave five concrete rules to follow: no meal skipping; no substitutions of the food plan; no calorie counting; no alcohol; and no appetite suppressants (1975: 122-127). Jean Nidetch described an outline of the old programme in her book about WW (Nidetch 1975: 122-146). There were 14 different food categories that included fruits and vegetables, specifying what could be eaten in unlimited or moderate amounts, as well as listings of meats, fish, poultry, eggs, milk, cereals, cheeses and 'extras' (such as vinegar, lemon juice, tea, bouillon and horseradish sauce) which had to be measured, prepared and eaten a designated number of times throughout the day or the week. There was also a strictly prohibited category of foods, which was completely off limits for members. This included:

> Alcoholic beverages, beer, bacon or back fat, butter, cake, cookies, crackers and pies, candy chocolate, catsup, chili sauce, coconut or coconut oil, corn, cream (sweet or sour), cream cheese, fried foods, fruit, dried, canned in syrup or dietetic, ice cream, ice milk, ices and sherbets, jam, jelly or preserves, luncheon meats, muffins, biscuits, non-dairy creamers or toppings, olives or olive oil, pancakes, waffles, peanut butter, peanuts and other nuts, popcorn, potato chips, pretzels, pork products, puddings, custards, fruit flavored gelatin desserts, raw fish, raw meat, rolls (except those weighing 1 ounce) and specialty breads, salad dressings, sardines, smoked fish (except finnan haddie and salmon), smoked meat (except ham), soda pop, ades, punch, soups, sugar, syrups. [1975: 128-136]

For the early WW community the goal was weight loss, and this had absolutely nothing to do with restraining volume while eating. It had to do with eliminating certain foods, while overeating others.

Foods were categorized into 'fattening' and 'non-fattening' foods (Nidetch 1975: 122). WW members attended meetings in order not to eat the fattening foods. There were foods that were strictly forbidden, and these were referred to as 'illegal' foods, as well as daily allowances, limited and non-limited foods (Hendley 2003; Weston 1972: 7). A WW cookbook released in 1972 explains:

> Surely, eating is the one thing fat people should *not* do? Far from it. Eating is the only way there is to get slim and *stay* slim, FOREVER. If you are a Weight Watchers member this will be nothing new to you. If you are not, you may raise your eyebrows and think what an extraordinary idea it is…How is it Weight Watchers can make this unusual idea work? Firstly, you must realize one thing. It is not food itself that makes you fat. It is the overwhelming compulsion to eat incorrect quantities of those foods which do…At weekly classes trained lecturers teach you a new pattern of eating which is presented in the Programme of Eating. [Weston 1972: 6]

This meal plan and use of the community proved to be extremely effective. However, WW started to make changes to the programme by the late 1970s. Weight-loss research was proliferating during this time, and WW developed a behaviour modification approach to eating in 1976, adding exercise to the programme two years later (Hendley 2003: 18).

Members of the staff recall that there was a very evangelical spirit to the early days of the programme, rather than the feel of a business (Dienstag 1994: 216). Stories about successful weight loss started to reach others through WW publications. Books that gave detailed food plans, recipes, before and after pictures and 'Success Stories' were released by WW after the programme first

started, and this continued throughout the 1970s (Nidetch 1975: 100; Weston 1972; 1975). In one WW cookbook, Weston (1975) shares the life stories of WW members in the UK who successfully lost weight using the programme. She remarks, 'Weight Watchers members come from every walk of life; among our members we number secretaries, salesman, top executives, society women and tea ladies. Our youngest member is six, our oldest is ninety-one' (Weston 1975: 6).

The differences between WW and OA became increasingly obvious with time and changes to the programme. By 1981, OA was understood as a twelve-step programme for addressing 'addiction' with food, and WW started using behaviour modification techniques in order to address compulsive eating (Anonymous 1981). This new approach to eating resulted in a new food plan for WW. In 1982, Nidetch writes in an introduction to a revised edition of their cookbook:

> Many of us dreamed that in some idyllic life we'd be able to enjoy such delights as bacon and ice cream and still lose weight…With the 1982 revision of our Food Plan, this fantasy became a reality. On the famous Weight Watchers Food Plan you can now eat food never believed possible on a weight-loss regime. You can even toast your pound-shedding efforts with wine! ...Why was a Food Plan that was already so successful changed? …Partly because we wanted our Food Plan to have increased flexibility and offer greater freedom. [Weight Watchers 1982: 3]

This new food plan gives serving suggestions for men, women and teenagers (Weight Watchers 1982: 50). The food groups include fruits, proteins, grains, milk fats and vegetables (Weight Watchers 1982: 5). WW explains that servings of each food group are allowed daily, at any time and at three different meals. At this time, WW started to suggest that members keep a daily food diary in order to 'know exactly what you have been eating and that

you have fulfilled all the requirements of the Full Choice Plan' (Weight Watchers 1982: 4).

Although Nidetch resigned as president after the ten-year anniversary of WW, she continued to make public appearances (Hendley 2003). She also stayed involved with the publication of WW cookbooks, and wrote introductions to the cookbooks that were published in the early 1980s (Weight Watchers 1982; 1984). She resigned as the spokeswoman for WW in 1983, and was replaced by Lynn Redgrave (Hendley 2003). In 1984, another cookbook highlighted the changing aspects of life that Nidetch and WW felt were influencing the eating behaviours of members. Nidetch (1984) explains:

> I often think the most appropriate logo for our times would be the face of a clock, for these days most people lead frantically busy lives. The daily juggling acts of home/family/job/school are placing more pressure on us than ever. Of course, this affects the amount of time and effort you can afford to put into the challenges of meal preparation. [Weight Watchers 1984: 8]

Whereas WW once used a community in order to adhere to the sets of food rules provided by an obesity clinic, now WW was increasingly becoming centred on selling its own sets of food rules. The *Weight Watchers Fast and Fabulous Cookbook* goes on to explain that 'the problem with slimming is that it can easily turn into a vicious cycle of starvation, followed by periods of eating quickly prepared and highly calorific convenience foods, simply because we know no better' (Weight Watchers 1982: 9). Instead, WW was selling a food plan that was an alternative to 'salads and plain boiled vegetables', and they emphasized how eating and weight loss could still be affordable, delicious and incorporate 'modern cooking' practices (Weight Watchers 1982: 9). Strategies for this included using different cooking practices such as sautéing

and stir-frying, as well as canned, frozen, non-cook and cupboard foodstuffs to prepare different meals (Weight Watchers 1982; 1984).

The ways that WW encouraged members to keep their food and eating exciting also increased throughout the 1980s (Weight Watchers 1982; 1984; 1986). In 1984, WW started the 'Quick Start' programme after a new manager urged that WW needed 'new ways to make it easier for customers to lose weight, and to make prospective dieters feel more excited about the program' (Dienstag 1994: 229). WW did so by addressing issues with time and readily available foodstuffs for their members, as well as by making their eating experiences more exciting. In a cookbook published in the UK in 1986, WW asks:

> Have you ever wished you could eat things like Paella, Spaghetti Bolognese or Summer Fruit Pudding without any guilt at all? Have you ever thought that sauces, exotic recipes and scrumptious desserts were not for you on a diet?' We have! But luckily, the truth is that good food does not have to be too rich, and many foreign and British dishes can be adapted to make them acceptable in any weight reduction programme. [Weight Watchers 1986: 7]

WW explains that as an organization, they understand the need to enjoy a change from 'ordinary' foods (Weight Watchers 1986). They give recipes from around the world so that members can create exotic, varied and original recipes that make 'weight control efforts more successful because they banish boredom from your table' (Weight Watchers 1986: 7). These include descriptions about — and adapted recipes from — Australia and New Zealand, Belgium, The Netherlands, Luxembourg, The British Isles, Central and Eastern Europe, China, France, Germany, Greece, India, Italy, North America, Russia, Scandinavia, Spain and Portugal (Weight Watchers 1986).

Another cookbook from 1987 entitled *Delicious! Cookbook* reassures the reader that with WW, 'there's no need to think of an everyday book as being basic and uninteresting. Since everyday cookery is what we live with most of the time, it makes sense to prepare the very best we can, particularly when we're trying to control our weight' (Weight Watchers 1987: 8). In 1988, *Lean and Lavish: Weight Watchers Fabulous Recipes to Help Keep You in Shape* was released (Page-Wood 1988). Based on the WW Quick Start programme, this cookbook emphasizes 'healthy', 'delicious', 'sumptuous', 'mouthwatering' and 'interesting' recipes to help the dieter become slim and healthy (Page-Wood 1988: 7). There is an obvious increasing awareness that dieters had to be interested in their food, and this comes through clearly in the ways that WW cookbooks were written and sold during the 1980s.

WW reintroduced foods such as alcohol, bacon and cooking oil in the 1970s, and in the 1980s they reintroduced bread, rice and pasta to their food plans (Page-Wood 1988). The Quick Start programme was more of a temporary, spartan way of eating designed for rapid weight loss, and this was followed by a system of eating based on 'Exchanges' and 'Selections' (Hendley 2003: 19). Highly refined processed foods that were high in fat, sugar and salt were still strictly prohibited (Page-Wood 1988). WW members were urged to substitute 'junk' foods for more nutritious, high-quality ingredients, and to experiment with a variety of fresh and dried spices in order to maintain flavour (Page-Wood 1988). Refined foods, however, wouldn't be back in the diets of WW members until the '1,2,3 Success' programme, which was released in the late 1990s (Hendley 2003; Roz and Weight Watchers 1996).

The introduction of the 'POINTS'[13] system in 1996 marked a significant shift in the WW food plan, as well as the use of the WW community dynamic. This food and eating plan was drastically different from previous WW food plans (Hendley 2003; Roz and Weight Watchers 1996). This WW way of eating continues to operate now, although the ways that point values are calculated differs (Weight Watchers 2013c, accessed January 29th, 2013). A point-based food plan emphasizes flexibility and moderation, and reassures customers that no food is off limits in WW (Hendley 2003; Roz and Weight Watchers 1996; Weight Watchers 2013c, accessed January 29th, 2013). Additionally, WW created an eating plan that was not based on a number of meals per day, or times of the day when certain foods could or could not be eaten (Roz and Weight Watchers 1996; Weight Watchers 2013c, accessed January 29th, 2013). This was a massive change in the way the organization framed eating behaviour for members, as individual freedom of choice and flexibility were words that were not previously synonymous with weight loss.

There were other changes within the WW organization that also occurred during this time. Rather than emphasising appearance, 'Success Stories' from the programme started to be about overcoming adversity by losing weight (Duchess of York and Weight Watchers 2000). In *Win the Weight Game*, there are numerous stories from members of WW who despite all odds were able to lose weight and reinvent themselves in the midst of tragedy or adversity (Duchess of York and Weight Watchers 2000). Hendley (2003) describes that at this point in WW, the stories are reminiscent of the early days of the programme. Sarah Ferguson's description of 'hitting rock bottom' is much

[13] While 'POINTS' and 'ProPoints values' differ as WW copyrighted terms, I refer to them both as 'points' in this thesis, in that both food plans use the same conceptual method of counting numeric values. Furthermore, as the new 'ProPoints values' started while this research was being conducted, WW members discuss both types of points in their 'Success Stories'.

like Jean Nidetch's, despite the obvious differences in their backgrounds and demographics (Duchess of York and Weight Watchers 2000; Hendley 2003). This was most likely deliberately constructed by the organization, as this story reached out to so many potential customers (see Chapter 5, *WW Consumer Identities*).

There was a renewed emphasis on weight loss during stages of life at this time in WW. Ferguson describes the different life stages for women where weight can become an issue (Duchess of York and Weight Watchers 2000: 14-38). There is also a prevailing message that no matter what the circumstances, a new beginning can be achieved by losing weight (Duchess of York and Weight Watchers 2000). For example, there are stories detailing weight loss during divorce, retirement, as a man in a woman's weight-loss world and by giving up food as a source of love and comfort. These stories reiterate Ferguson's, and are similar to the ones shared by Nidetch in the early days of the programme (Duchess of York and Weight Watchers 2000; Nidetch 1975: 73).

The WW points plan resulted in a highly personalized and individualized way of participating in WW. This was reflected in the ways that members utilized and spoke about their experiences within the community. Ferguson writes:

> Meeting Weight Watchers members, the women and men from all walks of life, serves as a constant reminder about what true friendship really is. These people remind me that when you struggle with your weight you're not alone. And when we are together we can exchange ideas, commiserate, cry and plan together. Most important, we can also cheer one another on. [Duchess of York and Weight Watchers 2000: 54]

Despite drastically different approaches to eating, WW returned to its original value system after 40 years in the commercial weight-loss business. It was

similar to Nidetch's original programme, becoming a place to reconstruct the self through weight loss (Hendley 2003; Heyes 2006).

Much like WW in 1975, Ferguson describes that WW meetings were full of the support, empathy and rapport needed for sustainable weight loss. Nidetch explained this aspect of her original programme:

> I've heard people describe Weight Watchers as 'group therapy.' I have heard people say, 'It must be brainwashing.' It's been called 'self-hypnosis,' a 'revival meeting' and 'the fat man's Alcoholics Anonymous.' I've even heard a woman tell a friend, 'I don't care what it's called. I get a fix every Tuesday night.' I find I constantly refer to Weight Watchers as a 'thing.' I simply cannot find the proper words to describe it. It has brought gratification to so many people and yet I have no name for it.
>
> One of our lecturers once said, 'It's a place where you walk in fat and hope nobody notices you, and four or five months later, you walk out thin and hope that everyone sees you.' [Nidetch 1975: 18]

This trend continues in WW now. The spokespeople have changed, and the food plan is different, however the WW programme is still sold as a lifelong 'lifestyle' renovation that helps members lose weight (Weight Watchers 2013b, accessed January 29th, 2013; 2013c, accessed January 29th, 2013; 2013f, accessed February 10th, 2013; 2013g, accessed February 2nd, 2013).

WEIGHT WATCHERS TODAY

WW no longer describes the eating behaviour of members through Nidetch's understandings of compulsive eating. In the United States, the 'POINTS' system and 'CORE' programme were the central food plans offered by the programme in the last decade. Recently, WW has adopted a new 'ProPoints' and 'PointsPlus' system for counting and measuring foods. Now, as opposed to counting WW 'POINTS', members count WW 'ProPoints values'. Both of

these point values are numeric numbers, however each is calculated differently. Thus, different foods are allotted numerical values, and weekly and daily allotments of these point values are given to each member in order for them to eat in a way that will encourage weight loss. In WW, 'food plans' (or 'plans' and the 'Plan') are rules for eating, while 'programmes' (or the 'Program') are sold to members as a lifestyle change. This notion of a 'lifestyle change' is an important one, as WW members continue to emphasize that they are not 'dieting' or 'on a diet' in this programme.

The most recent programme that uses the ProPoints plan is called 'Weight Watchers 360°' (Weight Watchers 2013c, accessed January 29th, 2013). It explains that the WW programme is 'built on human nature', and that with all the current food choices and constant temptations, this most recent programme is focused on helping members navigate industrialized food environments (see Introduction, *Feeding, Eating and Compulsive Eating*). With this new programme, the community dynamic mostly revolves around keeping to the specific numerical food allocations outlined in the food plan. Members refer to this as 'tracking', and they emphasize that tracking should be consistent despite any life obstacles that may arise (Weight Watchers 2013c, accessed January 29th, 2013). This includes tracking weight through regular weigh-ins, keeping a journal to track food and activity points, as well as utilizing online eTools for tracking all these aspects of the programme.

Rather than the community being the primary focus for addressing compulsive over-consumption, now group members can — if they so choose — utilize a food plan with as little or as much of the community as they prefer. While numerous members emphasize the importance of attending meetings, as well as finding a meeting with a 'Leader' they can relate too, many WW members also explain that they do not attend meetings, and instead follow the programme on the WW website. Additionally, numerous

members explain that they participate in 'WW At Work' meetings, where WW members attend WW meetings at their places of employment.

Despite the various levels of participation with the WW community, WW is now sold as a new set of lifestyle norms for all members, where customers are buying the food plan in order to lose and maintain weight. The organization profits from selling their WW brand foods, through online and in-person community participation, as well other WW merchandise (Weight Watchers 2013e, accessed February 9th, 2013). WW also features products from other food companies that work with their ProPoints system. Members in WW share a common language and set of rules surrounding food norms that come with using the WW food plan and programme. For members in the U.S., WW is sold as a 'journey', and members repeatedly use this word specifically throughout their 'Success Stories'. The Weight Watchers 360° programme builds on this idea of weight loss as a journey, utilizing a title for their programme that has the connotation of global navigation. On their journey, WW members are encouraged to start a new way of eating that will last throughout their entire lifetime. WW calls their approach 'revolutionary', and like all previous programmes, Weight Watchers 360° is sold as a programme based on the most up-to-date nutritional science and understandings of human eating behaviour (Weight Watchers 1982; 2013c, accessed January 29th, 2013). In calculating, weighing and tracking their foods, members are indoctrinated into a programme that frames the experience of eating in a highly conscious and individualized way (Weight Watchers 2013c, accessed January 29th, 2013).

In meetings, I observed discussions that focused on the various ways that members could engage with eating in a highly aware manner (Weight Watchers 2013f, accessed February 10th, 2013). From my observations, this was to help members make more conscious and informed food choices. This

type of eating was discussed as an alternative to passively consuming in ways that had previously resulted in weight gain. For example, members were encouraged to try a variety of foods (especially new fruits and vegetables), as well as experimenting with new food preparation techniques. Leaders emphasized that members should keep eating experiences 'exciting' or 'novel' in order to be successful in the programme.

Additionally, members were encouraged to be better informed about the contents of the foods that they were eating. This was because ideas regarding what was 'healthy' in WW often differed from personal ideas regarding health. Meetings also gave a large focus to issues of time and preparedness. Planning ahead was an ever-present component of the WW programme discussed in meetings. This is also emphasized in the ways that the ProPoints plan and Weight Watchers 360° are sold (Weight Watchers 2013c, accessed January 29th, 2013). There were also issues discussed in meetings regarding tracking, meal planning and eating with others such as friends or family members. Cooking for a family, especially children, and eating with a spouse were also frequently discussed by members. Meeting topics also included recipe ideas, new foods becoming available that were low in points, as well as strategies for reducing point values through purchasing, preparation and eating techniques. For example, techniques for late night eating and snacking were discussed as obstacles to staying on track.

'Group Leaders', who had to have lost weight with WW in order to be employed as WW Leaders, also demonstrated a huge amount of empathy and patience with members. The function of these Leaders continues to be justified by Nidetch's original belief that in WW, only someone who has experienced the struggle of weight loss can understand and help somebody else going through that same process (Nidetch 1975: 97-98; Weight Watchers 2013f, accessed February 10th, 2013). However, the vernacular and

explanatory models used by WW employees are full of over-essentialized perceptions of what constitutes 'health' and a 'healthy' lifestyle and diet.

There are many members who simply want to learn a different way of eating in WW, and there are mixed descriptions about both the health benefits of weight loss, as well as the aesthetic aspects of weight loss. This is consistent with Heyes' (2006) research that explains how a vernacular of self-help and empowerment are used in WW as a way to reinforce the construction of docile bodies (Heyes 2006: 128). Much like Heyes' observations, I observed a hyper-vigilance around eating while attending meetings that was aimed at achieving a desired outcome on the scales. I believe that for this reason, the defeat felt by people when they had strictly adhered to the programme but not lost weight at the weekly weigh-ins was palpable during meetings.

Participant observation informed my own understanding of how WW has changed. The stories from WW members describe their personal experiences within the programme, and this helped to contextualize my own experiences and observations within the programme. I also compared the stories from the current WW programme to Nidetch's, and it is obvious how much the WW approach to food and eating has changed. For example, while WW once focused primarily on the community and a prohibitive food plan, today the programme focuses primarily on a food plan, with the community being a secondary component of the programme.

In her online video interview, Adelaide describes how she uses the WW programme and food plan. Through her story it is easy to see how WW now functions differently from previous eating programmes, especially the one outlined by Nidetch:

> I knew WW worked. I used it once before, and the first time I did it I just kind of took the steps, I didn't take the journey, and I knew that if I really

> did the programme that it really did work...I think more about what I'm putting in my body, um, I just never…I still get to enjoy the things I love. I love beer [laughs] but I still get to have beer on this and that's what's so great. I like that I'm a connoisseur of beer. I made beer work because one of the great things of this programme is that they teach you…you don't have to give up what you love, and I love beer…Of course I switch to much lighter beers, but, you know I track them just like I track everything else and of course running lets me have a few extra on the weekends.

Alcohol was once absolutely forbidden for WW members wanting to lose weight using the original food plan. However, this member describes how she was able to keep this component of her diet using the WW points system. Rather than highlighting how particular foods should be sacrificed — as the original eating programme did — the current WW approach is focused less on prohibitive food rules and more on inclusivity.

This approach to eating is drastically different from the original WW programme. For example now, Weight Watchers International, Inc. even sells their own brand of wine in grocery stores in the United Kingdom. Additionally, Adelaide mentions how her time in WW required that she commit to the 'journey'. If the programme is going to work, according to WW, the journey must be the primary focus, rather than the destination. Instead of sacrificing particular commodities (such as alcohol, sugar or saturated fats), WW now believes that the consumption of these foods can be moderated through counting and tracking their numeric point values.

For many members, the idea of losing weight is too immense to focus on the long-term reward as a motivation for weight loss. This is another reason why the concept of weight loss in WW is understood as a journey. Alecia explains that the journey in WW has to be broken down into small increments in order to get started:

> It's not just the physical weight; it's the emotional weight. You know, yes my husband accepted me for who I was, but I didn't accept me for who I was. I didn't love myself. I wasn't happy. My self-confidence was not good, and losing 130 pounds, I've lost a person. I've dropped a whole person off of my body and that's amazing…if you're starting this journey, whether it's ten pounds, or 100 pounds, or 150 pounds, it starts with the first step. Don't look past the first day, and sometimes it might be just the first meal, but plan it out, write it down, you may stumble, you may fall: pick yourself up, don't look back…look forward.

In sharing her experience in WW, Alecia expands on this by explaining that the WW journey needs to be broken down into steps, and the smaller the time increments the better. The speaker not only talks about time management, but also situates herself in a particular point in time: the present. While thinness might not be immediate it will occur sometime in the future, and she emphasizes that in WW you have to keep looking forward rather than focusing on past mistakes.

Discourses about time and control challenge notions of willpower in both subtle and obvious ways. In the previous story, the notion of willpower is challenged through how members explain that willpower alone is not adequate for reaching a final goal. Willpower is understood as enough to achieve small goals. Members focus on this as a strategy, believing that this shift in perspective will get them through the time required to lose a substantial amount of weight.

Other members blatantly remark that in order to get to the final destination, it is important to break the goal into small increments. They acknowledge that willpower is only enough to accomplish the smallest goals. They describe that for them, their individual desire to change had to be the motivation throughout their journey. Bethany explains:

> If you want success — if you want this change — if this change is for you, you got to believe that you can do it. Don't come in here trying to prove it to nobody else. You got to come in here saying that, 'I'm going to make this plan work for me. I'm going to do whatever it takes. I'm not going to be discouraged. I know that I am here for a journey. You know, if I give it a year and nothing happens, then if nothing else I have some healthy eating habits.' Do it that way. Don't get caught up with the scale. Don't get caught up in week-to-week and, 'oh, I didn't lose this week', and 'oh, I it's the same…oh, I gained'…Don't do that. Don't work the scale, work the plan.

Both Nidetch's WW, as well as the WW organization now, are ways to lose weight through eating, and this requires daily attention to food intake. This is opposed to losing weight through depriving or starving oneself. Despite it being 50 years since Nidetch first had this realization, this still is seen as a revolutionary way of understanding weight loss (Dienstag 1994: 240-241; Nidetch 1975: 122-124; Weight Watchers 2013c, accessed January 29th, 2013).

WW explains that this is how it addresses weight loss differently from other diets or weight-loss programmes. In Brandy's story, she shares how the WW programme worked for her. She describes that she had to learn to take a journey that wasn't centered around deprivation or food rewards. Instead, she describes her journey as based on consistency and moderation. Brandy explains:

> I would just give up everything good. As long as I could stand it, which got down to about 72 hours it seemed like at the last and a friend convinced me to go to a Weight Watcher meeting and the idea of putting everything on a budget, balancing it out, working a little bit of it in, sounded intriguing and the first week it worked and I couldn't believe it and I was sold. I didn't understand that everybody was doing the exact same thing. That people, you know, did great all day and ate a ton at night, or did great all week and then had a big piece of cake on the

> weekend…But instead I went and thought about it and I realized, like, you know what? I have to slow down and make this enjoyable…if I don't enjoy the journey I won't enjoy the destination when I get there, so I had a Frappuccino that week that I'd been waiting to have, and I just kind of took a breath and tried to make each week something I'd like to live at forever…along the way I learned how good it felt to make choices and stick with them, and sometimes we hear this cliché, 'nothing taste as good as being thin feels.' And that's really true, but I've learned from other people to say this: 'nothing tastes as good as being in control feels.'[14] And you know, like, sometimes being thin, that's kind of off in the future, but being in control? I can do that today, and I can start to feel good and like myself today.

WW now sells a journey of weight loss in many ways that is similar to Nidetch's original programme. Losing weight and being thin is still the goal in WW today just as it was when Nidetch started the organization. However, now WW sells their programme using the idea of a journey so that members understand that thinness can not only be achieved in WW, it can also be sustained over many years with continued participation in the organization.

Martin (2000; 2002) suggests that WW does this in order to keep members paying membership fees. However, I think that this is an oversimplification of what is going on between members and WW as a corporation. It does not give any credence to the experiences described by members, or their individual agency. Rather than seeing them as the passive dupes of a corporate system, members who are successfully using WW are adamant and enthusiastic participants within the organization. This is not the experience of all WW members, however, and the ways that some WW participants

[14] There is a saying in Overeaters Anonymous (OA) that 'nothing tastes as good as abstinence' (Editors of Central Recovery Press 2011[2009]: 240). Whether conscious of the comparison or not, this WW speaker gives a WW approach to on an old OA slogan.

describe their negative experiences with this organization are further detailed in Chapter 7 (see *OA Health Identities)*.

WW members undergo a self-critical assessment of the ways that they eat during their time in WW (Duchess of York and Weight Watchers 2000; Nidetch 1975: 111-121; Weight Watchers 2013c, accessed January 29th, 2013; Weston 1975; 1991). They begin tracking, calculating and documenting their eating behaviour in a meticulous fashion (Weight Watchers 2013c, accessed January 29th, 2013; 2013d, accessed February 13th, 2013). Often, members describe previous, habitual eating behaviours as secretive or excessive. Just as in Nidetch's stories, members in WW today continue to refer to their old ways of eating as though they are admissions of guilt (Nidetch 1975: 20-22; Schwartz 1986). At times, members mention particular foods such as chocolates, cakes and ice cream, which would never be consumed in the same way using the WW food plan.

For this reason, tracking in WW is an immensely important component of staying on the WW programme. One member, Candace, explains how she overcame a family pattern of secretive eating by counting, tracking and documenting what she was eating in order to hold herself accountable for her acts of consumption. She describes:

> When I was little, my dad, well he used to send us to bed and then um, I'd hear him sneak down into the basement, get in the freezer, and dip a nice big bowl of ice cream and there was a lazy Susan inside our kitchen that he'd open up and I'd hear him getting into that too. Yeah, so, I think I got some of that from him. I still do it. My husband could be out mowing the lawn or if I may be eating something right before he's coming home and I hear the garage door open up, so I quickly finish up. Package it up, and put it back in the cabinet. Uh, he might be downstairs on the computer and I'll sneak out to the kitchen and quietly open up the cabinet door, pull out what I want from the — even if it's a Fiber 1 Bar, you know — um, I'll

> pull it out of the box and quietly unwrap it and I kind of scarf it down…so…well, I changed all my habits when I first, I mean, that was one of the big things when you start WW. You've got to figure out what your bad habits are and change them, and I did.

WW members sometimes describe a relationship with food that is similar to human-to-human emotional ties, where food is described as replacement for friends or family members.

Foods provide an emotional interaction. They impart an experience to the consumer that is one-sided, whereas human-to-human interactions go both ways. For example, food doesn't judge, talk back or demand attention in the ways that humans do. Food can be consumed without worrying about hurting its feelings, having to talk to it or care about it. Ice cream and chocolate are mentioned in this story, and have been used in research exploring how particular foods take on 'nice but naughty' emotional meaning when being consumed. Such patterns of consumption may result in feelings of shame or guilt for the consumer, and what this speaker finds particularly problematic is the secrecy behind consuming in this way.

Secrecy of consumption can be hedonistic with any food product. Hedonistic consumption does not rely on hunger cues, and instead is driven by odor, smell, taste or memory (Dagher 2012). The stories in this section have shown a complex 'addictive' relationship between the individual and the food that is far removed from the models that focus on the content, quantity or nutritional aspects of particular foods. Cecilia observes in the video excerpt of her Success Story:

> When I say I was snacking, I was *really* snacking. I mean, somebody once told me I eat like a man. That's the kind of appetite I have, so the thing is I still snack on the same things, I just don't eat as much. I mean, it's Reese's Peanut Butter Cups, it's not, you know…I mean I love the WW

lemon cakes and they're only one point. I love, like I *love* those. It doesn't, you know, feel like I'm eating lite when I have those, but um basically I've just cut way down on it. Like, I'll count (if I'm having pretzels) I'll count them out and maybe I'll put them in a baggie (a plastic baggie) you know, so I know when I'm finished that that's it. It's, you know, cause if I feel deprived I end up going overboard, you know, I end up binging is what happens, you know, if I feel like I can't have what I love. It's just portion control. You just, you have to not eat as much as you did before.

Similarly, Cheryl explains:

A common dinner was a big pot of spaghetti with a stack of sliced white bread and butter to dip in the sauce, or meatloaf and mashed potatoes with gravy and lima beans. It never occurred to me at the time, but, looking back, I realize I probably overate partly for comfort. My parents had too much going on to give me as much attention as I craved, so I turned to food instead.

Because of all these things I got hooked on food at an early age. Food became a hobby for me. If I went into the kitchen to look for a cupcake and found only two left in the package, I'd eat one and hide the last one so I could have it all to myself later. I was already chubby in kindergarten; my class picture proves it. I never got a chance to learn what it feels like to feel full or to understand that when you're not hungry anymore, you stop eating.

Twenty year later, I was doing almost the same sort of things, but now I weighed over 300 pounds. Because I now knew that hiding food wasn't a good habit, I figured out other ways to eat without people seeing me. My husband used to work nights, and when he was gone and the kids were asleep, I'd serve myself a big bowl of chocolate peanut butter ice cream and eat it in bed. It was part of my quiet time and my reward for working hard.

Describing these eating experiences serves multiple purposes for members. It reinforces the difference in eating on the WW food plan, and how their lives have changed by using the WW programme. It also reminds members what life was like before losing weight with WW. Nidetch believed that this was a crucial aspect of maintaining permanent weight loss (Nidetch 1975: 147; Schwartz 1986). Nidetch even went so far as to put photos of her overweight body on her refrigerator in order to deter her from returning to previous eating habits (Schwartz 1986).

This aspect of holding oneself accountable and resisting temptation brings up the notion of cheating in WW. Members describe notions of 'cheating' while on their WW journey. Despite what WW says about the programme being a lifestyle transformation and not a 'diet', admissions of cheating on the plan are very much present. Members give descriptions about what they perceive does and does not constitute staying on track, or not cheating, on the WW programme. Daisie explains:

> My thing has been (I don't know if this is really good or not) I always am good Monday through Fridays, and Saturdays are my cheat day after I weighed in. So I would stay — [laughter] but it worked for me — I would stay within my points so I didn't go outside my flex points. So I might Saturday have my 25 points, and then add another, you know, 15 on it depending on what I wanted. But I looked forward to that. I couldn't go…I hear people in the meetings that are new, 'well if I hit 15 pounds or 20 pounds I'm going to eat this' [shakes head]. It's just too long of a way. You're not going to do it; you're going to slip up. But going those five days, or six days, and I was back on track by Sunday. It's not like I lost track, it was just I allowed me to eat those points on Saturday. And it helped me cause I was able to treat myself. *And I counted the points for it* [emphasis added], but it worked.

Cheating in this story refers to staying on the food plan in the WW programme, however the notion of what constitutes cheating and being good is especially subjective among members. With this flexible programme, a certain amount of binging activity is discussed as being normal, expected and socially acceptable in WW. It is even regarded as an inevitable event, and sometimes as a planned activity. Eating in this particular fashion (where points can be amassed and 'spent' metabolically on specific occasions throughout the week) allows for many forms of planning. For some, this includes planning binges, and this only constitutes cheating if the points are not tracked and counted. One member describes that this type of eating is 'splurging', extending the metaphor of monetary spending when using the WW points system. This member explains that she defines a 'binge' as a complete loss of control, while a 'splurge' is a controlled, acceptable form of indulgence.

This component of WW will be revisited when comparing WW to OA in Chapters 7 and 8. It is especially important because it frames overeating in a way that is normalized and socially acceptable. In WW, it does so by removing the aspect of compulsivity from the event of overconsumption. If it is planned or not impulsive, Daisie explains, it is not considered cheating if the member can get back on track. Therefore, the behaviour carries none of the associated feelings of guilt, failure or remorse that many describe as part of the experience that typifies compulsive eating. When members share a common understanding that everyone overeats, then the common goal for members is not necessarily to overcome this aspect of eating behaviour. It is simply to acknowledge it, work with it and get back on track after it occurs.

WW members focus on minimizing binging occasions, or isolating them to particular times or events. When unplanned binging does occur, members are encouraged to replace large quantities of hedonistic or comfort foods with

alternative lower point options. The ways that comfort foods and hedonistic foods are defined within the academic literature have been defined in the Glossary. However, WW members describe these as foods that are high in point values, foods that they are trying to refrain from eating, have feelings of guilt or remorse after overeating, or that taste so good they cannot stop eating them. These can be categories of foods such as sweet, salty and crunchy or specific foods such as a Frappuccino, ice cream, bread, donuts, chips or cookies.

Cheating in WW can better be understood as an action involving power and control. In her story, Dorothy describes the complexity of cheating, deprivation and the particular foods being given up or moderated in the WW programme:

> I would go on a diet and I would cheat, and I'm thinking, 'who am I fooling? Who am I kidding? I'm cheating my own self.' I was like, 'Okay I had that cake but look you're not getting the results you want, you know?' One of the Leaders at WW told me, she said, instead of feeling deprived everyone should be eating this way. This is the way we all should be eating, you know, and that kind of clicked. That stuck with me cause I'm thinking, yeah, once I started thinking of it like that I didn't feel deprived, I'm thinking this is the way I should be eating. This is healthy, this is normal, you know, I shouldn't be cramming cakes in my mouth all day long.

Members somehow feel as though they *should* be able to consume large amounts of 'unhealthy' foods without carrying extra body weight. Although the reasons for such perceptions are surely embedded in the ways that these products are marketed and sold, there is also the very real issue that not all bodies are the same. A person may be able to spend all day 'cramming cakes in their mouth' and not gain any weight. Some individuals can eat whatever they want and maintain a slim body, however that does not necessarily mean

that they should eat large quantities of sugar or fat, or that their eating behaviours are 'healthy'.

The reality, however, is that much of the social importance comes instead from the ways that those products are metabolized within the body. Larger societal norms seem to have no problem with the idea of eating cake all day, however there is a serious societal taboo if this results in fatness. Extra adiposity is the demonized aspect of such behaviour, not the eating behaviour itself. Individuals who can eat these foods without gaining weight are praised or resented for being able to do so. Therefore in WW, eating sugar, flour or fat is not described as unhealthy as long as it does not result in an undesirable body.

For this reason, negotiating what it is to be 'healthy', 'good' or 'normal' using the WW food plan, or one of the WW programmes, is not easy to define. It is, however, of particular interest and importance to researchers as it sheds light on some of the ways that humans make sense of eating experiences. While WW justifies their programme and food plan through nutritional science, this is not always how members use the programme for making 'healthy' food choices. Instead, some WW members see their eating through an emotionally charged set of food rules, in which they interpret their actions in a completely different framework. For example, nutritional foods can be substituted with alcohol, because they have both been given points-based meanings.

The differences between Nidetch's WW and WW today are important for understanding 'addictions' to food. While Nidetch saw WW members as 'addicts', WW today understands them as individuals who need a new set of food rules for consuming within industrialized food environments (see Introduction, *Feeding, Eating and Compulsive Eating*). So while WW members once understood themselves as 'addicts', now they understand aspects of

their surroundings as influencing problematic food consumption. This helps us to understand why an ecological framework for understanding 'addiction' is needed. Through examining the ways that WW highlights aspects of the environment that influence eating, it is obvious that this is an essential component of 'addiction'. Chapter 5 gives a detailed description of the ways that WW now does this. The previous section (see *Changing Food Plans, Changing Frameworks*) also discussed several of these aspects of the food environment. These included problems with keeping foods novel or exciting when trying to refrain from eating highly palatable foods, issues of time and convenience, as well as problems with moderating specific foods or types of foods. This section has discussed how WW members now conceptually address issues within the industrialized food environment in the U.S. using the WW food plan and most recent WW programme.

This does not mean that members do not talk about food in a highly 'addictive' way, but as an organization WW now teaches members how to regain control of compulsive behaviours by using their programme. This addresses aspects of everyday living, which include work, cooking for the family, eating with specific dietary needs or having different food traditions. Additionally the WW journey today addresses eating during holidays, vacations, times of day, times of the year, through gendered food preferences and various life stages. In all these ways WW sells its programme as a journey, but the company no longer sees their members as 'addicts'. Instead, WW offers tools so that members can change their eating behaviour despite their eating environments. In this way, the WW programme today continues to sell food rules in order to help their customers control their bodily appearance through changing eating behaviours.

THE WEIGHT WATCHERS COMMUNITY DYNAMIC

The community I observed in WW is defined in this thesis by a communal participation in a weight-loss programme. I experienced this in WW through my observations online, as well as attending in-person WW meetings. I did not observe a community based on regional or local identities in WW, however that is not to say that these do not exist. For example, since WW groups were initially sold off as franchises, some of these still exist today. Weight Watchers of Philadelphia, Inc. is one of these remaining franchises, and their website presents a strong regional WW community in their description of their history (Weight Watchers of Philadelphia 2013, accessed February 28th, 2013). My scope of observation was determined by place and space, and my descriptions of the WW community throughout this section are limited to the online community and attending meetings in New York.

There is a communal way of speaking about WW with others in the programme that also creates a sense of community outside of meetings. This comes from a shared understanding of the WW way of eating. It is learned through participation in the programme, and members utilize a way of talking about food and eating that creates a communal sense of identity. This comes in the form of a shared vernacular, as well as understandings of eating strategies according to point values.

Dienstag (1994) writes that in respect to the WW community, 'Nidetch was the model from whom all others flowed' (Dienstag 1994: 214). The community in WW continues to be perhaps one of the most important distinguishing components of the programme as described by members. Research from WW reports that members using the in-person meetings have a substantially higher rate of weight loss and maintenance than members who only use the online resources (The Weight Watchers Research Department

2011, accessed November 22nd, 2012). For this reason, members are encouraged to attend and participate in the in-person meetings. When they reach a goal weight, and maintain that weight for a set period of time, they are invited to stay in WW as 'Lifetime Members' who no longer have to pay to attend meetings.

One WW member, Eileen, explains the difference in her weight-loss experience with and without the meetings component of the programme:

> Well…the biggest thing (and I'm a user of the eTools program) and, um, I actually went back and looked at it, because you can hit that button that says, 'show me all', and it takes you, it shows you your fluctuations over your whole period…and I was wondering because the first year I was on maintenance, I was always under my goal, I mean by about two or three pounds and it just felt good to be that way, but then this past year I've always been above but within the two pounds, but above, and I was…and I said to myself, what's the difference? Cause I could see that on the chart…what is the difference between why I was able to be below the line the first year and over the line the second year, and really it came down to meetings. I had, you know, slacked…I was so diligent my first year, you know, always going to meetings and then what I found that in the second year was there would be almost two to three months, I might skip a month and not go and then it would be a two to three month gap and now that I've recognized that about two months ago, and now I'm back on track and it's amazing cause it's just at or below the line, so for me that's clearly the difference.

The notion of staying on plan is related to the success achieved by reaching or maintaining weight-loss goals. As Eileen attributes her struggle with staying at a particular weight to 'slacking off' while on the programme, she makes sense of this by describing how her diligence during the first year had started to wane. In this way, attending meetings keeps members engaged in their weight-loss journey. Today in WW, if a member wants a 'diet', they can

follow the food plan on their own, but if they are looking for the journey they must interact with others in the WW community. Members reinforce their new set of food rules by interacting with others who are eating, counting and tracking in a similar manner.

There is little sense of familiarity in WW, however there is strong social cohesion within meetings. This is one of the most remarkable aspects of the community dynamic in WW, and while this was my personal feeling while attending WW meetings in New York, the WW 'Success Stories' also speak about this. They explain how good it feels to have the support of people that they barely know. However, some members emphasize the importance of finding meetings where there is a Group Leader that they can relate too. This has less to do with the support of other WW members, where this cohesion is attributed to the particular Leader, rather than simply to the presence of other members. This differs from programmes such as Overeaters Anonymous, where 'leaders are but trusted servants; they do not govern' (see Appendix 2).

WW provides a Group Leader for meetings who directs how information is shared regarding weight loss and eating techniques. Members, as well as Leaders, offer emotional support. Nidetch believed that this facilitates changing problematic patterns of eating behaviour through empathy and rapport (Nidetch 1975: 19). Even if not participating in discussions, members still benefit from this support. Elissa shares:

> It feels good, and I'm just glad that um…it's nice because when you're that overweight no one ever puts any attention on you, and now it's like weird having all the attention put on you and I'm not one that likes that. In fact in the meetings I rarely…I try not to speak that much, but it's nice to know that hopefully…hopefully just seeing that I was able to lose this amount that they will know that it is possible to do it the healthy way without having to go on, like, these fad diets or having to go to the gastric

> bypass or anything like that. I mean, even if it's an inspiration to one person, then I'm glad, you know?

Similarly, Felicia explains that while support is expected at home, the remarkable thing about the group dynamic within WW is having complete strangers support you while trying to reach your goals:

> You kind of already expect the people at home to support you, but when you go around people who you have no idea who they are but they're there for the same reason, it's just so satisfying to know that there's people like you who need the same help.

The value of the group comes from more than the information that members discuss within meetings. It also comes from the support they offer one another, and the feeling that they are not alone in their weight-loss efforts. To inspire — and be inspired — in meetings is an aspect of WW that is similar to how Jean Nidetch's original programme once operated.

The shared identity that comes in WW meetings is in the form of shared food norms. This is discussed in detail in Chapter 5 (see *WW Food Identities*). However, there is a sense of belonging that is communal, and this is separate from the ways that shared identities are constructed through 'sharing' in WW. Especially during times of struggle, WW members have a resource through the community dynamic offered in WW. They explain that this helps to interrupt patterns of thinking that once resulted in weight gain before coming to the programme.

One member, Francis, describes how if left to her own devices she would make the 'wrong' food choices. She explains that the group dynamic helps her to stay accountable through the support of the friends she was able to meet while attending meetings:

> I used to join every January, my story was the same. I'd join on January and I'd be motivated like everyone else, and then come May when the weather started getting warmer and it was time to spend more time outside, I would always depart and never came back and every January I'd find myself just a little bit heavier until this last time when I realized something different has to happen in order for me to be successful. I found that when I didn't go to the meetings I would quickly lose my learning that I had…that the meetings had given me. I would be left to my own devices and I wasn't always doing things in my best interest. The one behavioral thing that I had to learn was that going to the meetings did keep me on track — it did keep me grounded and focused, so I'm very grateful to uh, have found a new way of doing the programme. Going to the meetings every week gave me friends, people who were in the same situation as I, with the same goals; It gave me an awareness that I was not unique, my story isn't different. Everyone in those rooms who came had the same struggles as I did. It gave me structure; it gave me direction.

There is another aspect where the community is helpful in losing weight. In numerous stories shared over the years in WW, members describe how often friends are not supportive of weight-loss efforts (Duchess of York and Weight Watchers 2000). They explain that weight loss has resulted in jealousy and resentment from friends, and that some people even try to purposefully sabotage their weight-loss efforts for this reason (Duchess of York and Weight Watchers 2000; Weston 1991). Members of the online community, as well as other members attending in-person meetings, are resources that help WW members overcome this obstacle to weight loss.

One of the biggest components to working the WW programme is 'staying on track'. This includes tracking points, going to meetings and utilizing the eTools, as well as weighing, measuring, counting and planning meals (Weight Watchers 2013c, accessed January 29th, 2013; 2013d, accessed February 13th,

2013). WW sells a journey that is all encompassing in the ways that it tries to support the formation of new patterns of eating behaviour for members. From peer groups to point values and everything in between, members describe a lifelong journey of self-improvement through working the programme. This needs to be continuously fine-tuned throughout one's lifetime, and there is a hyper-vigilance about 'lifestyle choices' that is apparent in the 'Success Stories' shared by longtime members and Group Leaders.

This level of involvement in the programme creates a sense of camaraderie and optimism for new members. It also reinforces the purpose of the shared food rules acquired by members of WW. This is a positive dimension of the group, and it helps members to remain on track in order to reach their weight-loss goals. Gladys explains:

> …Like, I never thought I would care about going to meetings. That's something that I didn't want to do also, like I didn't want to go to meetings. Like, I thought I could learn the plan and just go ahead on my own and just, you know, do it on my own. But the meetings have become so important to me, um, I get so much support and motivation, we share tips, we applaud one another, um I just never knew that the process of losing weight could be that way, and also at the meetings you got to address difficulties you were having, like if you were having a struggle or you just sometimes don't feel like doing it anymore and I was able to come to the meetings and talk about that. There were times — especially recently — when I come in and I say, you know, I'm tired of doing this, honestly, and I'm able to get that motivation of setting smaller goals or just looking back at all that I have accomplished, you know, um and definitely, um not wanting to go backwards. Then I get to hear from other members how much I've inspired them, and just people…my mom has now joined WW and she's lost a lot of weight and people from my church are inspired, so that helps me to keep going — inspiring other

> people — cause if I go back I feel like I'll be letting a lot of other people down.

With this added component of the WW programme, there continues to be an aspect of WW that is as important as the food plans they sell. Members talk about their experiences with an array of situations, such as the loss of family members or dealing with severe health problems. They explain that they use the support of others at these meetings to deal with seemingly non-eating related life events. Therefore, while WW influences the eating behaviours of members through their food plan, there also continues to be a unique dynamic within WW that is created by the interactions of members, and this remains an integral part of the WW journey. Those who utilize this aspect of the programme explain that this is one of the most important components of achieving their goals in WW.

The tools for working the WW programme have changed with technology. WW members now use an entire platform for online community interactions on the WW website. WeightWatchers.com, Inc. was founded in September 1999 (Weight Watchers 2013a, accessed February 13th, 2013). This gives customers an ability to utilize an online community dynamic in WW, and offers members different ways to interact with each other outside of meetings. Membership to the online community is a separate product sold by WW, however members who pay to attend in-person meetings also get access to online resources. For example, blogs, message boards and online community groups are just a few of the ways that members use these tools to help them on their WW journey. The ways that this online WW community operates gives insight into many of the daily obstacles members face when trying to change their eating behaviours. It does so through how members interact with each other online, which address both long-term goals and immediate problems.

Blog postings by contributors to the WW website are especially detailed and personal, covering a variety of topics. These differ in length and content from message board postings, which tend to be shorter and pose highly specific questions or content. There are a variety of subsections that have been structured by the organization to which members can also contribute. Blog activity varies due to how community members utilize this platform for sharing. Involvement in the online community is highly individualized, and members vary in their frequency of blog postings and content length. What is interesting about this online public space is that you do not need to be a paying customer to access its content. Anyone can utilize the benefits of the online community. However, sharing with others in WW is the component that members have to pay for.

Although I read these blogs throughout the research, I did not code them as a source of data for this project. This was due to the data size I was already working with using the 'Success Stories'. These blogs are highly individualized, and examining them helped me to better understand the ways that identities were constructed online. The salient feature about the WW blogs is the time commitment members make to share about their experiences. Content from members is highly personal, with many believing that 'sharing' in this way helps them on their WW journey. I do not argue that this is the same narcissistic self-regard of pleasing the self within consumer culture observed by Featherstone (1990; 1991: 187-188), however WW blogs *are* full of personalized aspects of the 'performing self' that emphasize 'appearance, display, and the management of impressions' (Featherstone 1991: 187). I suggest that members do so in order to construct a consumer identity that negotiates problems of excess in a way that is also aimed at helping others. However, if all WW members share the communal

goal of wanting to lose weight, blogs are at the opposite end of the spectrum of this shared aspect of identity.

They contribute to highly specific constructions of the self, and some members engage in self-branding behaviours online that can be used for accessing social capital (Hearn 2008). For example, WW sponsored bloggers generate capital for WW, while others gain cultural capital through their popularity on the WW site. Blog spaces are also highly specific about their topics, content and demographic descriptors. This content allows members to engage with others in more individualized ways in order to share their emotional states through rants of frustration, 'shares' about the family or about children, travel, fitness, love and relationships or any other personal event in their life. There are also regular WW bloggers contributing in addition to these individuals. These are 'official Weight Watchers bloggers' who have been asked by WW to make regular contributions to the WW website. These differ from members who blog about their weight-loss efforts on WeightWatchers.com or other websites. In creating individual profiles, members can be as personal or anonymous as they desire, and they have the opportunity to create their own online identity through selecting aspects of their lives that they wish to divulge to others. This includes photographs for their profile picture, geographical location, purpose for joining WW, relationship status, gender or any other personal interests.

Message boards are separated by WW categories according to their particular purpose. For example, one message board might be about helping new members with issues regarding the ProPoints plan. Others focus on the amounts of weight members hope to lose, or maintaining weight loss after reaching their goal weight. Message boards for specific food interests are also available online. There are message boards that include options for vegetarians or others with dietary restrictions, as well as point value

information for local restaurants when eating outside the home. Dining and entertaining tips are other frequently discussed issues, as well as message boards about food cravings or binge confessions.

The website also includes categories that address gendered issues and weight loss, and there is an online space specifically for men. One of the message boards for men is entitled 'Beyond Beer and Burgers', discussing issues of gendered food choice. Health and fitness message boards also exist. These are gender-specific, and discuss a plethora of topics related to health and fitness. Message boards focus on age categories, stages of life and how to feed a family. There are spaces for military families, fathers using WW and new mums. Motivational message boards, as well as message boards regarding religious or spiritual beliefs, are numerous. They include specific doctrine-based groups such as Catholicism, Latter Day Saints, Judaism and Friends of Bill W. or other '12-Steppers', and there is a message board for OA members using the WW food plan. Finally, if it is all getting too overwhelming, there is a message board for that too. This message board is entitled 'Out of Control!' which is an emergency space for members experiencing problems with compulsion.

Thus, the WW community today seems to have accounted for all categories of people within the programme except for 'fat' ones. They keep members focused on future goals, and projecting a future thin self. There are no spaces for members who are rapidly gaining weight, whose compulsive eating is getting worse using the programme or who feel disempowered by losing weight, however there is evidence that these people exist (see Chapter 7, *OA Health Identities*). Providing such spaces would go against the corporate agenda of WW. However, these experiences are still important to this type of research, and since there are 'shares' in OA describing these types of experiences in programmes like WW, this is further discussed in Chapter 7

(see *OA Health Identities*). WW is a weight-loss programme designed to help people become thin, and members who have successfully lost weight describe that thinness is an unbelievable, life fulfilling experience. In-person meetings, as well as online forums, are saturated with this message.

The participant observation component allowed for a deeper understanding of the WW community. The online community of WW is full of success and solutions, but the in-person meetings are full of stories of perceived failures. There were stories of struggle offered by members who wanted to lose weight, and their desperation to be thin was apparent in meetings in a way that it was not online. My own experiences within the WW community are also important for contextualizing findings regarding the ways identities are constructed in WW (see Chapter 5). For example, I was not healthy for much of the time I was on the WW programme. I attended meetings sporadically, sometimes under ate in order to meet my point allotments and binged on foods when I had excess points. Sometimes I displaced food with alcohol in order to meet my daily points when dining out with friends. At other times I ate regular meals full of 'healthy' foods, and went to my weekly meetings. Throughout all these experiences, I tracked my food and weighed-in. The results were surprising. I managed to lose weight every time I weighed-in while attending meetings in WW, however this was not as a result of adopting a consistently healthier lifestyle.

I did not take the WW journey, but other members in my meetings did. Through these experiences I obtained a different understanding of the WW community and how members within this programme use meetings in order to lose weight. Members do not always succeed. Sometimes they follow the plan completely and still struggle to lose weight. At meetings some members are glowing with the success of reaching their goals, while others look devastated after weighing-in. Group Leaders talk about strategies for losing

weight, and they celebrate the achievement of goals with members. They also answer questions and address issues for members who are struggling.

In the WW community now, 'fat' is no longer the common identity but the common enemy. WW meetings feel nothing like group therapy, a revival meeting, self-hypnosis or AA as Nidetch explained in her biography (Nidetch 1975: 18). WW meetings feel like classes on how to get rid of body fat through acquiring different eating habits. Parts of these classes involve members talking about some of their emotional experiences while trying to change their eating behaviours. What I really came to understand through participation in the WW community was how much individuals value themselves and others according to body size. According to WW members who have been successful in the programme, losing weight and being thin *feels* good. Following the eating plan and not losing weight, being stuck in a plateau or gaining weight are described as miserable, and this was apparent from attending meetings as well. At these times there was a group dynamic of empathy and rapport. The support that members give to each other allows them not to be alone when experiencing what they perceive to be a 'failure' when trying to meet their weight-loss goals. This aspect of WW is similar to the original community dynamic described by Nidetch (1975: 18-19). Attending meetings in WW today continues to offer members the support of others, and members describe this as beneficial when trying to change problematic patterns of eating behaviour.

The WW community differs in many ways today. Some of these reasons are most likely the result of how WW now operates as a corporation. For example, when H.J. Heinz ran WW, the importance of the meetings took a backseat to the food products sold under their label (Stanfel and Derdak 2000). When the meetings portion of WW was sold, H.J. Heinz retained the rights to the food production component of the corporation (Stanfel and

Derdak 2000). During this transition, WW meetings took on a renewed importance (Duchess of York and Weight Watchers 2000). Additionally, body norms have changed throughout the U.S. I believe that this has had an influence on the WW community as well. Nidetch's programme began when obesity was already prevalent in the 1960s, and these rates have doubled in the U.S. since 1980 and continue to rise (Komlos and Brabec 2011). While WW members may have the same intense desire to lose weight, fat bodies are no longer the outliers of body norms throughout much of the U.S.

Furthermore, WW was not designed to address 'obesity' as a disease. It was designed as a way to combat fat. Nidetch specifically stated that bodily appearance was what the WW programme was designed to address for compulsive eaters (Nidetch 1975: 18-19). Her original WW community served a different purpose for members than it does today. While it may normalize the desire to lose weight in a similar fashion, it does not normalize the 'fat' body within the group as it once did. Nidetch described 'fat' bodies as extremely aesthetically undesirable, however now WW utilizes a discourse regarding health and obesity in order to motivate members to lose weight. Finally, the current WW community also includes people seeking improved health through weight loss. They may have normal body sizes, or simply desire to be physically active and learn healthier ways of eating. WW members no longer understand themselves as 'addicts', and compulsive eating is understood as something that can be dealt with through the behaviour modification techniques learned from using the WW programme (Weight Watchers 2013c, accessed January 29th, 2013). Through acquiring new notions of health, fitness and eating rules, numerous WW members become part of a group that is fighting fat and revaluing their self-worth through changing their bodily appearance.

DISCUSSION

While WW once focused on specific foods that members described as drug-like in their potential for overconsumption, now the WW programme focuses on problems of managing excess more generally. Their current food programme is one that works in a similar way to the capitalist economy in which it operates. The WW programme treats the body as an exchange system, where 'points' are earned and spent in an economy of exchange within the body. This shift reflects changes in consumer culture more generally. For example, the early WW programme strictly forbid foods that were highly palatable and that had become devalued through food production techniques following the Second World War (Levenstein 2003a; 2003b). However, these food products have only increased in number since that time, and now saturate the food environment throughout the U.S. (see Introduction, *Feeding, Eating and Compulsive Eating*). For this reason, I argue, the WW programme has shifted to focus on problems of moderation of excess, rather than forbiddance, in order to help their members lose weight.

This has had a drastic influence on the ways that identities are shaped through participation in the programme. WW members once acquired identities as abnormal consumers, where they believed that they fundamentally could not eat like others. Therefore, WW members believed that they had to learn how to over consume different foods in order to continue to eat this way and still lose weight. The current WW programme, however, emphasizes the problems within the food environment rather than the self, and they offer strategies for navigating the food system in a way that results in weight loss. The identities acquired in WW are no longer stigmatized, and this also changes the function of the community within the programme. The remainder of this section focuses on the different function of

the community in WW, and it does so through looking at how WW addresses the twofold problem of compulsive eating in the U.S.

In first looking at the role that food plays in compulsive eating, Sassatelli and Davolio's (2010) work discussing the Slow Food movement as a response to problems of the 'low-cost, standardized fast-food' system (2010: 203) will be discussed. Although the WW food plan and the Slow Food movement deal with drastically different moral boundaries of the market, ideologies from both ways of eating allow for the 'right to pleasure' when consuming food. In the Slow Food movement, for example, participants conceptually believe that the enjoyment of food does not have to leave a negative ecological impact on the environment. In WW, enjoyment of food is included in the programme by regulating the pleasurable aspects of eating through a point-based counting system. In the Slow Food movement the moral boundaries are related to the environment, while in WW they relate to beliefs about control and self-restraint, as well as aesthetics regarding bodily appearance and over consumption. However, both the Slow Food movement and WW challenge Puritanical ideologies of strict restraint from pleasure (Levine 1978: 7), and embrace the pleasure norms within consumer culture (see Chapter 3, *OA and WW in a Culture of Consumption*). Therefore, the WW community can now be seen as a social group that allows for the creation of a new 'food culture', and this function differs from the original WW programme that revolved around creating shared identities as compulsive eaters.

The function of the community also differs in the way that it deals with bodily appearance. In the original programme, Nidetch believed that there was nothing worse than being overweight. She believed that it was ugly, and that members needed to be constantly reminded of their desire for a thin body rather than their desire for certain foods. While weight loss remains the mutual goal of members in the WW community now, the stigma surrounding

overweight bodies has changed drastically since the 1960s, as has the discourse surrounding obesity and weight loss. 'Fat' bodies (Nidetch 1975: 23) are no longer a rare occurrence in the U.S., and for this reason the community no longer serves as the same oasis from the rest of 'normal' society.

Given the consistent rise of body size in the U.S. since the time when WW first began (Komlos and Brabec 2011), the discourse around weight and obesity has become mainstream and commonplace. Furthermore, with WW online, the community now serves as an open space for anyone to observe. This online platform allows for members to constantly publicize their experiences with eating and bodily appearance through online forums, chat rooms and blog postings. This allows for a process of self-branding to take place in WW that did not previously exist (Hearn 2008). Whereas WW members all used to share a common stigmatized identity within the community, now WW identities are no longer 'deviant', and they have become highly individualized in the ways that members display themselves online.

WW members no longer have to present their physical body in order to participate in the programme. The WW website allows for a construction of the self that operates as the representation of the self when interacting with others online. These representations of the self allow for members to interact with one another without displaying their physical bodies (Bloustien and Wood 2013), which was once one of the most important components of the WW community. In her analysis of the WW UK website, Coleman (2010) argues that this allows for an altered temporality in WW, where participants are goal-oriented on future weights rather than current bodily appearance. Furthermore, Coleman suggests that this allows for 'dieting' to take place at ones own pace, as an interaction between individual and website, rather than person-to-person (2010: 282).

I argue that these online representations, as well as future-oriented selves, alter the dynamic of the WW community in an important way. WW members online no longer get the face-to-face human interactions that were emphasized as crucial for dealing with problems of compulsive eating (see Chapter 3, *Discussion*), and they no longer share the same collective experiences of having meetings as a group. Therefore, the online WW experience lacks the same emotional content as meetings, as well as the sense of social cohesion I experienced during participant observation. Furthermore, while Bloustein and Wood (2013: 74) suggest that online interactions allow for human relationships that do not rely on the presentation of the physical body when interacting with others, the Weight Watchers Research Department (2011, accessed November 22nd, 2012) found that weekly meetings were the key to 'success' in their programme.

However, this liberation from the body allows for members to construct multiple, changing identities in WW, as well as branded-selves that can be used to access social capital. Online, the body can be left out of identity formation altogether, and can be presented as a transformed self on the website at another time. As with pro-ana communities online (Boero and Pascoe 2012), WW members attempt to bring the body online through giving indicators of starting weights, the amount of weight lost using WW and goal weights. They also display before and after photos in 'Success Stories', which emphasize the transformative potential of the programme.

WW 'Success Stories' now give members an almost celebrity-like persona through their commercials and interviews, reaffirming social beliefs regarding the potential to cultivate another persona altogether through body maintenance (Featherstone 1982; 2010: 201). This has become increasingly the case throughout the duration of this project, where at-home before-and-after photos have been supplemented by professionally produced photographs

and video interviews. These have recently been replaced by celebrity-like portrayals of weight-loss 'Success Stories', and WW commercials now use members in order to promote their programme. Therefore, WW continues to promote their programme using the promise of transformation through their brand, however now WW members appear as though they have achieved stardom through weight loss, rather than simply a thinner body.

The following chapter discusses this, as well as the changes in identity that occur through participation in WW. It examines changes in identity that revolve around food and health, as well as the 'branded-self'. This 'branded-self' is used by WW in order to reach out to different groups that might otherwise not purchase their programme. WW members highlight aspects of the thin body that can be used in order to extract social value according to different demographics, and these are highlighted by WW. While members describe these in a way that constructs identities by sharing about their personal experiences, WW uses this as a way to generate capital for the corporation. This occurs through the ways that WW emphasizes particular aspects of members' experiences in their 'Success Stories', and Holt's (2002) work on postmodern consumer culture is used in Chapter 5 in order to examine the ways that WW sells their programme to specific target markets.

5 TAKING THE JOURNEY: IDENTITIES IN WEIGHT WATCHERS

This chapter explores how food identities, health identities and consumer identities are constructed through 'sharing' in WW (see Introduction, *Identity and the Body in Consumer Culture*). This is important for understanding how identification with others influences eating behaviour. Furthermore, some WW members see themselves as different people after reaching their weight-loss goals. This chapter explores how WW members describe these changes in perceptions of the self, and how they connect to eating behaviours.

Understanding how participation in WW influences identity formation is important in other ways. The 'shares' provided by WW members describe aspects of everyday living that they perceive as influencing eating behaviour. These give insight into aspects of the environment that WW members describe as obstacles to changing their problematic eating behaviours, and therefore serve as possible points for policy interventions aimed at addressing problematic eating.

WW FOOD IDENTITIES

The food environment in the United States is diverse, and has been typified increasingly by variety, differentiation and freedom of choice since the Second World War (Mellencamp 1992: 3-4; Offer 2001; 2006). Mellencamp (1992) explains that this food environment is overwhelming for people in the U.S., causing anxiety, neuroses and nervousness surrounding patterns of consumption. Mellencamp observes that capitalism seeks markets in order to expand, and 'amidst all this *differentiation,* the political concept of *differences*,

along with meaningful choices, is arduous to maintain' (1992: 14). WW addresses this issue, and sells a food plan that is specifically designed to make choices between highly differentiated products more manageable. For example, members emphasize the importance of taking their point calculators to the grocery store when shopping. They explain that when buying something like bread, they can look at the labels to find one that has the least amount of point values. This changes the ways that WW members purchase particular foods, where choices between differentiated products are decided by point values.

WW as an organization also addresses this aspect of the food environment in the U.S. through the branded products that they sell. By selling prepackaged WW foods that correspond to their food plan, WW generates profits through producing foods that make participation in their programme easier for members. For example, they sell frozen entrees and desserts that are labeled in point values, and emphasize that even with a fast-pace lifestyle, members can stay on the programme by purchasing such products. They also emphasize the importance of looking at menus before dining outside the home, and sell guides with point values for menu items sold at popular food chains. Furthermore, WW members explain that eating at restaurants such as Applebee's[15], which partnered with WW to create a WW menu, is a more likely choice when dining outside the home.

The partnership between WW and the food industry is nothing new, although it has become more specialized and complex over time. As early as 1991, WW had partnerships with companies such as Burger King to develop a WW

[15] Applebee's is the largest casual-dining chain of restaurants in the world. Their company started in the U.S., and they sell food that is slightly more upscale than a diner. They describe their restaurants as neighborhood bar and grills. I would describe their food as 'American cuisine', in that they sell a variety of dishes influenced by different ethnic cuisines. The Applebee's menu is also full of fried foods, burgers, pasta dishes, salads and desserts.

menu to be sold alongside the food vendor's usual items (Gibson 1991; Mellencamp 1992). Therefore, WW members use this programme to make choices for every eating occasion, and these include special occasions such as holidays, vacations, work events and family gatherings. WW members describe that these occasions are a huge obstacle to changing eating behaviours. They describe that the frequency of these occasions, as well as the social expectation to eat certain foods at them, make 'staying on track' more difficult.

The regular distribution of WW emails offers strategies for eating through any feasting occasion. They also give advice on everyday eating practices, with descriptions about how to stay on track despite them. Thus, the ways that WW sells their products today influences the food identities of WW members in a profound way. WW members explain that they construct their entire food identity around the WW way of eating. This reinserts food into a meaningful set of rules and meanings, which have disappeared with the nutrition transition in the U.S. (see Introduction, *Feeding, Eating and Compulsive Eating*). Participation in WW even influences religious holidays, as they give recipes and tips for how to consume 'traditional' foods and still stay on track. For example, for Passover WW explains:

> Cooking and entertaining can be challenging during the eight days of Passover, especially when you're on a weight-loss plan. Stay on track and enjoy a variety of delicious holiday delights with our menu idea and recipes for sides, main meals, matzo-free dishes and desserts. [weightwatchers.com 2010]

Additionally, WW suggests a recipe for *haroset* that is two points per serving, saying that it 'has a spot on the traditional Seder plate', as well as recipes for other Seder-friendly side dishes such as roasted carrots and parsnips, broccoli with shallots and lemon, roasted fingerling potatoes, lemon-ginger asparagus

and candied sweet potatoes (WeightWatchers.com 2010). Thus, for Jewish WW members, Passover Seder becomes a WW Passover Seder.

This shift in food identities occurs for those who are 'taking the journey' in WW, and it influences not only religious holidays such as Christmas and Easter, but all holidays and eating events. WW members celebrating Thanksgiving or the Super Bowl celebrate WW Thanksgivings and WW Super Bowls. This shift in identity is related to food, and occurs through the ways that WW members use the food plan in order to determine how foods are integrated as part of these social events. In this way, Mexican-American WW members celebrate a WW *Cinco de Mayo*, and Irish-Americans celebrate a WW St. Patrick's Day, and WW members describe that they eat like WW members during every meal of every day of every season.

In reading the 'Quickbites' emails sent out weekly by WeightWatchers.com, it is obvious that WW members are bombarded with constant opportunities to eat. These include work parties and birthdays, back-to-school events, brunch and treats for the family on Mother's Day and Father's Day, Valentine's Day, Halloween (trick-or-treating), Earth Day, Memorial Day, Labor Day and Independence Day. They also include seasonal eating events that are not holiday-specific, such as summer grilling and barbequing, picnicking, road trip eating, eating while at the beach, weekend and weeknight eating and eating while family is visiting. There is advice for Winter and Autumn comfort foods, Fall and Spring refreshing foods, snow days, staycations, weddings, reunions and even how to eat while on a cruise or weekends away in New England. Table 5.1 summarizes these numerous opportunities 'to get off track' that WW addresses in their regular distribution of emails.

Table 5.1 Annual Eating Occasions Addressed by Weight Watchers

Month	Holiday, Season, Time or Event
January	Snow Days, New Year's Eve, Super Bowl, New Year's Day, Winter Produce, New Year's Resolutions, Winter Comfort Food
February	Valentine's Day, Mardi Gras
March	Winter Comfort Food, Soups and Stews, Spring Greens, St. Patrick's Day
April	Summer Vacations, Passover, Easter, Earth Day, Reunions
May	Memorial Day, Mother's Day, Cinco de Mayo, Summer Grilling/BBQ
June	Wedding Season, Vacations, Father's Day
July	Beach Eating, Picnics, Road Trips, Independence Day, No-Cook Meals (too hot for using stove or oven), Summer Seafood
August	Ice Cream/Cool Treats, Summer Fruits, Summer Drinks, Labor Day
September	Fall Produce, Weeknight Dinners, Back to School, Eating On The Go

October	Autumn Comfort Food, Halloween, Fast Food/Delivery
November	Thanksgiving, Family Visits
December	Comfort Foods, Hanukkah, Christmas, Kwanzaa, Holiday Dinners, Holiday Food Gifts, Holiday Cocktail Parties
All Year	Snacking, Vending Machines, Weekend Eating, Family Eating, Dining Out, Limited Budget, Quick Breakfast, Packed Lunch, Fast Food/Take-Out, Night Eating, Jet Lag, Desserts

There are holidays that are not addressed by WW in these emails. For example, there are no topics on Chinese holidays, such as the Chinese New Year or Muslim holidays. There are also no tips or strategies for any religious fasting events.

By 'sharing' about eating the WW way during different events, members align their identities with others in the WW community, rather than those who previously influenced food norms for such occasions. Bethany explains:

> For me, the hardest part of losing weight was adjusting to family celebrations and learning how to manage special events successfully. You want to fit in to the situation but still be conscious of what you're eating. So I learned the importance of planning, of starting the meal with a big salad, and of stopping when I'd had enough instead of munching on chips or bread just because it was in front of me…In the past, one of my weaknesses was free food — eating the cakes, cookies, and doughnuts that were brought into the office.

Bethany highlights the important role that others play in influencing eating behaviours. She explains that it is hard to eat the WW way when eating with family, and that a desire to 'fit in' previously influenced the ways that she ate during celebrations and special events. 'Sharing' in this way influences food identities, and this occurs through the ways that WW members describe changes in their eating behaviours. Instead of following the food norms dictated by her family, Bethany aligns herself with others in WW who share the same beliefs about how to eat.

Maintaining a WW food identity appears to be harder during some events than others. For example, WW gives advice about Thanksgiving (a one-day eating event) starting weeks before the holiday. WW members appear to share an understanding about this holiday, and this is apparent in the WW emails. They describe Thanksgiving as the beginning of the eating season in the U.S., where it marks a time of year when people begin eating differently. Thanksgiving is described almost as a levee or dam, where the social expectation to gorge on this day may result in getting off track throughout the entire holiday season that follows. WW members also describe the same anxieties about eating during the summer, where seasonal foods, having children home from school and going on vacations are all opportunities to return to previous eating behaviours that are influenced by the social norms of others.

Accessing continuous information from WW and the WW community serves to reinforce WW food identities throughout the year. Gwen 'shares' how she maintains her WW food identity while at work and on vacation with others in the group:

> …I was going on vacation. On the website there was an article on cruising and eating and it was…I read it more than once before I left on

> vacation…[I] went on the cruise, ate in moderation, exercised, and when I came back I lost a pound. It was phenomenal. I mean I did eat and drink, but it was in moderation. I was in control. I definitely bring my breakfast to work with me. I prepare my egg white omelets or sometimes English muffin with peanut butter, or the points control cream cheese, um, for breakfast. And then for lunch I'll bring, like, a grilled chicken. I'll get a salad outside cause sometimes it feels like — I'm not being deprived — I'll bring half my lunch and then go get a salad. I'm still eating out, so it's like a mind over matter thing too. So it definitely puts you in the right perspective. It's keeping you in your points easily, and you're just…in control of your meals.

In this way, 'sharing' with others in WW constructs food identities both for the member who is 'sharing', as well as for the members who read and view their stories. It does so by reinforcing a communal identity that revolves around food and a particular way of eating. Often these ways of eating go against broader social norms, such as indulging at certain events or eating without restraint (Counihan 1992; Coveney 2000). Examining the ways that WW members share about these changes in eating behaviour helps to highlight aspects of the environment that influence problematic eating. WW addresses these through their programme, and members acquire a food identity by sharing about how they utilize these aspects of the programme despite social norms that stand counter to eating the WW way.

Sharing meanings about specific foods is also an important aspect of the WW community that influences food identities, and WW sells their food plan as an alternative to restrictive 'dieting'. Therefore, WW members share an understanding that instead of 'dieting', all foods can be included on their weight-loss 'journeys'. By sharing about this in their 'Success Stories', WW members reinforce a shared food identity that is not dictated by any particular cuisine. Heidi explains:

> There's going to be fried chicken in my future, there's going to be fried catfish, but it's going to be in moderation and I can do that with WW and I felt like people needed to hear that…WW can work for anyone. It can work for any culture. You can incorporate any types of food, and it works for everyone: men, women, white, black, Hispanic…all of us can work the plan.

The social meanings ascribed to foods are important, and WW members explain that they maintain certain beliefs about food while using the WW food plan. In this way, control plays a central role in WW food identities. WW members continuously discuss portion control in their 'shares', and this reinforces a shared food identity in WW that is based on ones ability to control portion sizes. Unlike 'addictive' eating, WW members share an understanding that they have the ability to stop eating certain foods. For this reason, members acquire WW food identities that are all-inclusive in what they can eat, as long as they weigh, measure and moderate certain foods. They describe this as different from 'dieting' or 'yo-yo dieting', and what makes this a food identity, as opposed to simply tracking what one eats, is that members describe the WW way of eating as a 'journey' or a complete 'lifestyle change'.

Although some WW members do describe that they have identified trigger foods that they cannot eat in moderation, most WW members share an understanding that portion control is an alternative to abstinence. Jane explains:

> Cooking and food has been such a part of my life, um, probably what got me here in the first place. Um, you know I come from a big Italian family…My mother's an excellent cook…I've always grown up with really good food. Finding a way to incorporate and cook healthy and cook the same foods I've loved to eat my whole life has been, it's been kind of a fun challenge for me cause for me in order to be satisfied it has

> to be good. It has to taste like what I'm used to, so you know I've made a lot of my own recipes, and I've, you know, altered some things…and there's so many great recipes on the WW site…and even if you don't like one particular ingredient, you can usually swap something out and make it fit your taste…it's great to know that I can eat, you know, cakes that I love and not have to use margarine or anything like that cause I don't…I won't cook with any artificial ingredients. I don't cook with artificial sweeteners or margarine or anything else. I use butter and flour and sugar, the same ingredients that I've always used.

In this way, WW members describe how they deal with eating specific foods such as butter, flour and sugar. Rather than abstaining from certain foods, or using their artificial alternatives, WW members share an understanding that this is not necessary for weight loss. Instead, Jane explains that she maintains these aspects of her food identity in WW, therefore reinforcing a collective belief about control that is shared by other members of the WW community.

While members such as Jane describe how they maintain certain aspects of their food identities in WW, other members describe how they also acquire new ones. Members do so by describing how they experiment with different cuisines and culinary practices after coming to the programme. For example, numerous recipes from WW invite members to engage in forms of gastro-tourism. Novel food experiences are offered by WW as ways of keeping food 'exciting', and recipes are labeled as Mexican, Tex-Mex, Caribbean, Cajun, Mediterranean, Asian, Moroccan (also called Moroccan-spiced), Japanese, Thai, Turkish, Near Eastern, Middle Eastern, Tropical and Chinese. Italian foods are described as Italian, Italian-inspired or Tuscan. In this way recipes infer excitement, travel, worldliness and escape from daily routines and food practices. This allows WW members to construct food identities that are not restricting 'diets', and WW members emphasize that they continue to have pleasurable eating experiences using the WW food plan. Therefore, most of

the 'food identities'[16] in WW are based on this 'point system' of exchange, which directly reflects the economic exchange system within consumer culture. This system allows for the inclusion of numerous 'choices', where members explain that they do not feel as though they are left out of consumer culture when following this food plan. Using this plan, members describe that they continue to make numerous choices from a variety of differentiated options, which allows them to continue eating in a way that includes this aspect of consumer culture.

For example, members describe that they use herbs and spices as alternatives to the highly palatable foods that saturate the eating environment in the U.S. Felicia describes:

> At the Inspiring Stories makeover in New York City, I met with chef and cookbook author Richard Ruben to learn some new recipes and techniques. He started by sitting down with me to talk about — and taste! — an assortment of fresh produce and herbs. One of the important things he emphasized was how to pique your senses and make food an enticing, satisfying experience. We talked about my regular food routine — if I enjoy cooking, plan meals in advance, bring my lunch to work — and discussed strategies I could use. Then we cooked together so he could show me how to use the right techniques, like how to use a knife the right way.

Food identities are therefore about both points and 'eating the right way'. Members come to understand themselves as eating in the 'right way', and this is not about the moral authority that comes with thinness and acquiring the

[16] While a majority of WW members use the 'points' plan, there is an alternative programme that does not use counting. While attending meetings, I heard this described as the 'CORE' plan. WW has started a new plan called 'Simple Start' that does not use 'points' and counting for the first two weeks in the programme. I observed the advertisements for this new plan, and accessed a press release on May 22nd, 2014 describing it from: http://www.weightwatchers.com/about/prs/wwi_template.aspx?GCMSID=1426570.

'right' types of bodies. The food identities acquired in WW are also about eating in a particular fashion, and this is influenced by class and status norms in the U.S. Therefore, WW members see themselves as making the 'right' lifestyle choices (as defined by WW), and they describe that the WW community, as well as the organization, helps members to acquire the knowledge for eating this way.

Introducing new foods to the diet influences food identities in WW. Specific ingredients are discussed, and members describe how they are eating in 'healthier' ways. WW encourages the consumption of specific foods such as whole-wheat pasta, sandwiches and wraps, chicken, flatbreads, cheese, fish and shrimp, herbs and spring greens. Halle describes how her focus on using specific ingredients changed in WW:

> Anyone who knows me knows I have a passion for travel and cuisine. I've traveled to 70 countries, am an avid gardener, gourmet cook, Thai food editor and restaurant reviewer….I refused to give anything up, so I had to look at the recipes and restaurants I loved with a new eye…
>
> …[Weight Watchers] supports my innate interest in cooking with the freshest possible ingredients. I have a garden full of heirloom tomatoes, beans, squash, eggplants and a plethora of herbs (including many unusual ethnic varieties). I've learned that giving lower-calorie food a kick with herbs leads to greater satisfaction and better success for me. Bland, lifeless food leaves me hungry.

Other recipe descriptors that offer a change from routine food preparation include Buffalo-style, Greek-style, Turkish-style, Island-style, Mojito-style, Japanese Steak House-Style, Texas-style, Creole-style and Cajun-style. In this way, the food identities in WW embrace this aspect of variety and differentiation within consumer culture, and members share about the ways

that this aspect of the food environment can be included while using the WW food plan.

Eating this way is expensive, and WW generates profits from the ways that members acquire a WW food identity in their programme. Furthermore, WW endorses certain food products, and they make money by advertising certain foods on their website. Some of these costly items are Boca Burgers, Truvia (a sugar-substitute developed in part by The Coca-Cola Company), SmartOnes (WW meals by Heinz), Egg Land's Best, The Incredible Edible Egg, Egg Beater's (egg substitute), Crab Classic, Jolly Time Healthy Pop, Pork, Tysons Chicken, Fiber One Products, Gorton's fish products, Applebee's WW menus, Pringles, OlivExtra Plus cooking oil, Thomas' English Muffins, Ziploc bags, beauty products, bottled water and Silk Pure Almond milk alternatives. 'Nacho Popcorn' is also repeatedly mentioned, as this snack is officially endorsed by WW. The recipe for this includes Jolly Time Healthy Pop butter-flavored popcorn, which WW endorses as one of their sponsored food products. Therefore, the food identities in WW generate business for these food producers, who profit from selling their products to a group of consumers who share a collective belief system about how to eat.

WW members do not appear to be bothered by this aspect of the programme. One Group Leader, Maria, explains:

> You know the Hispanic community, they think WW is just about buying their foods so I can lose weight and it's not like that. It's a lifestyle. You can learn how to cook your own foods and still, you know, enjoy your favorite foods, your traditional foods, but in a healthy way. You know, and that is the biggest challenge, you know, is for me to make them understand that. Because they don't know…they don't know that…and that is I think part of the barrier for them, 'Oh no, I will not give up my favorite foods', and you know, once they realize they can learn how to

> still enjoy their — I enjoy my favorite foods you know, I haven't given up my *tacos* or you name it — but you learn a healthier way.

However, in many ways WW is about eating different foods. Given that the food plan is used as the primary marker for making decisions regarding what to eat, WW members use this in order to make different food choices. Furthermore, while aspects of ethnic cuisines can be included while using WW, they also have to be limited. For this reason, WW members construct new food identities that revolve around an understanding that ethnic cuisines, which are central to a sense of identity (see Introduction, *Feeding, Eating and Compulsive Eating*), are 'unhealthy', and therefore need to be limited or moderated. Thus, the food identities acquired in WW reinforce broader social norms regarding the value of thinness, where 'cultural' aspects of the self are seen as needing to be restricted in favor of the more noble pursuit of weight loss.

WW HEALTH IDENTITIES

Health identities are constructed in WW through sharing a collective belief about body maintenance. 'Health' is discussed in WW in multiple ways, and members share an understanding that they are 'being healthy' by using the WW programme. While WW food identities challenge many social norms that previously dictated eating behaviours, WW health identities conform to broader belief systems in the U.S. that relate to lifestyle choices and notions of 'health' within consumer culture (Bordo 1999; Crawford 1984; Featherstone 1991; Lupton 1994).

Featherstone (1991) suggests that notions of health and body maintenance can be categorized into concerns regarding the inner body and outer body (Featherstone 1991: 1991). Aspects of inner health include the functioning of the body and disease, while aspects of the outer body refer to 'appearance as

well as the movement and control of the body within social space' (Featherstone 1991: 171). WW members describe changes in both of these aspects of the body, and they construct health identities in WW that are viewed as 'healthier' than previous perceptions of the self.

Points are not only used for determining food choices, they are also calculated for physical activity. These 'activity points' are quantified through specific activities, level of exertion and the amount of time spent doing that activity (Weight Watchers 2013c, accessed January 29th, 2013). In this way, the points system makes the human body an economy of exchange, where more points can be earned through exercise and physical activity. While this is not a required aspect of the food plan, it is an option for members who want to earn more point values. WW members share about this aspect of the programme in their stories, and how acquiring the WW belief to 'get healthy, get moving' has resulted in bodywork (Weight Watchers 2013c, accessed January 29th, 2013). Monaghan (2007) observes that this type of 'bodywork', or the purposeful production or re-production of bodies that meet socially prescribed norms, is socially acceptable in slimming organizations because 'fatness' is framed as a correctable health problem throughout the 'Western' world (2007: 69-70). For this reason, bodywork is seen as something that 'helps' people whose bodies are at 'risk', and is therefore seducing to people who want to appear responsible and self-caring (2007: 70).

The desire to be thin is not the only reason that WW members participate in the programme. One member, Malcolm, describes:

> About a year and a half ago I was driving to work. Just, you know, normal morning. Nothing out of the ordinary until all of a sudden I started feeling some chest pains, and my chest was tightening up and I started getting nervous. I started sweating. I started really just started hurting inside of my chest. I'm like, 'Oh my Gosh'. At the time I weighed

> probably 330 pounds. I'm like, 'I'm gonna die, I'm having a heart attack or something,' and I was tired of being scared that I was gonna die because I was overweight and those types of issues. So that played a big factor in why I decided I need to do something now.

In 'sharing' about these experiences that relate to health, WW members reinforce the idea that they can control these aspects of health through losing weight, and members talk about a variety of ways that they believe that they improve their health by using the WW programme. These include stories about hip and knee pain, sleep apnea, diabetes, hypertension, high cholesterol, cancer, edema, shortness of breath, hypothyroidism, acid reflux and cardiovascular disease.

These beliefs about 'health' are consistent with biomedical understandings of obesity-related illnesses, and often members describe that they came to WW after being told by their physicians that they needed to lose weight. Jack explains:

> I knew I needed to make a change in my life when my doctor told me, that essentially I was going to die if I didn't do something different. Um, I was 25 years old and I was put on blood pressure medication. Um, it was a really hard thing to accept and to deal with, um to really kind of see your own mortality and to have someone tell you, you know, that it might not be tomorrow, but it's going to be a lot sooner than you expect it to be if you don't change. Um, and it really made me think I needed to change something now.

With this type of feedback from a physician before coming to the programme, the ways that members come to view themselves after losing weight in WW improves. WW members describe that they become proud of themselves for becoming 'healthier', and this reinforces their group belief that the bodywork occurring in WW has high value.

Jasmine explains that WW is an alternative to biomedical health interventions:

> By 2001, my doctor was really desperate. Every time he saw me he would say, 'Can you please just lose five pounds' and I just couldn't really get it together. So he suggested the Gastric Bypass surgery and I felt devastated. I didn't feel like I had to go that route, I feel that route is for people who have no other choice.

Instead of opting for an invasive procedure as her solution for weight loss, Jasmine describes how the 'lifestyle changes' in WW were a more preferable option. Losing weight in this way has higher social value than other weight-loss methods (Throsby 2009), and WW members construct health identities that they perceive as having higher social value by 'sharing' about how they achieved healthier bodies through 'lifestyle' changes.

In discussing these aspects of their weight-loss journey with other members in WW, both the readers and the speaker construct identities that reprioritize health, and this also influences food choices. It does so through the ways that food is connected to aspects of health such as high cholesterol and high blood pressure. Jemma explains:

> My side of the family has a lot of…um…they're very heavy and I was very concerned with my weight when he told me that, you know, that I needed to lose the weight. He had me on high blood pressure pills and, um, cholesterol medicine and stuff, and um, and I wanted to do it for my health…also, for my granddaughter. I only have one grandchild, and I was concerned that I wasn't going to, um, see her get married and graduate. That's how bad it was.

Thus, 'stigmatized identities', or the 'spoiled' identities that surround 'fat' bodily appearances in the U.S. (Goffman 1963; Granberg 2011; Howson 2013: 28-30), are not the only focus of the stories told in WW. They also describe negative health stigmas, and these are abandoned by describing improved

health states with other members of the WW community. This allows members to acquire a 'normal' health identity, and one that is more consistent with broader social norms (Crawford 1984; Featherstone 1991; Lupton 1994; Saltonstall 1993).

I do not argue that new health identities are permanently acquired; however there is an unmistakable shift in the way that WW members describe personal perceptions of health. Some members even describe the ability to exercise as a gift or reward for losing weight using the food plan. They explain that excess adiposity on the body was previously prohibitive to moving the body, and the ability to move again is an improvement in health. Many members enthusiastically describe aspects of physical activity, weight loss and the body. One of the most important ways that this relates to health identities is through daily movement, descriptions about having more energy and vitality. Kara explains:

> As I got larger and larger, literally my world got smaller. I couldn't do anything. I would walk into a room and look around and the first thing I would do is looking where can I sit down. Where is the closest seat, it was horrible. I would come up the subway stairs in New York; they might as well be Mount Everest. I was like, 'How am I going to climb up that flight of stairs'. It just got to be more horrifying, and to the point where I literally just existed from trying to get to work without being exhausted, and doing my job, and then going home and that was all I my world was. I just started walking. Very simple, you know, I didn't spend the money to join a gym, I just…I just started walking. I started with five minutes, and then ten minutes, then more and more, and so I take walks all the time. I do walks a couple times a day. I think it's really important to break it up throughout my day, so it's not so daunting, you know. Am I going to take an hour-long walk every day? No. Am I going to take three 20-minute walks? Yeah, absolutely, that's completely doable. Try lifting something that weighs ten pounds: that's heavy! And think of just

> losing that and just what a benefit that is to your joints in your body and your whole well-being.

Consistent with Saltonstall's (1984) findings regarding perceptions of health and reflexivity of the self and body, health is also associated with a particular way of *feeling* in WW. Members reinforce this belief about health by describing how their bodies feel different after losing weight. Many of these descriptions are that members have more 'energy', or that they 'feel younger', and this encourages others in the community to continue their weight-loss efforts.

Movement is not the only aspect of physical activity discussed. Members also describe problems with occupying social spaces before losing weight, and they explain that adiposity prevented them from participating in social activities. A WW member, Virginia, shares:

> My daughter and I, we went to this amusement park, and I got in the ride with her. We were sitting there (she was a lot younger) and um, I saw the ride attendant…he just rolled his eyes and it killed me, cause I'm thinking I couldn't get the bar down over my lap and I have this little girl who wants me to participate.

Therefore being physically active becomes part of a new health identity, and WW members share an understanding that this makes them better partners, parents and grandparents. Some explain that this allows them to live different lives altogether. Numerous members describe themselves as a 'new me', and they explain that they are 'happier', have more confidence, are 'empowered', more adventurous and try new activities.

These perspectives about health shape identities through descriptions of how members have regained their ability to participate in social spaces. For example, members describe how they can play sports, go up flights of stairs

without getting winded, fit into chairs and seatbelts, walk longer distances and play with their children and grandchildren. Ruby describes these components of movement and control:

> My weight limited me more and more as the years went by. First, I was simply uncomfortable in an airplane seat, then I neared the outer limits of the seatbelt. I started calculating the distance and how much uphill walking was required to go anywhere, just to make sure I had the energy to do it.
>
> The moment that I realized I couldn't go on like this was on vacation with my husband. I went down a small flight of stairs and could barely re-climb them. I was 50 years old and knew that this was not how I wanted to live my life. My husband and I love to travel, and I was getting to the point where I wouldn't be able to.

The increased physical activity experienced after weight loss is described in more ways than just movement in daily routines and activities. Descriptions about 'exercise' as a purposeful component of the WW journey are frequent. Exercise is sometimes used as a tool specifically aimed at achieving weight loss, as well as a pleasurable form of movement that improves overall health.

Some members, however, do not exercise. Kimberlee describes why she chose not to 'exercise' in WW, but still included physical activity in her weight-loss programme:

> I don't know how to exercise, because to me, an exercise routine in my opinion is like joining a gym and there's nothing wrong with joining a gym. I think that's fine — to each his own — but when I joined WW it was for a 'lifestyle change'. So I asked myself, 'Kimberlee, do you really see yourself going to the gym for the rest of your life?' And no, I don't…I don't…so that's why I didn't really exercise, I just increase the activity of walking my dog. So dogs like to walk, they like to be outside…so instead of 20 minutes of walking, it turned into about 40 to 45, and she liked it.

These differing ways that members describe exercise are important. WW frames exercise as 'healthy' in the description of their Weight Watchers 360° programme (Weight Watchers 2013c, accessed January 29th, 2013), and while Kimberlee choses not to 'exercise', she still perceives herself as 'healthier'. For other members, 'exercise' is described as a required health practice, and is equated to brushing ones teeth. Despite the various beliefs about 'exercise', all WW members share an understanding that this type of bodywork improves health. This is important, as this is not the case for members of OA (see Chapter 7, *OA Health Identities*).

Walking is a frequent form of 'exercise' described by members. WW also encourages members to walk as much as possible in order to incorporate physical activity into their everyday lives. There are other equally popular forms of movement that are used for improving health. Members describe these are used as ways to improve fitness and overall wellbeing. Ruby explains:

> My major fitness activity while I was doing this was tai chi and I really recommend that to people trying to lose weight, and especially if you start out as I was who aren't fit. Because you can do it…it's slow movements…and um, you can start practicing it whatever your fitness level and whatever your weight, but there's a lot of room for improving over time. It's always pleasant, you know, you're not really sweating. Your moving, it's kind of the equivalent physically of taking a walk except you can do it in one room and um, it's also very relaxing so it helps relieve stress as well as giving you, you know, a good start on fitness. It improves your strength, your flexibility, your balance. It's something you can do, you know, no matter how old you get. I started out very gradually, but over time I noticed that I was getting stronger and stronger. Um, I wasn't falling down. Um, it had a lot of benefits and also I noticed that if I would practice tai chi when I was thinking about how I needed to eat…I just really needed to munch on something…after I

> practiced because it is relaxing…there's deep breathing…um, my head was in a completely different place.

Physical activity is described as a way to address both emotional and physical health in WW. Some members understand problematic eating behaviours to be connected to stress, boredom or negative emotional states, and Ruby explains that moving the body is a way to address this without using food.

Notions of fitness are frequently described. 'Fitness' is understood as a concept related to notions of 'being in shape' (Bordo 1999). WW members describe fitness as a specific condition of the body similar to athleticism. Fitness is not only about thinness; it is about strength and energy. This aspect of exercise and movement is described as self-disciplined and a virtuous aspect of health. For some, weight-loss goals do not simply focus on losing weight. They also include a desire to shape the body in very specific ways. Elena explains:

> A month after joining, I went to cheer on my husband who was competing in a triathlon. As he crossed the finish line, I overheard a few ladies near me commenting on how attractive they found my husband. I was ashamed because he was so fit and here I was, out of shape and flabby. I felt disgusting. I decided I would not be a spectator any longer, I would be a triathlete as well…
>
> …Beginning to exercise was the hardest part of my experience. When I decided that I would become a triathlete, I couldn't even run to the mailbox. With some encouragement from my husband I decided that my first move would be to sign up for a 5K race…Nothing could have prepared me for how much I loved running that first race…

Many WW members pursue weight-loss goals in tandem with physical activity goals. There are online groups encouraging members to train together for fun runs and charity events. For example, during 'American

Heart Month', WW encouraged members to 'Get Fit for Good', and they gave a list of charities that conduct fitness events, which included the American Cancer Society, Arthritis Foundation, Avon Foundation, Leukemia & Lymphoma Society, Alzheimer's Association, Avon Walk for Breast Cancer, The National Kidney Foundation and the Tufts Health Plan 10k for Women[17]. WW also encourages members to start their own charity fitness events. Often groups that form around these forms of movement involve walking and running, however there are numerous other physical activities that WW members describe as central to their health identities. These include exercise classes, yoga, jazzercise, dancing, kickboxing and cycling.

Exercise as a purposeful way to lose weight is also discussed. This form of movement is described differently than other forms of physical activity in WW. It is literally described as a type of 'exercise', or ability to do work (Coveney 2000; Turner 1991). This type of movement is specifically understood through how food is metabolized within the body. Leah describes this understanding of exercise and how it relates to perceptions of health in WW:

> I would (at my job) I would take the elevator up one floor because that one flight of stair winded me…um…I started out walking…I started out walking about two miles a day…at my own pace…and that grew to four miles a day and it got to a point where (and I did it seven days a week) because I had to because you know, this was my bonus points, this was where I had my little treat with, so you know you get to exercise you get to eat. So it got to the point where I was losing so much weight, and, you know the scale goes down and you don't get as many points and I said, 'Well, maybe it's time to step it up a bit'…I never…I always wanted to

[17] WW also does a national charity event called 'Lose for Good'. This event emphasizes the physical impact of weight on the body. Members are asked to bring a pound of a non-perishable food item for every pound that they have lost to meetings. In doing so, members can visualize the amount of weight being lost within the group, and food items are then donated to local food banks.

> run, but I never did because I always believed what they told you, 'Oh you're too big…your joints…blah blah blah'…um, got a runner's magazine and they said you can run at any size. So, I started out running first two blocks, first four blocks, um, within a few months I got up to running the whole four miles and now I run up to seven miles a day…sometimes twice because I like food.

Members who use exercise as a tool for weight loss perceive this as healthy. As opposed to movement, it is described as a socially acceptable form of value exchange, where physical activity in WW can be used to earn more point values. Unlike members of OA, WW members believe that if you are putting more calories in, you have to put more calories out (see Chapter 7, *OA Health Identities*). In this way, exercise can be used as a way to expulse extra calories, and members of WW vary in the ways that they utilize this option when using the point system.

WW CONSUMER IDENTITIES

Jean Nidetch was the original spokeswoman for WW. She explained that she saw herself as a 'Formerly Fat Housewife', or an 'FFH' (Nidetch 1975: 11). This aspect of her persona was used to attract new members, and can be understood as her 'branded-self'. WW used other spokespeople in order to promote their programme. These included Lynn Redgrave, Kathleen Sullivan and Sarah Ferguson (Hendley 2003). In utilizing an actress, broadcast journalist and member of the British gentry, the organization sold itself to women, especially women who needed to start again (Hendley 2003). Most recently WW has used Charles Barkley and Jennifer Hudson to promote their programme, as well as advertising campaigns featuring Jessica Simpson[18].

[18] I observed this campaign on television and WW online throughout my research, and a press release detailing this was also accessed on July 1st 2013 from: http://www.weightwatchers.com/about/prs/wwi_template.aspx?GCMSID=1391731

This marks a distinct shift in the way that WW is advertising to potential customers. While weight loss was once thought to be a white, middle-class female past time (Schwartz 1986), Charles Barkley and Jennifer Hudson are spokespeople who appeal to broader demographics, which now includes males and African Americans.

Crockett (2008) examines the ways that 'blackness', or a 'black cultural identity', has been used in marketing. He argues that this identity is constructed through people and 'other symbolic and material representations socially and historically constructed as black (e.g. speech and phonetic conventions, folklore, style, fashion, music, usage of the body, and the black physical form)' (2008: 245). In consuming products that are advertised using people or these other symbolic representations, identities are constructed through building cultural capital, consuming the other or emphasizing diversity (Crockett 2008). In all of these advertising strategies, aspects of a black cultural identity are used as a way to construct identities through the consumption of particular goods, where all of these marketing strategies influence identities in drastically different ways.

Present-day advertisements for WW convey various messages to potential customers. Jennifer Hudson's television commercial emphasizes the humanness of failure, the importance of indulgence and the flexibility of the points system. Charles Barkley's slogan for WW is 'Lose Like a Man'. This utilizes images of him as an athlete, reinforced by descriptions of his career as a National Basketball Association (NBA) basketball player. This marketing strategy uses constructions of male masculinity (Bridges 2009), and what Crockett (2008) refers to as 'essentialized black cultural traits' in order to sell the WW programme (2008: 260). Furthermore, using a pop icon and an NBA player, WW advertisements use 'powerful cultural signifiers to convince the viewer to grant the product cultural authenticity' (Crockett 2008: 260). Jessica

Simpson's campaign focuses on losing baby weight, which highlights a particular life stage in order to attract new customers. It does so through emphasizing the birth of a child as a transitional life stage (Ogle et al. 2013), which is associated with a change in social status (Flaherty 2012: 241). All these marketing strategies convey the message that weight loss can access capital, with particular emphasis on differences such as ethnicity, 'race', gender and life stage.

Understanding the use of these celebrities to promote WW is important for two reasons. First, it helps to better understand how marketing strategies are used by WW through how they highlight particular aspects of the 'Success Stories' given by non-celebrity members. These influence the ways that identities are constructed through participation in the programme, as the emphasis of certain traits confer essentialized cultural attributes that viewers perceive as attainable as a brand benefit. For example, the stories in this section are consistent with what Holt (2002) observed, where brands in postmodern consumer culture have to allow consumers the opportunity for sovereign expression. This is evident through the WW 'Success Stories', in that members describe how they acquire identities around the WW brand in highly individualized ways. WW members describe the programme not as a 'cultural blueprint', but as a 'cultural resource', and a programme that produces 'the self as one chooses' (Holt 2002: 83). In doing so, the corporation behind WW is masked throughout the stories in subtle ways, allowing WW to gain more cultural authenticity through distancing their own corporate agenda through how they allow members to promote their programme. In using motivated members to promote the value of WW by describing their highly individualized experiences, the ways that sovereign consumers are constructed within the programme becomes evident (Holt 2002: 83).

Monaghan et al. (2010) observe that dieters often disseminate information themselves, and that while they may have good intentions, they also may be gaining other capital through displaying moral worth, or by receiving some other form of payment or reward for their promotional efforts. Given that some members of OA explain how programmes such as WW can become 'addictive' (see Chapter 7, *OA Health Identities*), this brings into question the ethical use of celebrities in order to promote potentially 'dangerous' or 'addictive' products (Cronin 2004). In order to further explore this, the ways that individual differences are highlighted in self-branded 'WW consumer identities' will now be explored. By examining aspects of gender, life stage, ethnicity and 'race', this section aims to demonstrate how the WW brand is sold through the stories of WW members in a way that is consistent with what Holt (2002) described in his work on identity construction and postmodern consumer culture.

Gender

Appearance is one of the reasons why many WW members want to lose weight. Members describe aspects of bodily appearance, such as thinness, as having value. These beliefs are often dictated by gender norms in the U.S. Some members of WW want to lose weight, while others want to be thin. For both types of members, weight loss allows them to become different types of people by becoming thin people. Through losing weight, members describe that they construct different identities through possessing a thin body, and this often has to do with changes in dressing the body, shopping and wearing different types of clothing and styles.

Thin bodies are fashionable bodies, and they allow for participation in 'fashion' through wearing certain clothes. Rafferty (2011) argues that 'fashion' exists as a psycho-social mechanism that has derived from

increasingly competitive social relations and continues to fuel them' (2011: 243). For this reason, consuming fashion in particular ways allows for class-based emotional experiences that have been shaped by individual life experiences. Therefore, while the community dynamic in WW goes against Bourdieu's (1984[1979]) concept of competitive consumption through the ways that members share eating strategies for losing weight, outside the group WW members resume competitive consumption by consuming as thinner people throughout consumer culture, where the body is increasingly on display (Featherstone 1982: 2010).

Numerous WW stories depict how changing ones physical appearance results in perceptions of a more valuable self through a shift in identity related to bodily appearance and adornment. Norah explains:

> I feel like I go shopping in my closet all the time now cause things actually fit me…One of the best things about being at goal for me is, um, being able to embrace fashion and being, you know, trendy or whatever and never in a million years did I think that Norah and skinny jeans would be in the same sentence, and I'm actually able to wear skinny jeans and they're from the junior's department as well!

Members celebrate occasions when they can display smaller body sizes. Norah is not the only member who discusses shopping in the junior's section as an exciting result of weight loss, and several members describe the excitement that they feel when they are able to borrow their children's clothes. Reinforcing this connection between identity, displayable bodies and fashion within consumer culture, another member shares, 'I love the fact that I turned 50 this year and wore a bikini to the beach. I haven't worn one since I was 18 years old!'

It's not just the size and fit of clothing that members describe. There is a new emphasis on dressing for many members after losing weight. Adelaide shares:

> The day I went in and tried on a size medium shirt and it was big, I bawled my eyes out in the dressing room. I just couldn't believe it. Fitting into a size small shirt is just incredible. That's where you really see your progress. It's not always the number on the scale. It's in how you feel in your clothes. Today I get dressed up more often. I dress up for work and I dress up to go out. I actually care about my appearance now, whereas before, I really didn't care that much.

The ways that leaner bodily appearances influence other forms of consumption, such as fashion, are important. Members describe that before losing weight, they did not want to participate in these social spaces, as well as other leisure activities. These include buying clothes and attending social events that require form-fitting, exposing or formal attire. WW members explain that while these were once agonizing experiences, they now enjoy them and look forward to such events. This is an obvious emergent theme throughout the stories, and is supported by Featherstone's (1991) observations regarding self-preservationist conceptions of the body, as well as the importance of displaying the body within consumer culture (Featherstone 1991: 170). In this way, the identities of consumers change through possessing a thin body, and this influences consumer behaviours, especially ones that revolve around gender norms.

Body and gender norms are changing (Monaghan 2005). The ways that men describe their experiences with weight loss in WW reflects this. Controlling consumption in order to change bodily appearance is often associated with women, however men in WW describe that this is also important for them. Furthermore, gender norms influence the ways that members use WW, and

while men and women may share the same desire to lose weight, they do not share the same social acceptability of this desire. Dieting, weight loss and talking about food and eating have been seen as feminine pastimes within consumer culture (Bell and McNaughton 2007; Saltonstall 1993; Schwartz 1986). This has had a resonating effect in how men and women utilize the WW weight-loss programme, where men have been reluctant to attend WW meetings, and instead participate through female relatives and partners (Bell and McNaughton 2007: 116).

The ways that men describe their interactions with others in WW vary. Some members explain that they overcame the embarrassment of attending meetings in order to access community support. Others describe enjoying the encouragement of meetings despite being in a minority. Some avoid this component of the programme completely, and choose to interact with the community online. However, they all describe that they utilize the food plan in a way that works for the individual member, which is a central message throughout WW advertisements. Marcel explains:

> I mean, it was challenging too because being a guy with a dominantly female group, it's like you've got to get over that fear of, you know, people. Like, it's like when you're a little kid and you have to go to Victoria's Secret with your mom — you got to get over it! So, it's the same thing because you're gonna learn, I mean, not to be too over intimate, but here you'll learn at least what other people are going through and you'll get a good take-away with that. So I think that that's important.

Men in WW challenge social beliefs regarding masculinity and dieting through their 'shares'. They describe the importance that weight loss has had for them, and how they feel about participating in a predominately female domain. Nicolas describes:

> It didn't really bother me that there were more women than men at my meeting — I still got (and continue to receive) the encouragement I needed. It's fun to be the novelty gender in the room — you get a lot of attention.
>
> A lot of guys are embarrassed to admit they're following a weight-loss plan. Personally, I was proud to tell people how I was getting healthy, but I didn't feel like I had to let everyone know.

However, not all men are as eager to participate in meetings and weight-loss discussions. Charles Barkley explains in his commercial, 'Men talk about a lot of things. Being fat ain't one of them.' Bell and McNaughton (2007) explain that many men share this reluctance to talk about their weight with others in the programme, and for this reason online resources have been sold as a way for men to use WW without attending in-person meetings (Bell and McNaughton 2007). Now, WW has a website specifically for men, and men using the programme can follow their plan completely online in a space that has been customized for them.

This helps to overcome wider social attitudes that participation in programmes such as WW is a feminine pastime. Malcolm explains:

> I'll tell people that I'm on WW and their like, 'Oh yeah my wife's on it, my mom's on it, my grandma's on it'…But I'm a man whose on it, and I'm finding success. There are a lot of big men out there, there are a lot of big boys who are in my same situation that really didn't know where to turn to, you know. You knew you had to lose some weight, but you didn't know how to do it. That's what I love about the Weight Watchers Men website now. You still have the same WW programme, but it gives you the men's outlook and perspective on it.

'Sharing' about issues regarding gender in WW constructs identities of members in a very particular way. It allows for gendered constructions of thin bodies that adhere to broader social norms. For women, this means

accessing youthful, thinner, fashionable bodies; while for men this includes access to gender capital through weight loss, and identity formation using highly gendered constructs of 'masculine' bodies.

Male WW members also engage in 'masculine' forms of participation with others in the programme, which allows them to construct identities that do not challenge broader gender norms regarding food and 'dieting'. For example, the online community threads in 'Beyond Burgers and Beer' allows male members to participate in WW in a way that includes the important foods and eating behaviours associated with gendered constructions of identity (Newcombe et al. 2012). In this way, both men and women access gender capital by constructing identities that are tied to the body, as well as other capital goods such as food and clothing (Bridges 2009: 92).

Life Stages

WW markets their programme to people at various life stages. WW 'Success Stories' highlight different benefits from weight loss according to these, and members from all life stages explain that they see value in the WW programme. There are a few members of WW who joined as early as teenagers. These members share about their experiences with being overweight before joining WW, and the importance that bodily appearance has during this stage of life. Matthew explains:

> I started Weight Watchers when I was 16 years old. There was just a lot of…kind of things that I was struggling with…my sexuality. I was struggling with…family issues, I was suffering, like, bullying and harassing at school for being not only overweight but for being gay…and there just came a point where I was realizing I was becoming an emotional eater and trying to find comfort in that…and it wasn't until my mom kind of stepped forward and encouraged me to join Weight Watchers with her and as apprehensive as I was to do it at that age…I

> decided just to give it a shot and walk into a meeting and I just immediately felt at home. It really changed my life in a sense because it kind of helped me in a sense kind of feel normal. I just noticed instant confidence in myself and I stopped caring so much about what other people were saying to me or thinking about me because I knew that I cared about myself at that point and that's really when I kind of had an epiphany and got my life back…I want my story to really reach out to teenagers and adolescents who might be in a similar situation that I was in or might share the same story and realize, you know, that there's so much self worth that that person has if they really just like, reach deep down inside.

The desire to feel normal and to 'fit in' is described by teen members. These members share about how they connect bodily appearance to self-worth, and researchers such as Frost (2005) have demonstrated how this connection carries greater importance for constructing identities at this stage of life, especially for women. These WW members emphasize how they access higher feelings of self-value through their participation in WW, and how the community dynamic contributes greater feelings of self-worth. Furthermore, as these descriptions are highly gendered, members at this life stage explain that the desire to feel 'normal' is connected to the ability to wear age-specific clothes, and this connection between gender, identity and life stage in consumer culture has been thoroughly explored (Russell and Tyler 2002).

It is apparent that feeling like a normal teenager is also about dressing like a normal teenager. As one member, Erica, shares:

> I bought a black dress off the same rack where my mom bought her Christmas dress, and that was my moment where 'enough is enough' and both my mom and I joined WW and it has turned my life around. Starting WW as a teenager definitely taught me, um, things that I can use throughout my whole entire life. At first when I first went to WW there wasn't anyone my age yet, um, but I made it work. Um, I just thought

> that maybe I would eat something different than the kids at school. I would bring my own lunch and a salad or a fruit and a vegetable. I wasn't having the Twinkies and the Ho Ho's[19], but as soon as I started losing a little weight, I was like, okay, this is exciting…I don't want to ever forget what it felt like wearing that black dress that I bought off the same rack that my mom bought her dress. You know, I don't want to ever forget that feeling, but I know that that's not me anymore, you know. I don't see myself as 50 pounds heavier.

This member describes that her desire to be thin is stronger than the desire to eat like others in her peer group. She describes how she avoids junk foods like Twinkies and Ho Ho's, and ops for healthier options such as salad or fruit. This description is important given what Chapman and Maclean (1993) found regarding the ways that 'junk foods' were strongly associated with peer groups among adolescent women, whereas 'healthy' foods were associated with parents. While this member is eager to feel 'normal' through bodily appearance and clothing, this is prioritized over eating like a 'normal' teen, which is equally connected to adulthood as the dress she describes. This indicates the importance of bodily appearance over food norms when constructing gendered identities for WW members during this life stage.

By comparing this experience to the descriptions about fashion presented in the *gender* subsection of this section, further insight into identity, the body and life stage can be gained. The older women in WW were as excited about shopping for clothes in the junior's section as this teenage member, which reaffirms the notion that beauty ideals within consumer culture celebrate youthful, thin bodies. Furthermore, as Hudson et al. (2007) recently reported, rates of eating disorders for anorexia nervosa (AN), bulimia nervosa (BN) and binge-eating disorder (BED) correspond to the ages of 19, 20 and 25 years old for women, suggesting that the desire to remain thin at this life stage may

[19] Twinkies and Ho Ho's are popular snack cakes sold in the U.S.

result from connections between gender, identity and bodily appearance. In connecting this to food, WW members explain that the pressure to eat according to peer norms increases during these years. For example, college students using WW explain that peer groups are not supportive of eating behaviours that go against food norms during this life stage. Audrey explains:

> It certainly was a challenge getting the support I needed during the weight-loss journey while away at school. I lost the majority of my weight during my junior and senior years, and it was tough to explain my new healthy lifestyle choices to my friends.

College students living on campus have drastically different eating environments than WW members at older and younger life stages. WW members in college describe that cafeteria settings are full of 'temptations', as well as expectations to indulge[20]. Therefore, problems with access to cheap, palatable foods in the U.S. are more intense in college eating environments, while at the same time there exists a gendered beauty ideal that emphasizes thin bodies during this stage of life.

For this reason, it is especially hard for this age group to construct and maintain different identities in WW during their college years, and similar to teenage members, these students also describe experiences with bullying from peer groups. This is not from being overweight, but for going against the socially prescribed food norms for this stage of life. Audrey explains:

> As a working college student, preparing to enter adulthood, I wanted to step into the world a healthy person, not a statistic…The weight loss

[20] While Schwartz and Novak (2012) argue about the importance of nutrition in schools in order to address problems of compulsive eating, college and university food cultures have obviously not been included in these debates. Given the observations made by WW members at this life stage (as well as numerous members of OA), this may be an important addition to interventions aimed at addressing 'obesity', as well as problems of compulsive eating.

> certainly was not an easy road. As a relatively young person, I discovered quickly that I would need to surround myself with people who supported my lifestyle and aspired to it themselves. Other young people were not on the same page and my friends and I often got teased by our peers for being the 'skinny girls' who order salads, or for 'eating so often'. Thankfully, I have made lots of like-minded friends who I can turn to now for support when I feel like I'm being picked on. At the end of the day, we know we are making the right choice to be healthy, but there are pressures and temptations all around, all the time.

Therefore, the connection between food and identity is as important as the connection between bodily appearance and identity, and these are influenced by gender, as well as life stages.

The most frequently described life stage in WW is raising children. The way that this influences WW identities within the programme is highly gendered, and often mothers explain that they feel that they are raising their children with better eating habits as the result of their participation in WW. They describe themselves as better parents, and that they are now 'setting a good example' for their children. This aspect of eating is central to social constructions of identity and mothering (Warin et al. 2007), and members in WW explain the value that they access by teaching their children 'healthy' ways to eat.

Numerous members explain how they used the programme to lose weight after pregnancies. These include descriptions about how members lost the 'baby weight' right after having kids, as well as how baby weight was put on, but was not addressed until coming to WW years later. Women in WW share a consumer identity within the group that is more individualized in this way, and this is reflected by WW using a spokeswoman like Jessica Simpson in order to attract new customers. These WW members describe their desire to

lose weight as 'getting their body back' after a gendered life stage transition. Willow explains:

> As a new mom it's really difficult to put yourself first and that was one thing I had to learn over time, um, my body has physically changed, um, and I need to accept that to a certain extent, but I also need to realize that I need to do things a little differently than I did before my son was born…being focused, and determined, and also taking it one day at a time…he was inside me for nine months, and I have to realize that if it takes nine months or a year to get back to where I want to be, that's okay. You can be a mom and have your own journey and just kind of enjoy it when it happens and not worry about the actual physical of it, um, because that will fall into place eventually.

These members construct consumer identities within WW that are based on participation in the programme in order to regain a previous bodily appearance. In doing so, they construct identities as mothers that resolve liminal transitions, where changes in the physical body are not used to redefine the self as a parent after childbirth (Ogle et al. 2013).

Life stage is described as being important to WW members for other reasons. Numerous women in WW explain that they saw themselves as too old to lose weight. A WW member states, 'I thought losing weight was too big a job and I was too old to start', while another shares, 'I had myself nearly convinced that because of my age, I would fail'. Older WW members emphasize that it is never too late to lose weight, and Ava explains:

> Most women think that if they're over the age of 40 that weight loss is going to be a terror, it's not gonna happen or if it does happen it's only going to be a little bit, you're definitely not going to be reaching any kind of goals. I'm here to say that it' reachable, it's doable; you just have to put the age number out of your head. WW can work for you, no matter what age you are.

WW members at this life stage describe the value that they see in their weight loss, and these descriptions differ from other stages of life. They explain that they feel younger and sexier after losing weight, and talk about having more energy and agility. 'Shares' from older members challenge broader social attitudes regarding age, appearance and sexuality. They do so by repeatedly emphasizing that members can feel thin and sexy at any age. However, while this challenges norms that emphasize youthful bodies as the site for constructing highly gendered identities through bodily appearance (Frost 2005; Giles and Close 2008), it reinforces thin beauty ideals, as well as the emphasis on control and body maintenance within consumer culture (Featherstone 1982; 2010).

Ethno-Racial Constructs

WW members describe how aspects of ethnicity and 'race' influence their experience with food and the body while using the programme. The majority of members in WW are women, and ethnic and 'racial' belief systems dictate social norms that influence the ways that women consume, as well as the ways that they engage in strategies of body maintenance (Cheney 2011; Pitts-Taylor 2007: 17-18). The stories from WW discuss various ways that members perceive their ethnicity or 'racial' backgrounds as having an influence on identity, both through belief systems about food, as well as bodily appearance. Examining these connections helps to further understand the ways that WW markets itself to different ethnic or 'racial' groups. It does so through how WW highlights different perceptions of the value that weight loss has for particular groups, and how these are prioritized over other aspects of the self when participating in the programme.

For example, one member, Theresa, explains that rather than seeking the white, slender body ideals in the U.S. (Cheney 2011), her desire for weight loss came from the ways that women are portrayed on Spanish television:

> My mother came from Dominican Republic and I was born here…and…when…my mother still to this day, she doesn't speak English very well, so she's very, very in touch with our culture, you know, and our roots. So growing up I was bombarded with different images of women and if anybody's seen any of the Spanish television, they know what I'm talking about. They're beautiful. They very shapely and they give you this sensation, this thought, you know, that you should just be as shapely and glamorous as they are and it was what I aspired to be. I wanted to, you know, always be wearing the long high heals, long hair, tons of makeup and stuff like that…and then as I grew up I slo…not slowly, I just went the other direction, but that's pretty much the images that I had of a woman growing up, you know, was the voluptuous, small-wasted, guitar-shaped type of person and that's what I thought…that's what I thought was beautiful. As I got older, and I started gaining more, up and down and gaining more weight and stuff like that, I personally didn't like my body because I just thought I was fat and everyone around me was like, 'You're not fat. You're not fat.' And I would feel fat. I would look at myself and I would see the little creases and the rolls and things like that, and I just didn't think that that was beautiful to me and I didn't like it, so I wanted to be proactive about it and do something so that's the first time I went and joined WW, that's why…and all throughout the plan, I didn't…I never felt that I was more beautiful, or I was getting more attractive or anything like that, I just felt more comfortable with myself. That's (I think) the main thing I learned other than how to eat. Is just, you get to a place where you you're just comfortable with yourself.

Even members who share the desire to meet certain beauty ideals often do not share the same beauty ideals, however they all describe weight loss as having value. For example, another member, Jill, explains:

> I lost more and more weight, my husband started to worry that family members in Africa would think that he wasn't taking good care of me. Traditionally, African wives are supposed to be a little plump. This is to show that their husbands are caring for them well. I had to have a heart-to-heart with him, explaining that what I was doing was for my health and for him too. After all, the healthier you are, the longer lifespan you generally have.

While ethnic and 'racial' groups do not all share the same attitudes about bodily appearance, they all explain that they still see value in WW. Jill and Theresa describe different desirable bodily appearances, however the male gaze influences both of these. Therefore, while WW promotes the view that there are members using their programme who do not adhere to white, middle-class body norms, they do so in a way that reinforces gendered body norms. In this way, biomedical notions of healthy bodies have influenced the identities of WW members. This results from the emphasis that consumer culture places on slimness, where health and health education messages center on the idea that 'fatness is a correctable health problem' (Monaghan et al. 2010: 38).

In a similar way that WW uses the athleticism of Charles Barkley in order to sell their products to men, WW also highlights other aspects of health throughout 'Success Stories' in ways that are designed to reach out to the 'African-American community'. In one story given by a WW Group Leader, Francis explains:

> Being a Leader is not just a job for me. I see it as a gift from God. I am now a healthy African-American female. I have lowered my risks of diabetes, heart disease and obesity. I pray that the strength I found to face my weight problems will motivate others — especially those in the African-American community — to make that first step to a healthier lifestyle.

While another member, Teri, explains:

> Today I am both proud and honored to be a Weight Watchers Leader. I am now a facilitator who gets the chance to empower others. I look around my community, the African-American community, and I see the pain and affliction that comes with so many of us being overweight. I know that Weight Watchers is an excellent vehicle to touch and teach my community to conquer their weight issues.

In both stories, these WW Leaders emphasize that being 'African American' allows them to reach out to others who, like them, share the same ethno-racial identity. They describe weight loss as an empowering act, and that it allows them to overcome the health disparities affecting this group. However, focusing on weight loss, or being overweight, ignores the larger social inequalities that cause these health disparities. Furthermore, it places the responsibility on the individual in order to control the solution to this problem. This masks the agendas of food producers and advertisers — as well as problems of access and accessibility to healthier foods — by reinforcing belief systems regarding self-discipline and control.

Crockett (2008) observes that 'black bodies' are portrayed as 'organic machines' (2008: 261) in advertising, where they are most frequently used to sell sports, health and exercise products. As both of these members are Group Leaders, WW as a corporation is obviously placing an emphasis on health, rather than slimness, as the valuable aspect of their product. In doing so, Crockett (2008) argues that 'blackness hails the presumptively white, suburban, middle-class viewer both with what is represented and what is not' (2008: 262), and while advertisers such as WW depict 'members of the African-American community' in the same way as they do whites, 'what they do not depict is racial inequality, which is assumed away entirely along with any role for the mass market in its persistence' (Crockett 2008: 262).

WW members describe another dimension of this. Not only do they include descriptions about 'race' and ethnicity and how they relate to health and body sizes, but they also describe different meanings of food for different ethnic groups using the programme. Celine shares:

> I grew up in the Hispanic culture with a mother from Cuba and a father from Venezuela. I was taught at an early age that even our babies were cuter the bigger they were. Food was love and it was disrespectful to turn down the delicacies created straight from the heart…with time and the help of Weight Watchers, I have gained the tools necessary to manage the cultural food issues that remain a part of my life…The high-calorie, high-fat foods will always be a part of my life, but portion control and the tools provided to me by Weight Watchers to manage them allow me to enjoy all of my family events.

Another member explains that for her, as well as other members of WW who share her 'Mexican heritage', 'family gatherings in our culture can be tricky. Refusing calorie-laden dishes, like *chile rellenos*, isn't just rejecting food, it's rejecting your culture'. Members explain that WW addresses this aspect of eating through portion control. When eliminating or refusing foods is not an option, members explain that they can control the portions of foods that carry important cultural meanings. However, similar to the stories given by Francis and Teri, this infers blame on ethnic 'cultures' as the source of undesirable, 'unhealthy' bodies.

Through utilizing terminology from the WW programme, members describe certain foods as high-calorie, calorie-laden, high-fat or high in points. Willow explains:

> I grew up in a household with an Italian background, so we always had the joke that if we had spinach, it was oil with spinach, not spinach with oil. Now I still love to cook but I'm conscious of the things I make. Oil

> and cheese are no longer condiments for me. I'm much more conscious of how I use high-calorie foods.

Portion control is the most frequent strategy mentioned for eating foods that are high in point values. Changing food preparation techniques is another. One member, Ivelisse, describes that as a Puerto Rican woman using WW, she grills and bakes foods instead of frying them. She also eliminates lard and reduces the amount of oil when cooking. Ivelisse comments, 'the only people who notice are my daughters, cause they know when mommy used to cook the bad way.'

Thus, Puerto Rican ways of cooking become WW Puerto Rican ways of cooking, and this influences identities in the programme through this inclusion of the WW food rules in all areas of life. Members therefore come to understand foods differently, and go as far as to describe previous behaviours as undesirable, or as Ivelisse says, 'bad'. While many of these behaviours are rooted in ethnic or religious traditions, the desire for weight loss is prioritized over this, and can be seen as the result of belief systems within consumer culture that challenge many of these norms (Cheney 2011).

Through learning different sets of food and body rules, thinner WW consumers see themselves as controlled consumers, and this can be used to access capital not only though food consumption, but also through bodily appearance. This changes the ways that members value certain goods such as clothing and food, as well as the ways that value is ascribed to thinner bodies. Chapter 7 suggests that through this, programmes such as WW can become 'addictive'. In order to understand this in the comparison of WW to OA presented in Chapter 7, Cheney's (2011) work discussing class mobility, gender and ethnicity in college-aged ethnically diverse women is especially salient.

Similar to descriptions regarding the importance of bodily appearance given by Nidetch and Rozanne S. in Chapter 3, Cheney (2011) found that women from marginalized groups viewed the body as a vehicle for social acceptance and mobility. Her participants explained that the slender body had 'currency', and that women who felt alienated from 'peer groups, communities, and American society more generally' believed that a thin body offered them an improved sense of belonging (2011: 1353). Furthermore, her participants explained:

> Faced with other forms of exclusion and discrimination, the acquisition of the slender body gave these women a sense of power and increased agency as they interacted with their peers. Through the body, they were able to distance themselves from their marginalized ethnic, class, religious, and social identities, creating spaces of recognition and social acceptance. [2011: 1354]

While other aspects of identity were found to be problematic in fitting in to 'American society', Cheney found that the thin body served as a universal marker of social acceptance, given the high value that thin bodies have in the U.S. Findings from this chapter are consistent with Cheney's (2011) work, and this section examining consumer identities can be used to expand on her work through how it includes men and women from different stages of life.

It also provides an explanation for the potentially 'addictive' nature of weight loss, where the value of a thin body has greater importance for certain groups. Given that different minority groups, as well as women, experience alienation and marginalization within the U.S., the thin body can serve as a way to improve opportunities for inclusion and social acceptance. Therefore, I suggest that weight loss strategies can become 'addictive' through the rewards derived from social inclusion, acceptance and opportunity for

upward mobility that it can bring, which is disproportionately higher for women and certain marginalized groups throughout the U.S.

DISCUSSION

WW members describe changes in their identities after coming to the programme. These revolve around food behaviours, as well as bodily appearance. This section discusses both of these, as well as the ways that WW uses these descriptions in order to market their programme to potential customers.

In first examining changes in food behaviours and identity, Sassatelli and Davolio's (2010) work discussed in the *Discussion* section of Chapter 4 is once again useful. Not only do the identities acquired in WW and the Slow Food movement deal with aspects of pleasure and eating, but they also both deal with the maintenance of food traditions (Sassatelli and Davolio 2010: 225). In similar ways, WW and the Slow Food movement deal with the erosion of identity that has occurred within industrialized food environments (see Introduction, *Feeding, Eating and Compulsive Eating*). By reinserting food into a comprehensive system of food rules (Fischler 1988: 291), this helps the eater recover a sense of identity through food. For example, while most members of WW use the same food rules in order to eat and lose weight, there are numerous ways that members have more specific identities that revolve around food intake. These include ethnically defined food traditions, food rules dictated by religion, food allergies or even self-described 'foodies'. WW members explain how they maintain all of these aspects of identity when using the WW programme, and they emphasize that WW can be added as a way of eating to any existing set of belief systems about food.

This is consistent with what Holt (2002) observed about brands in postmodern consumer culture, where brands now allow consumers a way to

construct their own sovereign identities by using their products. While this was examined in Chapter 4 through the changing programmes offered by WW, the ways that WW members describe food identities in this chapter shows this in a more detailed way. This is important for later comparisons to OA in Chapters 6 and 7, where OA members deal with the same problems inherent within industrialized food environments by negotiating the construction of new identities, however they do so in drastically different ways.

In moving towards a discussion on identity and the body, WW members describe aspects of health that are consistent with Crossley's (2005) observations regarding body projects as 'reflexive projects' (Crossley 2005: 205). However, the concern with health described by WW members is described through biomedical distinctions between the body and the self. This also differs in important ways from descriptions in OA, where the body is differentiated from the spirit and the mind.

WW members describe that they become 'healthier' through weight loss, and in the same way, they construct identities that are consistent with this 'healthier' persona. Many of these revolve around forms of movement and exercise. For example, members become 'runners', rather than simply going for runs, or they become 'triathletes', rather than simply competing in a triathlon. In descriptions regarding biomedical notions of health, one member describes herself as 'a walking heart attack no more', while another explains weight loss as 'getting healthy'. In this way, WW members described how they construct different identities that relate to notions of health and fitness within consumer culture, and Crossley (2005) argues that these reflexive body techniques 'play a central role in the construction of a reflexive sense of self' (Crossley 2005: 13).

Finally, this chapter explored the value that weight loss has for different demographic groups within the WW community. In exploring 'WW consumer identities', it is evident that the WW programme sells their brand in a way that dissociates the corporate agenda from their product. Holt (2002) observes that in postmodern consumer culture, this has occurred through an increasing resistance to brands serving as the 'authority to mold the culture of everyday life' (2002: 83). Therefore, while WW once served as the authority for telling members what to eat (and what not eat) in order to be thin, now the WW programme emphasizes that anyone can use their programme and maintain their sense of identity through their flexible food rules. Furthermore, WW emphasizes that despite any aspects of identity that may conflict with 'dieting' culture, now everyone should be able to see inherent value through the numerous ways that members can use their programme. Thus, WW no longer blatantly sells itself as a way to meet white, middle-class body norms, and they now sell their programme using more biomedical and nutritional discourses. This allows WW to market their programme as valuable to different demographics, and they emphasize highly individualized constructions of identity within their programme that relate to gender, life stage, ethnicity and 'race'.

Through all these stories, there is a shared desire to define identity primarily through a thinner body, and above all else, this desire surpasses other aspects of identity through how it is prioritized over specific aspects of the self. In many ways the identities constructed in WW can also be seen as branded-selves, through how the body can be used primarily as a commodity or medium through which certain kinds of capital can be acquired (Bourdieu 1984[1979]; Cheney 2011; Hearn 2008). This is especially apparent in the ways that WW uses celebrities in order to sell their product to different groups. However, given that the 'Success Stories' shared by WW members are

produced and edited by the corporation, these too can be understood as presentations of branded-selves. Opportunities for self-branding in WW occur not only through the ways that individual members can construct their identities online (see Chapter 4, *The Weight Watchers Community Dynamic* and *Discussion*), but also through the ways that WW uses the shared experiences of members as a marketing strategy in order to generate profit within a postmodern consumer culture.

6 THE OVEREATERS ANONYMOUS APPROACH TO ADDICTION

This chapter describes how Overeaters Anonymous (OA) now operates. It starts by discussing how members describe OA as a programme of recovery, followed by how they 'work'[21] the Twelve Steps and utilize the OA Fellowship in order to recover from compulsive overeating. By examining these aspects of the 'shares' given by OA members, this chapter explores how twelve-step programmes renegotiate understandings of individual willpower and control using the Twelve Steps. Many of these members describe that this occurs through the belief in a Higher Power (HP).

This chapter also describes how OA members understand 'addiction'. OA uses the primary text of Alcoholics Anonymous (AA) for their disease model for understanding 'addiction'. This text is known as the 'Big Book'. OA uses this resource for alcoholics and applies it to compulsive eating behaviour. OA members acquire an 'addict' identity through 'sharing' their experiences with compulsive eating and recovery using these Twelve Steps. They describe the importance of the Fellowship in OA, and the role it has in helping members recover from 'addiction'.

OVEREATERS ANONYMOUS

One longtime member of OA remarks, 'in the early days, OA was much more like a diet club' (A. 1994: 64). When OA first started, the organization distributed 'diets' (or 'food plans') to their members. However, by 1986 OA

[21] Valverde and White-Mair (1999) explain that AA (and other twelve-step programmes) are programmes of action, and that the solution to 'addiction' in AA lies in *working* the Twelve Steps, rather than *believing in* the Twelve Steps (Valverde and White-Mair 1999: 399).

stopped publishing food plans. As an organization, they found it hard to endorse one particular plan that kept pace with changing nutritional science. At that time, they also struggled to address the varied compulsive eating behaviours experienced by their 150,000 members worldwide (A. 1994: 64). As an organization, OA now states:

> Overeaters Anonymous offers a program of recovery from compulsive eating using the Twelve Steps and Twelve Traditions of OA. Worldwide meetings and other tools provide a fellowship of experience, strength and hope where members respect one another's anonymity. OA charges no dues or fees; it is self-supporting through member contributions.
>
> OA is not just about weight loss, weight gain or maintenance, or obesity or diets. It addresses physical, emotional and spiritual well-being. It is not a religious organization and does not promote any particular diet. [Overeaters Anonymous 2013c, accessed January 27th, 2013]

Overeaters Anonymous is fundamentally based on AA, using the same primary text as AA entitled, *Alcoholics Anonymous: The Story of How Many Thousands of Men and Women Have Recovered from Alcoholism*. Among twelve-step programme members, this is known as the 'Big Book', and was originally published in 1939. In adapting this text to eating behaviour, OA members replace the word 'alcohol' with a word that better reflects recovery from their own compulsive eating behaviour. This can mean replacing the word with 'food', or more specific substances such as sugar, white flour or chocolate.

By talking about these common experiences, members make sense of their 'addictions' to food and obsessions with bodily appearance. 'Addiction' in OA is understood as a progressive 'disease'. Members of OA believe that there is no cure, and without the help of a twelve-step programme their food and eating behaviours will get worse. Some believe that their 'addictions' could eventually result in death. One member of OA, Barbara, describes this

aspect of the OA programme, the OA 'addiction' model of the disease and her need for recovery using the 'Programme':

> It may be that many of us were born with a physical or emotional predisposition to eat compulsively. Whatever the cause, today we are not like normal people when it comes to eating. That's it. That's the disease concept in OA, the '12 & 12'.
>
> Well, that doesn't really leave us with much. It doesn't really leave us with much motivation to consider it a disease, to think of it as life threatening, to move forward with the drastic, and I mean drastic program of action that it requires to overcome this disease. In a nutshell, well — I'm not going to do it in a nutshell. I'm not. What I learned from reading the Big Book of Alcoholics Anonymous, and I'll constantly refer back to the Big Book and to AA because that's the mother ship. We're patterning ourselves after AA and if we're going to do that, we really need to do that. We can't just rip off their Steps and go on our merry way. It doesn't work that way. We need to really look at them. We want what they have. We've got to do what they did to get it, and what they did was pretty darn drastic…
>
> …In the Doctor's Opinion [in the Big Book] it talks about an allergy of the body. It talks about when we put the substance into our body, it creates an allergic reaction, and unlike strawberries that might create a rash and shellfish that might cause us to stop breathing and pollen might cause us to sneeze, our reaction is a craving beyond our control. And that craving causes us to continue to eat more, eat more, eat more, eat more, eat more. Okay. Then it tells us about an obsession of the mind, that we think that or forget that we had this episode that we couldn't stop. We forget what it did to us, how sick we made ourselves, how disgusted we were with ourselves, how embarrassed we were that we ate the entire birthday cake before the birthday celebrant got to the party. How we went out at midnight to the grocery store in a dangerous part of town where nobody knew us to shop for $50.00 worth of candy and cookies to eat through the night. We forget all that, and we say, oh, I can have a bite of this. I've

> been good. I deserve it. I was just having a bad day that day. It's not going to be the same. And we take that bite and we tune in to the allergy and then we're off and running again.
>
> Now the important thing about this is that it's really critical. You do not make a compulsive overeater with just one of those pieces. Somebody who is obsessed with compulsive overeating will have a bad day, have a reason to celebrate or whatever and X, Y or Z is going to fix it and they go and they have a bite or a serving of whatever their choice is, and it doesn't fix it and they're full and they're done and that's it. No harm, no foul, no big deal and it's over with. Somebody who's only got the allergy eats that item, triggers the allergy, and is off on a binge for however long it takes to wear itself out and then it's over, and the next time they are offered that substance they're like huh-uh, no. Last time I ate that I couldn't stop. I'm not doing that again. That's it. No thank you very much. And that's it and that's the end of it. So you can be an obsessive person or you can have an allergy and it's not a problem. You put those two things together and you're in deep shit, and that's where I was. I was stuck. I was completely and totally stuck because I had a body that would not let me stop eating and a mind that would not let me stay stopped if I ever did get stopped. And that is powerlessness. That is Step One. That is being screwed.

Throughout this description of 'addiction', several aspects of the programme are mentioned, and these are essential for explaining how compulsive behaviours are understood within OA. In referring back to the 'Big Book' and how OA is modeled after AA, Barbara refers to 'The Doctor's Opinion', which is a section of the 'Big Book' that describes a biomedical practitioner's description of alcoholism as a 'disease'. In this section a prominent physician from 1939, Dr. William D. Silkworth, contributes his biomedical stance on alcoholism and AA. For this reason, twelve-step understandings of 'addiction' are often referred to as 'quasi-medical', in that they utilize

biomedical understandings of 'addiction' as a 'disease', but do not utilize biomedical interventions for recovery (Valverde and White-Mair 1999).

Additionally, this member describes her compulsive eating more generally. As an 'addiction' it is understood as a progressive disease, as this is how alcoholism is described in the 'Big Book' (Alcoholics Anonymous 2001[1939]), and OA members describe that without their programme, their 'addictions' can ultimately result in self-destruction and death. Another member, Stacy, describes this 'progressive nature' of her 'disease'. She explains that for her, compulsive eating behaviours began in childhood, and her desire and need to control her food got progressively worse throughout her lifetime:

> And I think that the Big Book tells me that this disease is progressive and in my experience that is what I have observed with my disease. Over the years my disease got worse and worse and worse. It started off with me sneaking food as a young child and hiding and eating and feeling guilty about eating. And over a few years that turned into trying to control my food and going to any lengths to control my food. And, you know, I was always obsessed with food. It was just the most important thing to me and I really have an awareness of a young child that other kids were not as excited about the food as me.

In this way, OA members attempt to make sense of their eating experiences throughout their lives. By examining eating behaviours from the past, and 'sharing' about these with others in the group, many members come to see themselves as 'addicts', or people who are fundamentally different from others in the ways that they relate to food or types of foods. In using notions of 'addiction' from AA's Big Book, OA members more specifically come to see themselves as twelve-step 'addicts', where perceptions about compulsive eating as a 'disease' are directly modeled after AA's belief systems regarding alcoholism.

There is huge variability in how individuals within OA utilize the programme. The Twelve Steps, sponsorship and positive interactions with others in the Fellowship are the most frequently mentioned. In sharing a communal understanding of how these influence recovery, members acquire a shared twelve-step 'addict' identity. Helen explains:

> …this disease is an elevator going all the way down and you can press the button at any one point and get off. This is the button. The Big Book of Alcoholics Anonymous. You just press this button and get off at any time. But it says, this is a fact that most of us have to be pretty badly mangled before we press the button. Okay, because I want to do me. I, me, me, me, more me. I don't really care about you and I certainly don't want to do that God thing, right? That type of thinking, because my mind is a mind of an addict brings to me insane ideas in the form of common sense. So today I have learned that I can press the button at any one point and get out of right here, right now because before my old thinking would be to get out of right here, right now, would be two pizza's and 68 candy bars. I don't have to do that anymore.

Those who come to OA and acquire this identity within the programme describe that this realization is bittersweet. While members acquire a stigmatized identity that sets them apart from others in what they believe to be a permanent, incurable way, it also indoctrinates members into a cohesive community. Furthermore, they explain that as opposed to biomedical approaches to their 'disease', OA offers a new set of social norms and a step-by-step process that allows members to recover from their 'addictions'.

The notion of a 'Higher Power' is one of the central ideas in twelve-step programmes such as AA and OA. A Higher Power, or HP, is a general name for what many come to call God, although it is any power recognized as greater than, and outside of, the self (see Chapter 3). In defining what

constitutes a HP in the programme, Stacy explains how she had difficulty understanding this component of the programme when she first came to OA:

> I did not want to be part of any religion and it frightened me when I heard people talking about God in the rooms. And I had this sponsor, who told me to get on my knees and pray to God. I'm like but I — [sound for no] I — you know, I believed that God knew everything that I had done and God was going to punish me. And if I get on my knees it was just — I was pausing for God to realize that, you know, I was there and then big bad things were going to happen to me as a result. And so I did it anyway, I got on my knees and I said the prayer she told me to say and I started hearing people in the meetings. Once I opened myself up to possibility, I started hearing people say, you can define your Higher Power as anything you want, it can be a chair, it can be a tree, it can be the sky, it can be a dog, it can be your sponsor, whatever. And all of the parameters I'd kind of set around the idea of God started dissolving and I was able to very slowly cultivate this relationship with a Higher Power and today that is the most important thing in my life. Now without my programme I don't have any connection to that source at all.

Stacy explains that a HP can be anything that is not the self. Others describe that it can be an object, an abstract notion such as the group consciousness, love or a religiously defined deity. In accepting a HP, members come to understand their own eating experiences from a new perspective, and they explain that they no longer believe that they are responsible for controlling their food intake and bodily appearance.

OA explicitly states that it is not a religious organization. In their information for newcomers they explain:

> OA is not a religious society, since it requires no definite religious belief as a condition of membership. OA has among its membership people of many religious faiths as well as atheists and agnostics.

> The OA recovery program is based on acceptance of certain spiritual values. Members are free to interpret these values as they think best, or not think about them at all if they so choose.
>
> Many individuals who come to OA have reservations about accepting any concept of a power greater than themselves. OA experience has shown that those who keep an open mind on this subject and continue coming to OA meetings will not find it too difficult to work out their own solution to this very personal matter. [Overeaters Anonymous 2013a, accessed January 29th, 2013]

Concepts of a power greater than the self are highly personal. OA does not decide what this should be for members, and states that only the member can decide what concept to use for a HP, if they use one at all. For example, Rozanne S. explains that while Judaism and traditional values were part of her upbringing, notions of God and spirituality were rarely discussed (Overeaters Anonymous 1996: 16). For this reason she initially used the power of the group as her concept of a HP, and eventually started using the word God later in her recovery (Overeaters Anonymous 1980: 14; 1996: 70).

Regardless of the various ways that members in OA define their HPs, almost all members emphasize that an acknowledgement of a HP is an important part of recovery. Furthermore, as definitions of a HP do not have to be linked to any church or religious doctrine, members describe that this aspect of the programme allows them to recover from negative experiences with different people or religions before coming to the Programme. For example, Laura describes her concept of a HP in OA, and how she uses it as part of her recovery:

> I didn't feel like I got a lot of love from the women in my life when I was growing up. My grandmother was really mean. My mother was really mean, and fortunately my Higher Power is an older black woman, and she's got a long pink dress with a crown, and she's got a magic wand.

> Always uses black dialect with me, and she tells me all the time if I think I can't follow my food plan, if I sit and I did my meditation, you know, be willing to make those Valley calls, my Higher Power always says to me, 'Now come on baby. You can do this now. I know you can do this today. You ain't by yourself and I know you can pull through this. I don't care what you're doing.' She always says, 'Come on sugar. You're doing it.' And by the time I just sit still and allow my Higher Power to love me and accept me no matter what, you guys, I feel like I can work this programme. I feel like I can do it. My Higher Power loves me no matter what, and that's something this programme has given me.

The need for a HP that is loving and non-judgmental is present in several stories, and a few members explain that before OA they had a 'Santa Clause God'. These members explain that believing in a God that constantly judges behaviours results in feelings of guilt and shame, and that before OA these belief systems fueled their 'addictions' by reducing perceptions of self-worth.

Many members explain how different notions of a HP are formed in OA, and that these help members to heal from previous belief systems. While there are no required components of OA, working the Twelve Steps with a sponsor is the most frequent way that people describe recovering from their 'addictions' to food in this programme. The notion of 'recovering' is a way of speaking about what happens to twelve-step 'addicts' after coming to the programme. Thus, 'recovery' is part of the twelve-step vernacular, and this term is utilized to describe the process of healing that takes place within OA. 'Abstinence' is another term used within the programme, and what constitutes abstinence for members in OA is highly individualized.

In AA, abstinence and sobriety often go hand-in-hand. In OA, however, the definition of abstinence does not always rely on a particular substance. Jennifer, a member of OA (who is also in AA) describes the different ways that abstinence is defined in each programme:

> I'm also sober. I celebrated 23 years of sobriety this year. Sober was a lot — and continues to be a lot — easier than being abstinent is. Sober is about black and white and abstinence is about living on a daily basis in the gray; always living in the gray in the abstinence. You know, banana is fine one day, and then the next day I want 17 bananas. I can't tell you, you know. I'm like, ah! I'm telling you abstinence on a daily basis is about my relationship with my Higher Power and living a life in surrender.

The definition of abstinence in OA revolves around the emotional experience of consumption, as well as the motivations behind certain behaviours. This differs from notions of sobriety in AA, in that abstinence in OA is harder to define on a daily basis because people still need to eat in order to stay alive. Additionally, some members are abstinent from certain behaviours such as binging, purging or restricting, while others abstain from the consumption of specific foods or types of foods.

OA members often utilize what they refer to as a 'food plan', or a defined way of eating, that serves as a tool to help them recover. Alison explains:

> That's why I have a perfect abstinence. I was taught to have a perfect abstinence with an imperfect food plan. Perfect. And abstinence is our primary purpose. A food plan is a tool. They're two different things. Abstinence is our primary purpose; food plan is a tool, so my abstinence is perfect. Three meals and up to two snacks a day and nothing in between. My food plan in five years and ten months — I've been on many different food plans. I have a very efficient body. After about a year it adapts very well to whatever food plan I'm doing and so I change it up a little and then I do it again, and then I pick up the exercise and what I eat today I had no idea that I could live on the things that I eat today and be happy about it. It doesn't even matter, and I can say today that I've recovered because I don't use food to cover my feelings. I don't use food to numb myself.

Many members describe that food was used to coat or numb feelings before the programme. It was also used to manipulate various emotional states. Compulsions with specific foods, as well as other compulsive eating behaviours, are described as reasons to work the Twelve Steps in OA, and food plans are utilized as tools within the programme. These plans can be changed and altered over time, and changing a food plan is not considered a 'relapse' or a loss of abstinence.

Overeaters Anonymous offers a pamphlet called 'Dignity of Choice' (see Chapters 2 and 3), which was created as a way to allow members to pick and choose the foods or eating plans that specifically work for them. In the past, OA offered strict guidelines for how members should eat, and while these are still available, the stance OA now takes on what members should or should not eat allows for personal decisions about this. Eating for an emotional escape is framed as 'addictive' by OA, and eating for nutrition is understood as a necessity. For this reason, much of the focus in recovery is on putting 'good' foods into the body, and this way of speaking about particular foods is evident in the stories shared by OA members, as well as in the published literature.

Members can have lifelong abstinence while experimenting with foods that work or don't work for them throughout various stages of recovery. However, the notion of abstinence is highly contentious and individualized. Megan describes her experiences with abstinence, as well as finding the right food plan, after coming to OA:

> My abstinence which I have done perfectly, and I know everybody has different opinions about this, but my abstinence is no bulimia, no anorexia in any form, even ones I didn't even know about till I got here, so I guess I'll have to die never having a colonic.

> And my food plan has varied, you know…When I was new, I'd call in protein, vegetable and grain knowing full well it was Mexican food with unlimited chips. Well that's grain. To, you know, HOW weigh and measure. I mean I had lots of food plans, but the main thing is I haven't broken my abstinence one day at a time for, you know, 20 years and 11 and a half months and my food plan, which for the most part is three or four meals a day; not really sugar very often because it does make me crave and so I try to stay away from it most of the time. You know, I would say like 90 percent of the time that's what I eat, and ten percent of the time it isn't, and I've been the same size, like I said, for at least ten probably 15 years, and for the most part comfortable in my skin.

In addition to 'Dignity of Choice' and 'HOW', one of the most frequently mentioned ways of eating in the programme is referred to as '3-0-1' (Lifeline 2011c: 8). This stands for three meals a day, nothing in between, one day at a time. According to Megan, for some members a daily food plan may include emailing or calling a sponsor at the beginning of the day, however members can call and change it afterwards if they need to (this is referred to as 'calling in ones food').

OA members also abstain from certain foods that are problematic for them. These are put on a list of personal binge foods, and are avoided or refrained from completely. Sara explains:

> …I've been in OA for about six years. I've been abstinent for two and a half, uh, so obviously along the way I took my will back a few times, which I'll get into later…So, and my abstinence is one-plate meals, no chocolate. My food plan is three meals a day, two optional snacks if I need it and none of my alcoholic foods at night. I don't want them at breakfast, I don't want them at lunch, I want them at dinner cause that's when I've earned it.

This notion of 'alcoholic foods' is an important one. Since OA uses the same primary text as AA, specific foods identified as problematic for individual

members are referred to as their alcoholic foods. This may be a term only used in Los Angeles groups, as it is not used in OA's published literature. While I cannot verify the pervasiveness of the use of this term throughout all meetings in the U.S., one OA member did inform me that this term was used in other meetings in California. The OA literature alternatively refers to these foods as 'personal binge foods'. Despite differences in terminology, when defining which foods are to be completely abstained from by individual members, these become labeled generally as a person's alcoholic foods, or personal binge foods. Such foods are identified as 'addictive' substances depending on the individual, and are avoided in the same way that a recovering alcoholic abstains from alcohol.

This difference between AA and OA is important, and OA struggled to find a way to resolve this ambiguity of defining abstinence for their members. Defining abstinence is even more problematic, given that food is a necessity, and therefore cannot be abstained from altogether. For members who do not have personal binge foods, or have problems with eating behaviours that are not food specific, these members need to come up with definitions of abstinence that do not revolve around specific commodities. In the stories used for this research, these behaviours involve using food intake as a means to manipulate the body. For example, members describe that volume eating, exercise and purging were non-food specific ways to numb or 'take out' the self. Furthermore, OA members describe how they used their own bodies as objects or commodities before coming to the programme, abusing them in ways that controlled bodily appearance, and therefore access to social capital.

OA members explain that in recovery, abstinence is a 'spiritual condition'. It revolves around working the Twelve Steps and maintaining a conscious contact with a power greater than the self. This way of understanding abstinence in OA, as opposed to AA, helps to extract a better understanding

of compulsive behaviour. It does so through an understanding of 'addiction' that is independent of a particular commodity, as well as independent of pathologized understandings of specific 'addictions' such as 'alcoholism', 'cocaine addiction', 'sex addiction' or 'compulsive overeating' (Keane 2004: 190). Through this unique aspect of recovery in OA, where members need to eat for survival *and* abstain from compulsive eating, the 'spiritual condition' acquired with abstinence can be maintained even if personal binge foods are eventually reintroduced to the diet.

Given that food plans can change in recovery, some members reintroduce their personal binge foods without breaking abstinence. For example, some members describe that having a rigid food plan is a trigger for them because it allows for too much control. Members deal with this by removing personal binge foods from their definitions of abstinence, and instead they add them to their food plans. Other members, however, define their abstinence as the same as their food plan. These members describe abstinence in a way that is similar to AA, where eating particular foods is considered a 'relapse'.

Many members of OA describe that their abstinence has 'evolved' over their years in the programme. These changing notions of abstinence in OA allow members to continuously reassess their relationship with food and their physical body. Unlike AA, identities in OA are continuously shaped and reconstructed through these 'evolving' definitions of abstinence. Therefore, OA is similar to AA in the ways that members share a unified understanding of the Twelve Steps as the solution to compulsive eating behaviours. However, unlike AA, OA members do not share a common definition of abstinence in order to recover from their 'addictions'.

Regardless of these individual definitions of abstinence, OA members share an understanding that 'abstinence' is given or bestowed by a HP, and it

cannot be achieved through individual willpower alone. Therefore, members explain that they are grateful for their abstinence, and that all they can do to maintain this spiritual condition is to work on their own recovery 'one day at a time'. For this reason, abstinence in OA is highly personal, and most members explain that what defines abstinence for one member cannot be prescribed as a recovery method for another. For example, while numerous OA members refrain from eating sugar, one member explains that at one point, she maintained her abstinence by eating Rice Crispy Treats[22] three times a day. Therefore, eating what many describe as their 'alcoholic food' three times a day, rather than abstaining from a particular substance, defined abstinence for this member. This differs drastically from AA, where no 'recovering' alcoholic using AA would define their abstinence as drinking alcohol three times a day.

Several members explain that in recovery, 'their bodies are none of their business', and that abstinence for them is surrendering their judgments about bodily appearance. The most common definition of abstinence described in OA is eating three meals a day, often with the option of eating one or two snacks in addition to these meals if needed. While members do not elaborate on what defines 'if needed', they do comment that 'snacks' are something small, such as a piece of fruit, which can be used to hold off hunger until the next meal. Many members describe this way of eating as 'three meals a day, with life in between'. In this way, definitions of abstinence in OA all share a common purpose of living a daily existence with more 'sane', manageable ways of eating and living, and these are related to the ways that life became unmanageable before coming to the programme.

[22] Rice Crispy Treats snacks made from rice cereal, marshmallows and butter in the U.S.

OA members also share an understanding that their compulsive behaviours developed through how effective food and bodywork were as means of controlling certain aspects of the self. These include both manipulating ones internal state through 'numbing' ones feelings through personal binge foods or volume eating, as well as manipulating visual bodily appearance. They describe how both of these 'take out' or numb the self, and that 'being in the disease' is typified by living a 'small', isolated existence centered only on food and bodily appearance. Similar to Denzin's (1989) observations, OA members tell their stories in a way where a doubling of self occurs. Their stories describe a temporal self, lodged in the past, yet told in the present. They describe their selves in the past when they were 'in their disease', and give examples that demonstrate how this differs from their recovering selves. Therefore, this shared understanding of what life was like before the programme, and how it differs with abstinence, constructs a shared identity between speakers and listeners in OA, allowing for the production of a larger story to be told about experiences with compulsive eating and 'addiction'.

With this idea of abstinence and recovery comes the notion of 'relapse', and what constitutes a relapse in OA is as important to discern as OA's understanding of abstinence. This is because with abstinence and relapse, belief systems in the United States regarding individual self-will, power and control are challenged. In OA the individual does not achieve abstinence. It is the result of a 'spiritual awakening' from working the Twelve Steps, and abstinence is seen as being given or bestowed upon members through a HP. For this reason, when the previous speaker (Sara) describes relapses in the programme, she refers to them as 'taking her will back' from her HP. Although the individual is not responsible for abstinence and relapse, members explain that they are responsible for working the programme and committing to, or adhering to, whatever food plan best works for them.

Therefore, the notion of relapse is framed around taking back one's own will from his or her Higher Power, which then leads to breaking abstinence.

Experiences describing abstinence and relapse are mixed, and many members struggle with abstinence when first coming to the programme. It is rare for members to describe coming into the programme and becoming abstinent on their first day, however these descriptions do exist. Remarkably, some OA members explain that there were times in recovery where they were not sure if they were relapsing or not. Given that abstinence is not understood in the same way as sobriety, these OA members explain that during these times they couldn't tell if they were using food behaviours to numb or take out the self. Working with their sponsors, and examining particular behaviours in order to understand the motivation behind them, resolves this. If the behaviours came from a place of self-will and control, such behaviours were identified as 'addictive' behaviours, and therefore constituted a relapse. Therefore, OA members describe that even if ones food is 'clean', a relapse is ultimately returning to an unmanageable way of living (i.e. through self-will and control) that they experienced before the programme.

Many of those who have acquired abstinence describe periods of relapse. Some describe that their relapses came after good times in their lives, while for others they occurred after catastrophic life events or tragedies. Despite these differences in descriptions as to why relapses happen, OA members share a unified notion of relapse. By examining the ways that OA understands the 'disease' of 'compulsive overeating', this important aspect of the programme can be better understood. OA asserts that their members all similarly suffer from the same 'disease', despite its various manifestations through an assortment of symptoms. Furthermore, the Big Book stresses that this 'disease' is a 'progressive disease', and therefore it will only get worse without the help of others in the Fellowship. Relapse, therefore, is the

inevitable result of having a chronic condition, and while 'relapse' is not described as an inevitable part of recovery, the chronic and progressive nature of this 'disease' means that relapses do occur. As a Fellowship, OA offers the Twelve Steps as the solution to this, and for this reason OA members explain that they are defenseless against compulsive eating without the continued help and support of others.

Elizabeth describes this struggle with relapse and abstinence over many years in the programme:

> I was a big relapser on this programme. I didn't get it right away…all these twelve-step programmes it's not really about the substance, you know, it's about the feelings. And, you know, that is really today what my recovery is about is food and bulimia…whether it was drugs or sex or smoking, you know, all it was about just not having me feel my feelings. Because I just didn't know how to do that and the feelings just felt, they just felt like they were going to kill me, really. And so my various relapses, oddly enough, always came on the tale of a good thing…it started a dance and it started, you know, staying in the rooms, not being abstinent, struggling, withdrawing, getting a sponsor, stop calling the sponsor.

For many, the back and forth between abstinence and relapse is a shared experience. There are others who have years of back-to-back abstinence. Members explain that they are all in various stages of recovery. Those who have had years of abstinence describe that they did so 'one day at a time', and most of these members attribute their abstinence to working the Twelve Steps with a sponsor, as well as attending OA meetings.

'Denial' is an important aspect of 'addiction' in AA. It is also discussed in OA, and denial is described as one of the most characteristic components of 'addiction' in twelve-step programmes. In AA denial refers to the individual

not accepting that they are 'addicted' to alcohol (Vibeke 1997). For 'addiction' to food, denial is also described as a primary component of the 'disease'. Members explain that they struggle with accepting that 'diets' and willpower alone are not the solution to their problems with food and bodily appearance. They explain that despite their multiple failed attempts to try and control these aspects of the self, their desire to keep trying was part of their 'disease'. In 'temperance cultures' such as the U.S. (see Chapter 3, *OA and WW in a Culture of Consumption*), there are pervasive belief systems that reinforce the idea that individuals should be able to control their own eating behaviours, and for this reason OA members describe that it is extremely difficult to accept that they are fundamentally incapable of doing so when they first came to the programme.

Compulsive overeaters in OA describe that 'denial' is a reality that is different from the one that he or she is experiencing, and they frequently describe how they lied to themselves before the programme in order to continue their 'addictive' behaviours. Members of OA explain that they were especially in denial about their ability to control their eating behaviours. In recovery, OA members combat this, and explain that they need each other to reinforce the reality that they cannot control this aspect of the self. For example, one OA member describes that she is a 'vomiter', rather than a bulimic. She does this in order to combat denial. She explains that bulimia is a sterilized, biomedical notion of disease. By referring to herself as a vomiter, this member explains that she is able to more realistically describe her compulsive eating behaviour, and therefore recover from it.

Another member vividly describes the denial of 'addiction' as the illusion of being in control, despite what the physical body signals to the outside world. This is of particular importance to how individuals convince themselves that

they are in control of their food and body, while others can clearly see that they are not. Sara explains:

> It was just, I just had this illusion that, you know, the weight was piling on. I had this illusion, nobody knew. You know, I had it under control, it was all good. I remember another time sitting at my work desk and I was eating and the button flew off my pants. They had gotten so tight I just, I literally busted out of them and again, all this stuff, I'm like I'll get the control. I'll get it back some day…So I did the dieting and I remember my sister, about six years ago, said oh, I'm going to an Overeaters Anonymous meeting and I promptly started making fun of her and too bad you can't control it. I can control it. I'm not like them. I'm, you know, this is fine. But I said I'd go with her for moral support and my first meeting was on Hill Street in Santa Monica. It was a Saturday morning meeting and I don't even remember what the speaker talked about, I just got it. Right then, I was like, I'm a compulsive overeater, it happened like that. I shared at that first meeting and you know, I kept coming back since. I got a sponsor right away and I got abstinent right away. I was abstinent for about a year, again, more weight came off of me and that disease came knocking really loud again, and said look, you lost weight! You're immune again. You can eat whatever you want, so I did. I broke my abstinence. And it was a dance of some abstinence and then relapse and it was me taking my will back and me not fully accepting that I'm powerless over food either, but I can still control it at some point…

As Sara describes, the desire to believe that she is in control is of primary importance to her and is understood as part of her 'disease'. For alcoholism, the 'Big Book' and Bateson (1972) describe this as the alcoholic pride that fuels the cycle of alcoholic drinking (Alcoholics Anonymous 2001[1939]; Bateson 1972). This is also the case for food. Members of OA work a programme of recovery that challenges the assumption that individual willpower alone is all that is needed to change compulsive behaviours. Instead, members of OA explain that they came to realize that they were powerless when they tried to

control their behaviours with food and the body, and that surrendering individual willpower to a HP restored this power.

RECOVERY USING THE TWELVE STEPS

Having a HP is not a requirement of OA, however it is a central part of working the Twelve Steps. When Rozanne S. first started adapting the Twelve Steps from Gamblers Anonymous (GA) for OA, she initially tried to leave the word 'God' out of them. Rozanne S. explains:

> Self-reliance and willpower were all-important in my family. Neither an atheist nor an agnostic, I was a skeptic, an intellectual and proud of it. How could I reconcile the Second and Third Steps with my parents' teaching? It seemed to me that Step Two could be softened by saying, 'We admit that we need help — that a Power greater than ourselves can restore us to a normal way of thinking and living.' [Overeaters Anonymous 1996: 16-17]

Eventually the Twelve Steps were adapted directly from the original Twelve Steps put forward by AA in 1939. The only difference in OA was that the word 'alcohol' was changed to 'compulsive overeating' (Alcoholics Anonymous 2001[1939]: 59-60; Overeaters Anonymous 1996: 77). Eventually, 'compulsive overeating' was changed to 'food', and the current Twelve Steps of OA are given in Appendix 1.

Twelve-step programmes such as OA give a step-by-step explanation of how to recover from 'addiction'. Members who have found recovery in the programme describe that they have had a spiritual awakening as the result of working the Twelve Steps. As the final step is to carry that message of recovery to others, members in OA share with others about how they have worked the Steps and found a solution to their 'addictions'. Ellen shares about this experience with the Twelve Steps, how it shaped her life and how a

spiritual awakening was the result of coming to OA and 'working the programme':

> It's…this twelve-step programme is an awesome template for living, and it has never ceased to interest me, the process of trying to practice these principles in all my affairs and how alive the Steps seem to me, and how they keep coming alive, and that's what I consider spiritual awakening because I keep reawakening, and I do fall asleep in a spiritual sense and I mean I think that's…I use to really be upset with myself, you know, in the beginning, the first few years of my recovery. Because I really thought, I always thought, I was screwing up, you know, and I should be doing something different. So I was given this sponsor who, it was one of her mantras, you can't screw it up. Why? Because you don't have that kind of power.

Members of OA share about how their patterns of thinking change in the programme. They explain that in admitting powerlessness and handing over their will to a HP, they begin to let go of their thoughts and start feeling their feelings. Ellen's description of her spiritual awakening is similar to those described by Denzin (1989) in his work on epiphantic moments in AA. Ellen makes sense of her awakening through the presence of feelings and emotions. Additionally, she describes the epiphany of realizing her powerlessness. She explains that this realization frees her from the constant feeling that she is making mistakes in her recovery.

Alison describes her epiphany while working the Twelve Steps as an emergence of her real self:

> One of my favorite definitions that I've heard for a spiritual awakening is that a spiritual awakening is a recognition of ones broader self. That doesn't mean I'm here to fix me. I'm not broken and defective. I'm here to discover who I really am. One of my favorite stories is a story about Michelangelo, and they say that when Michelangelo was asked how he

> created his sculptures, you know David and the La Pieta and what not, his reply was that he didn't create them, God created them and they exist in the blocks of marble and it was his job just to clear away the excess marble so the statues could emerge. And I believe that's what we're doing in this programme. I believe the Steps clear away the excess fear and for those of us who are overweight the excess fear is excess fat, so who we really are can emerge. It's not about fixing broken people. It's about discovering us. It's about the spiritual awakening. It's about waking up.

Alison's spiritual awakening involved her recognition of her real, 'awakened' self. More generally, this awareness of emotions is seen as a gradual process of discovery, which can only take place once an individual's fear has been removed, and members of OA explain that their fear decreases as the result of interactions with others in the Fellowship. These descriptions about 'awakening' and discoveries of the self are embedded throughout the stories shared by OA members.

The first step has two critical components for understanding the process of recovery when working the Twelve Steps. The first is in regards to the power and powerlessness of the individual. This important detail is exemplified in the use of the word 'we' rather than 'I' in the first step. In this way, the step does not specifically require that the individual acquire a separate identity from the rest of society as an 'addict'. Instead, this is an acquisition of a group identity, and the 'we' of Step One recognizes that members of the group have all been powerless over food. Furthermore, it situates the individual within a group identity of common experiences, where they reflect that *our* lives have become unmanageable. Alison describes this and her experiences with working the Twelve Steps in OA:

> And Step One, when I first came in I was kind of annoyed at Step One, cause I was never taught to believe that I was powerless over things. And

> I came in and I said to my sponsor, 'I'm not powerless'. And he said that's not what the step says, and I said, 'Yeah it does. The step says I'm powerless.' And he said, 'no it doesn't, the step says *we* admitted we *were* (past tense) powerless.' You are not powerless; we were powerless. Powerless people can't work the Steps. We were powerless…The main purpose of this book [the Big Book] is to give us the power which will solve our problems. That's what it tells us in the Big Book. The lack of power, that was our dilemma, but we had to find a power by which we could live and it had to be a power greater than ourselves. So this book, these Steps, are designed for us to plug into the power and then…And that's why the spiritual awakening gives us the recovery. Because we get to uncover all the layers of this stuff and find who we really are. We get to plug into the power.

For the first step, Alison emphasizes that when admitting powerlessness, it is important to keep it in the context of a group admission of powerlessness. Furthermore, she explains that the tense is important, and that while she was powerless, she has had that power restored by working the Twelve Steps.

Another member, John, observes that the 'Big Book' states that while the next eleven steps are suggestions, the first step is compulsory for recovery in OA:

> They say there's Twelve suggested Steps to recovery; the Big Book says that's not true. There are only eleven suggested steps to recovery. The first step, surrender, is a compulsory step and it says this in the book. We had to admit telling ourselves that we are compulsive overeaters; this is the first step of recovery. The other eleven steps are suggested steps to recovery.

In this way, members of the group similarly acquire 'addict' identities in describing that they have lost the ability to control their eating behaviour. For many, this admission is a lifelong commitment to an 'addict' identity, or more specifically, a twelve-step 'addict' identity. By rejecting the expectation to consume 'normally' on one's own, individuals instead turn to the group in

order to recover through this 'admission', which is also a group affiliation. In doing so, OA members describe that they become part of a cohesive group, where the invitation to newcomers states that 'it is weakness, not strength, that binds us together' (Lifeline 2011e: 15). Similar to Alison's remarks earlier in this section, Mary explains how this empowers members after coming to the programme:

> I never say I'm powerless. I know a lot of people say that, but it doesn't say that in the book. It only says it once, in the beginning in past tense. We admitted we were powerless, and then it goes and talks about empowered and power and all that good stuff. It doesn't tell me that I'm powerless. I'm not powerless today. Today I'm empowered.

Alison, Mary and John all stress the importance that Step One played in their recovery, and John goes on to specify that surrender is not the same as submission. Instead, it is about keeping the self in alignment to a HP, as well as to others within the group (see Chapter 6, *OA and the Importance of the Fellowship*). All three of these members explain that this is an essential aspect of recovery, and that they have become empowered by turning to a HP after working the Twelve Steps.

This is consistent with Bateson's (1972) observations regarding AA, and similar to AA, OA continues to operate as 'a Durkheimian religion' for members (see Chapter 3, *OA and WW in a Culture of Consumption* and *Discussion*). It does so in the sense that the relationship between the individual and the community parallels the relationship between man and God (Bateson 1972: 333), and this can only occur through the communal surrender that takes place in the first and second step. When surrendering, OA members align themselves with others in the group through their communal admission that 'we *were*' powerless. This allows for a renegotiation of power in the second step, where members 'came to believe'

that a power outside of the self could restore 'us' to sanity (see Appendix 1). In separating beliefs about self-power into separate realms of *self* and *power*, a social dynamic is created within the group that serves as a power greater than any individual within it. Rozanne S. explains:

> …and together we can do what we could never do alone! No longer is there a sense of hopelessness, no longer must we depend upon our own unsteady willpower. We are all together now, reaching out our hands for power and strength greater than ours, and as we join hands, we find love and understanding beyond our wildest dreams. [Overeaters Anonymous 1996: 207]

This cohesion within the group serves as a continual source of complementary relationships for members (Bateson 1973: 333), and the Twelve Traditions of OA structure the organization in a way that ensures that the power of the group will always be more powerful than any given individual participant within it (see Appendix 2).

While John emphasizes that the subsequent steps are suggestions, most members describe that they worked all of the Twelve Steps, and they did so in chronological order. Members who have skipped steps or tried them in a different order often recommend against this. Sadie explains how she surrendered individual control when she began working the Twelve Steps, and the role that Step One played in her recovery:

> So I got that I was eating and eating and eating and eating and eating and I couldn't stop, and what happened was the sponsor that I was working with explained to me — she asked me a question. She was like, 'wait a second, wait a second, do you think you're getting yourself abstinent?' And I was like, 'what do you mean?' She goes, 'do you think you're the one that's going to get abstinent?' And it was — for me the dawning moment of like — because she was like that's completely impossible. So if you're going to attempt to do that it's never going to happen. You cannot

> get you abstinent, abstinence versus insanity is something that's given. And so the difference are really — were very, very — it was a great moment for me in my programme, in my recovery. And when I understood that I stopped trying I didn't not do the work anymore, I just stopped trying to get abstinent. So that streamed into every other area my life so if I was feeling unhappy or feeling anxiety ridden I stopped trying to — you know get out of anxiety, get out the problem myself which was how I learned how to live my entire life was like how do I get abstinent, how do I get what you guys have, how do I get what I want, how do I get the dreams, how do I get the money, how do I get the man, how do I get the... And my sponsor works with me constantly about getting rid of the getting, you know, not trying anymore. Not trying to figure this thing out because I can't and it all comes down to Step One because I'm completely powerless.

In following what Sadie describes here, there is a more general view in twelve-step programmes that states, 'the thinking that got you into the disease can't be the same thinking that gets you out of it'. The notion that 'figuring out the disease is part of the disease' is an important one, and OA members describe that the constant desire to consume 'normally' is a central part of compulsive eating. This leads to obsessive thinking regarding the consumption of foods, and as one member explains, 'the obsession is the fixed idea, the fixed idea that I can do something just one time. The compulsion is that once I get started I'm not able to stop'.

The first two steps address these problems with obsession and compulsion, and after admitting powerlessness, the subsequent steps offer an alternative to using individual willpower to try and control food intake and bodily appearance. As Sadie describes in her epiphany regarding the Twelve Steps, the handing over to a HP in the third step allows members to stop trying to control their compulsions. For Sadie this realization resonates to all other areas of her life. She describes that for her, the disease of 'addiction' is all

about control, and similar descriptions about problems with control are frequent throughout the stories used in this research. For this reason, surrendering control to a HP is central to working the first three steps, and one member summarizes this as, 'I can't. God can, so I'll let him.'

OA members describe that the moral inventory made during the fourth step helps them to take stock of who they are as individuals and how they have acted in the past. In doing so, members identify how they have responded to the world around them, and how this shaped their identities as well as eating behaviours before coming to the programme. Alison elaborates on her experiences with the Twelve Steps, with particular emphasis on the fourth step:

> Step Four was a tough one for me…the purpose of Four which, we [the speaker and some of her sponsees] discovered in Back to Basics[23] was that, you know, it's right and wrong. It's a moral inventory. The word moral means right and wrong. We make a list of things that we've done that are in alignment and the things that we've done that are out of alignment, and we make the list so that we go, 'Oh right, when I do this stuff I'm lined up with my ego or my disease, when I do this stuff, I'm lined up with God.'…Six and Seven's all about I want more of this stuff and less of this stuff. It's not about pounding me, it's not about whipping me, and trying to reinforce how often I've been out of alignment. That's not the point of Four; the point of Four is to take an inventory to go, 'right, look at the patterns of my life. They're totally patterns, right? Cause they keep happening over and over and over again', and then Step Five, you know, sharing it with someone else, is I found the ability to flip those things. To take those things that are in Step Four that I think are so horrible and shameful, and find the value in them.

It is evident from this example that the Twelve Steps have very little to do

[23] This speaker explains that Back to Basics is how the early AA members did the Twelve Steps in four one-hour meetings when people were still detoxing in the hospital.

with particular substances or food. They have to do with identity construction, and Alison describes how she used Steps Four through Seven as a way to construct an identity by examining past behaviours. In doing so, Alison explains that she was able to identify behaviours that were part of her 'disease', and replace these behaviours with more desirable ones. She explains that participation in OA and sharing in meetings is not about punishment, humiliation or repentance as other researchers have suggested (Stearns 1997: 122; 1999: 282). If these are a substantial component of the Twelve Steps for some, this was not described in the stories shared in OA that were used for this research.

Instead, working the Twelve Steps situates the individual in a particular point in time (the present), allowing them to understand their behaviours through a newly acquired twelve-step 'addict' identity (Denzin 1989). Experiences from the past are used to differentiate between the ways the pre-OA self was, and who the recovering self is. Furthermore, OA members describe that consuming foods 'addictively' numbed or 'took out' the self in ways that prohibited emotional growth, and members who self-identify as 'bulimic' or 'anorexic' also explain how their obsessions with food and the body had a similar negative impact on the growth of the self. For this reason, taking an inventory helps members to figure out who they are. In Step Eight, members make lists of the people they have harmed before becoming this 'awakened' self, and in Step Nine they make amends for those past actions.

Steps Ten through Twelve are known throughout twelve-step programmes as 'maintenance steps'. These are described as steps that help members maintain the spiritually awakened self that has resulted from working the Twelve Steps. Step Ten encourages members to continue to be accountable for their actions. Step Eleven maintains a consistent relationship to a HP for members, and the twelfth step in OA is to carry the message of recovery to

others. The focus of this last step is one of service, and since OA reaches out to new members through attraction rather than promotion, sharing the message of recovery is important for maintaining the Fellowship. Members refer to this as 'twelve-stepping', and they use this term to describe how they reach out to others by 'sharing' their stories of recovery.

OA AND THE IMPORTANCE OF THE FELLOWSHIP

Overeaters Anonymous, as implied by its title, is an anonymous Fellowship. OA as an organization refers to the group as a Fellowship (Overeaters Anonymous 2013a, accessed January 29th, 2013). This dissertation also uses the word community to describe the Fellowship in OA, as there is a distinct, communal identity that emerges from the stories shared by OA members (Featherstone 2003; Holt 2002). Staying connected to the community is of utmost importance, and members of OA do this through phone calls, emails, meetings, literature, podcasts and online meetings.

Anonymity is not to be confused with secrecy, however, and the anonymity in OA is used as a way to help members share their experiences with food in a social environment that is safe from the socio-cultural eating taboos present throughout larger society. In this way, members can self-identify as 'addicts', as well as share their experiences with food in a manner that does not expose them to negative social ramifications. One member speaks about the issue of anonymity in the programme and how she shares her story while upholding the tradition of anonymity:

> And I do speak very freely about that [experiences in OA]. I feel that we are called to do that, to be very open. Anonymity is not about being secretive. It's about being humble and I share whenever it's appropriate to share and I don't consider it a break of anonymity to do so.

In this way members are able to both share their food experiences with others in the programme as well as outside of the programme. OA members come from a variety of social positions, and Aiden explains that this aspect of anonymity in the programme reminds members of their equality:

> …Anonymity is simple to me. It's not about, if I meet you in the street I can't say, oh, I know him from OA. It's about being in the right size, knowing that I'm not any better in this room, I'm not any worse than anybody in this room. I'm just another one of God's kids like everyone in this room and if you don't believe it just keep coming back, work this programme and God will do for you what you couldn't do for yourself.

Anonymity in the Fellowship itself is a tool utilized by members in order to recover from their compulsive eating. The OA Fellowship allows members to exist as new selves completely separate from their identities in the outside world. Aiden describes that he is 'just another one of God's kids, like everyone in this room'. Therefore, anonymity is an equalizer in OA, and it also gives members the ability to express themselves with a safeguard against gossip.

Members of OA acquire a twelve-step 'addict' identity shared by other 'addicts' participating in twelve-step programmes. This twelve-step 'addict' identity as *the* primary identity, as well as abstinence becoming *the* number one priority, is a remarkable shift in perspective for a given individual. For some, this new way of life becomes all encompassing, while others emphasize that one should 'take what they like and leave the rest'. The commonality, however, of all members in OA is a shared identity that sets them apart from

other 'normal' consumers, and members use the term 'normie' to describe the type of person who can eat in a moderate way[24].

While many members struggle to acquire or accept this twelve-step 'addict' identity, others find comfort in the way that is sets them apart. As Alison explains:

> …You know people say I have a food problem and I didn't have a food problem, I had a food solution. Food was my solution, my problem was how to live, and you know when I came in here I believed the addicts were the flawed, broken, defective, sect of society. Not just the overeaters, but all the addicts. And since I've come to realize and see and learn as I come to connect with the other human beings in this programme I'm in, and see who you really are, and see who I really am, um, we're the seekers. We're the seekers. We're the ones that were born with such an insatiable desire to be connected. Because when we're not, we can't bare the pain and that's why we use.

This is defined through understandings of 'addiction' outlined in the 'Big Book' of AA (Alcoholics Anonymous 2001[1939]). Some members describe that for whatever reason they were born with a desire to feel more love than others. They explain that they desired more comfort, protection or connectedness than others, and that those needs were met with food. After coming to OA, eating behaviours can stop being used for achieving this desired emotional response. In order to meet these needs, members learn to replace compulsive eating behaviours with interactions with others in the OA Fellowship.

The Fellowship in OA is also used as a source of friendship and for forming social ties with others. In what would normally be an agonizing social event,

[24] This emerged from my data, and has also been described in Valverde and White-Mair's (1999) research discussing identities in AA.

one member, Philip, recalls how even as a teenager, he could rely on the Fellowship:

> I was so afraid, I remember in Junior High trying to go to dances and terrified of girls and I mean, just terrified. And then we heard about these AA dances on Saturday nights and I remember about six, eight of us guys and girls decided all to go together to this AA [Alcoholics Anonymous] dance and walk through our fears. And it was just so amazing what happened. You know and all of a sudden this person who was afraid of people, I had a Fellowship, I had, and people started loving me in a way. And still when I would think about myself I would cringe. That's how, you know, if I would think about my past I would cringe. And all of a sudden people started loving me enough that I started saying maybe I'm not so bad.

The group dynamic offers the possibility of being part of an in-group, and members who have gone for long periods of time without attending meetings describe that during those times, just the comfort of knowing that OA still existed served as a component of recovery from their 'addictions' (Lifeline 2011a: 20).

Overeaters Anonymous explains:

> Meetings give us an opportunity to identify our common problem, confirm our common solution through the Twelve Steps and share the gifts we receive through this programme. [Overeaters Anonymous 2013d, accessed February 9th, 2013]

Through meetings and interactions with others in the Fellowship, OA members listen to — and share their experiences with — general and specific topics. While the focus of the programme is on recovery from compulsive eating, OA members also share about other problems, and they can do so in meetings without feedback or interruption from others.

Having a sponsor and sponsoring others is another aspect of the OA Fellowship that members use throughout recovery. A 'sponsor' is another member of OA who is willing to act as a sort of coach or mentor. Newcomers are often encouraged to get a sponsor when first coming to the programme, and while having a sponsor is not a requirement, it is highly recommended as a crucial part of recovery by most long-time members. Sponsors can be contacted on a regular basis, and different sponsors and sponsees vary in how they do so. Natalie describes her relationship with her sponsor, as well as the role her sponsor plays in her recovery:

> So when I was around the ninth step I think, my sponsor went into relapse and I begged her, I said please don't drop me, please. Because she, whenever I called her she knew exactly what to say to me. There was just this connection and I understood that she was in relapse but my belief is she still had something to give to me. I knew it. I said just please, don't let go of me until I finish going through the Twelve Steps and I promise you I'll find another sponsor and so she agreed and so we went through the rest of the steps and then I'd call her once a week or, you know. I'd call her and she wouldn't answer the phone and that was kind of working for me, because I didn't have to be accountable and I was kind of liking it for a while. And then I realized that that wasn't a really good thing for me. That I needed to be accountable and I knew that in order to keep what I had, it was contingent on the maintenance of my spiritual condition. So I looked for a sponsor who I knew was very spiritual. And she's a grandmother and I knew she was loving and I was good friends with her husband who he too, had passed away so she was the whole widowhood thing going. And she's been sponsoring me ever since and she takes me to God over and over and over again…

Sponsors help members to work the Twelve Steps in the programme, commit to a daily food plan, as well as answering phone calls and sharing their own experiences with food in order to help others recover. Many members continue to utilize the same sponsor for years, even when they move or

relocate. Some members describe that their relationships with sponsors and sponsees resemble family ties or affiliations. Phrasing such as 'grand-sponsee' or 'great great grand-sponsee' are used in a way that indicates a heritage of recovery among groups within OA. While some of these sponsors are members of other programmes such as AA, they create a twelve-step network that crosses over into other programmes, yet share a common twelve-step 'addict' identity.

Another strength of this dyad system is the ability to share ones innermost thoughts with only one other individual during the process of recovery. While this is most often mentioned in terms of working the fifth step, it is also used on a daily, weekly or other regular basis. In this way, a close bond can be formed with another member of the OA Fellowship in order to discuss topics that one may not want to share with the rest of the group. What is also so important about this bond is that it can be broken without alienating the group. Breaking the relationship between sponsor and sponsee only dissolves one social bond within the Fellowship. Access to the rest of the group, however, should remain unaffected through this system of community ties. For sponsors, the aspect of sponsoring others is as much a part of their recovery as it is for those being sponsored. As one sponsor summarizes in the published literature, 'I cannot keep what I do not give away' (Lifeline 2010k: 6). Therefore, the benefits of sponsorship and recovery are for both members, and this aspect of the OA Fellowship is one of the most frequently utilized tools of recovery.

DISCUSSION

Problems with food, as well as problems with bodily appearance, are two aspects of consumer culture that OA addresses for its members. While the programme once operated more like a 'diet' club, today the focus of the

programme is not on weight loss, and members utilize the Twelve Steps in order to recover from numerous compulsive behaviours related to food and the body. This section first discusses the way OA addresses problems with food, followed by a discussion about the body, and concludes with a commentary about the role that the OA Fellowship plays in addressing these problems for their members.

The work of Thompson (2004) and Kristensen et al. (2011) is useful for understanding the ways that OA deals with problems of food consumption within consumer culture. Both of these works examine how 'alternative collective consumer identities and communities' (Kristensen et al 2011: 198) have emerged within consumer culture. This is especially salient for discussions about OA, where the ideologies of this group challenge broader social beliefs regarding the 'safety', or the 'addictive' potential, of particular foods. Similar to that observed by Thompson (2003; 2004) and Kristensen et al. (2011), members of OA create counter-mythologies that go against the myths surrounding particular goods, which are often created through advertising. In this way, the statuses of particular foods are transformed in OA, and members describe how they go from seeing certain foods as 'safe', to potentially dangerous and 'addictive'.

Understanding this form of consumer resistance is important, in that OA members do not actively campaign or engage in political movements in order to stop the production of these foods. Instead, members situate the problem of 'addiction' within the self. This reinforces broader social norms regarding self-discipline and control, where members acquire stigmatized identities as 'addicts' (Levine 1978). Similar to what was observed by Valverde and White-Mair (1999) regarding AA as an alternative to campaigning against alcohol producers (see Chapter 3, *OA and WW in a Culture of Consumption*), OA does not overtly challenge the food system in the U.S. Members acquire

different beliefs regarding their own individual responsibility to control food consumption, and they create alternative consumer identities that are twelve-step 'addict' identities through their interactions with others in the OA Fellowship.

OA members also challenge broader social belief systems regarding body maintenance and the responsibility to control bodily appearance through various forms of bodywork. Instead, members surrender control over bodily appearance when 'working the Twelve Steps', where the first step is an admission of powerlessness over food. This surrendering of control over the body is indirect in OA, and stems from the ways that food consumption is connected to bodily appearance within consumer culture (Featherstone 1982: 18; 2010). Furthermore, many OA members come to see their 'addiction' as a threefold disease, which includes the body, mind and spirit. In this way, the disease model OA uses, which was adopted from AA, challenges biomedical (i.e. Cartesian) understandings about pathology, 'disease' and 'addiction'. It does so through utilizing a threefold concept of 'disease', rather than a dualistic one.

OA members construct identities that often contest medical identities, and construct what Thompson (2003: 93; 2004) has called an 'empowering institutional identity' (see Chapter 6, *Recovery Using the Twelve Steps*). This allows members to use others within the OA Fellowship in order to deal with the various symptoms of what OA believes is a common illness. This rejects the idea that authoritative practitioners, or particular products, are needed to change behaviours that relate to health and wellbeing (Valverde and White-Mair 1999; Thompson 2003). It also provides the social support and sense of community that members may feel to be absent in the U.S. since the Second World War, which is consistent with Cushman's (1990) observations (see Introduction, *Identity and the Body in Consumer Culture*).

For this reason the OA community, or Fellowship, is a fundamental component of the programme, and Cheney's (2011) research (see Chapter 5, *WW Consumer Identities)* helps to better understand this. Cheney's (2011) participants explain that thinness allowed access and acceptance to social groups, and this was especially important for women from different marginalized groups in the U.S. Cheney's findings suggest that the OA Fellowship is an alternative solution to utilizing body maintenance strategies in order to fit into peer groups. Instead, OA members become part of a cohesive group, and no longer need to pursue a thin body for social inclusion. The acceptance and unconditional love that OA members describe about the Fellowship is indispensible to recovery for this reason, and in this way the OA Fellowship addresses a larger social problem in the U.S. It does so by providing access to social networks, as well as a caring community, which would otherwise be inaccessible without achieving certain body norms.

The Fellowship in OA is one that is based on anonymity, and their leaders do not govern. For this reason, there is not the same form of 'self-branding' (Hearn 2008) in OA that there appears to be in WW. Members of OA explain that anonymity is not about secrecy, but instead about 'staying the right size' in regards to their own value when compared to others. Therefore, while Cheney (2011) observed how women used their bodies as a vehicle for social mobility, the opposite is occurring in OA. The Fellowship serves as a way to reinforce group norms that stand counter to this, and members explain that anonymity is about becoming 'just another one of Gods kids'. This is consistent with what Holt (2002) observes about postmodern consumer culture, where members of OA 'opt out' of brand-assisted identities and pursue other forms of identity formation altogether. In OA, these identities are twelve-step 'addict' identities (Reith and Dobbie 2012: 518), which differ from the 'addict' identities ascribed by biomedicine.

While there are groups within consumer culture that form 'narrowcast gated consumption communities' (Holt 2002: 87), consuming only a small set of sponsored products, OA differs from this. OA members base their identities on *not* consuming particular products, and their descriptions of compulsive consumption before coming to OA are consistent with Cushman's (1990) observations regarding 'empty selves'. Members of OA are involved in a different sort of self-work than that described in WW, where the focus of OA is not on physical bodily appearance, but on the emotional experiences of the embodied self. As members describe that 'addictive' consumption removes them from social time, they explain that the 'awakened' self grows emotionally in OA. Members also explain that their programme provides a more manageable template for living, and this revolves around a shift in temporality, and living a 'present' life of surrender 'one day at a time'.

7 RECOVERING FROM ADDICTION: CONSTRUCTING IDENTITIES IN OVEREATERS ANONYMOUS

This chapter explores how food identities, health identities and 'addict' identities are shaped in Overeaters Anonymous (OA). This is important for understanding how twelve-step notions of 'addiction' and recovery influence eating behaviour through the identification with others. Many OA members see themselves as different types of people after working the Twelve Steps. This chapter explores how OA members describe these changes.

The identities of OA members differ drastically from the identities in Weight Watchers (WW). However, in both programmes they are constructed by sharing about similar aspects of their lives that have changed since joining their programmes (see Chapter 5, *WW Food Identities*). Previous research has documented how some members of OA come to see themselves as their 'authentic' selves after losing weight (Granberg 2011). Granberg's (2011) research focuses on one aspect of the self, which is weight loss and bodily appearance. The stories from OA used for this research describe changes in the emotional and spiritual self in addition to changes in bodily appearance, and OA members explain that they discover their 'authentic selves' through giving up the foods that were used to dampen or control their emotions. This chapter explores this, and also focuses on aspects of the physical body that are related to selfhood and eating behaviour (see Introduction, *Identity and the Body in Consumer Culture*).

Understanding how participation in OA helps members to construct identities is important in other ways. The stories 'shared' by members of OA describe aspects of everyday living that they perceive as influencing eating

behaviour. They explain how their 'addictive' behaviours numbed or 'took out' the self, and in recovery they construct new identities that revolve around different belief systems regarding food, health and 'addiction'. These give insight into the social dynamics within consumer culture that may influence patterns of compulsive eating.

OA FOOD IDENTITIES

OA states that they are a Fellowship of individuals recovering from compulsive overeating, and that everyone who desires to stop eating compulsively is welcome in OA (Overeaters Anonymous 2013a, accessed January 29th, 2013). Members of OA state that their primary purpose is to abstain from compulsive eating, and to carry the message of recovery to others who still suffer (Overeaters Anonymous 2013a, accessed January 29th, 2013). Therefore there is a distinct difference between the way that OA describes itself as an organization, the primary purpose given by existing members and those who are welcomed as members of OA. This results in a variety of more personal, individualized experiences with compulsive eating within the programme. Despite these differences, there are striking similarities in the ways members describe changes in the self during recovery. The final section of this chapter focuses on these descriptions of the recovering self, and this section looks at the more personal experiences with compulsive eating that brought members to the programme.

Food identities in OA revolve around individual experiences with eating, and members describe the ways that food and bodywork were used to control emotional states. While all OA members share a common desire to stop eating compulsively, they differ in the ways that these behaviours are used to control the self. OA members share a collective consumer experience of being 'absent' from their lives when eating compulsively, and members describe

that this occurs through the numerous ways that food can be used to 'take out'[25] or subdue the self. OA members describe how they were unable to control eating behaviours as the result of this. They explain that this inability to stop compulsive eating, as well as eating-related forms of bodywork, distinguished their shared experiences of 'addiction' from other eaters. For this reason (as well as the primary purpose stated by OA regarding those they welcome to their group), this dissertation refers to the communal desire to stop eating compulsively as the food identity shared by OA members.

According to the 2010 OA member survey, 41% of OA members reported that their problems with eating began when they were between one and ten years old, and that 24% reported having problems when they were between the ages of 11 and 15 (Overeaters Anonymous 2011). Members from OA explain that for many of them, the self could not grow and develop like others as the result of this. They describe how they used eating as a way to remove or alter the self, and that for this reason eating became a substitute for other behaviours that would have resulted in more manageable living. Many members explain that while obsessions with the body and the desire to lose weight brought them to OA, the sanity and self-discovery they experienced while working the programme kept them coming back.

As opposed to AA where members 'identify'[26] by saying, 'Hi, my name is _____ and I'm an alcoholic,' OA members have a variety of ways that they individualize their food identities when identifying. 'Compulsive overeater' is by far the most prevalent self-identification used throughout the stories

[25] 'What is it that takes you out?' is what one OA member describes asking when defining her personal binge foods. She explains that this is based on 'The Doctor's Opinion' of the 'Big Book' that describes how a psychological change is sought in 'addictive' consumption.

[26] A twelve-step handbook of recovery terms refers to this as identifying (Editors of Recovery Press 2011[2009]: 208), however the OA members whose 'shares' were used in this research did not use this term.

examined in this research. Rather than using biomedical labels for eating disorders such as anorexia nervosa (AN) and bulimia nervosa (BN), members tend to describe themselves as an 'anorexic' or 'bulimic' (as opposed to having AN or BN).

In their stories, OA members often include individual experiences with eating specific foods in the past, and how they abstain from these in the programme. Regardless of the food or foods used, the experiences of unmanageability due to these compulsive behaviours are similar among OA members. Josh explains his personal experience with his 'alcoholic' foods:

> …for me it was really — I mean, you know, it was really chocolate. I mean, man, that was like whew. I wish I could put that on everything, I mean, every — you know, whew that stuff was just incredible. And the smell of it, the texture I mean it was all, it was — and it was…I could solve world peace, I really could, I thought, you know. So what happened to me, oh, I did go to Overeaters Anonymous when I was about 13 and the reason is, you know, my parents, once they got sober they watched me gain weight. You know and they thought, what's the deal, you know? So they took all the sugary things out of the house. They took everything out of the house so that it wouldn't tempt me, they didn't eat dessert in front of me, fools. What they didn't realize is that as soon as they left to go speak I would wait the obligatory 21 minutes before I knew they wouldn't circle back because they had forgot something like their Big Book, whatever, and I would like run out to the store, I would steal money from them, run out to the store and buy, you know, chocolate fudge pop tarts, you know, 25 boxes of them or as many as I could with whatever money I could scrounge up…You know, it was just — that was what I did, you know, to survive.

In sharing about food in this way, Josh aligns his identity with others in OA, who, like him, believe that certain foods are 'addictive'. This challenges beliefs that everybody can consume these foods in moderation, and although

Josh specifically describes chocolate as his personal binge food, others in the group who have different personal binge foods can still relate to this 'share'. Therefore, OA members use an inability to stop, or control, certain eating behaviours as the common basis for identity construction. However, individual members construct more personal food identities within the group through 'sharing' about specific foods or behaviours.

'Sharing' about specific foods or types of foods is not always part of the story in OA. For some members, hearing about specific foods can trigger cravings, and therefore not all members discuss this aspect of their 'disease'. However, others such as Josh, describe that this is an important part of recovery, and he explains why he discusses specific foods during meetings:

> I talk a lot about food, I name specific food, this is Overeaters Anonymous, got to talk about it so I name specific foods, if that offends people I am sorry but this is my recovery and once I start glossing over it and saying, oh, it was a peanut buttery substance and, you know. It was Jif, okay, that's exactly what it was. You know, M&M's[27], Jif, Dunkin Hines, were going the whole distance. So — because, you know, my disease tells me that, you know, carob is chocolate, you know, and I can abuse it and after a while it just tastes like chocolate and then I eat massive quantities. And the reason is — and it says in our literature and I love this, it says, men and women, and I cross out drink and it says men and women eat essentially because they like the effect produced by food[28]. The sensation is so elusive that while they admit it is injurious they cannot, after a time differentiate the true from the false. To them they're overeating life seems the only normal one.

[27] Interestingly, while sugar and flour are the most common ingredients of foods that are described as 'addictive', OA members mention M & M's as the most frequent specific personal binge food. Out of the 178 members represented in the data set for this research, 15 people mention M & M's.

[28] This line is from 'The Doctor's Opinion' in the 'Big Book'.

Josh's description of carob is important. He describes how chocolate was his 'alcoholic' food of choice since childhood. He shares about how he continued to eat chocolate despite any obstacle, and jokes that his parents were fools to think that they could prevent a compulsive eater from obtaining his 'alcoholic' food. He further explains that he talks about his 'alcoholic' food in recovery in order to abstain from it, pointing out that in his own thinking, carob is chocolate. Therefore using food substitutes would eventually result in relapse.

The reason why this is so important is that Josh identifies an aspect of chocolate that is not about its potential to chemically intoxicate the body. Josh mentions that 'addicts' seek the pleasurable effect produced by food, and for him this comes from the pleasure derived from taste, which leads to the consumption of 'massive quantities'. This is consistent with Cronin's (2002) observations that it is not necessarily a chemical property of the food itself that causes it to be so 'addictive'. Instead, it may be the 'mystical properties' projected onto commodities through socially prescribed values and meanings that make them so 'addictive' (see Introduction, *Identity and the Body in Consumer Culture, consumer identity*). For this reason, Josh explains, he needs to be very specific when talking about food, as his compulsive eating is about consuming particular commodities, and not simply chemicals or ingredients such as caffeine or cocoa.

However, similar to those who describe chemical dependency, members of OA explain that they would find any way to consume their 'alcoholic' foods, no matter what the circumstances. They describe that compulsive eating is not about a lack of willpower, and that often it is having too much willpower that allows members to seek out their personal binge foods despite all odds. Similar to other 'addictions', OA members describe that their compulsive behaviour is an active experience of being unable to stop, rather than a

passive one. Members describe that they didn't have 'food problems'. Instead, they had 'food solutions', where food was used as a solution to everything (this was the problem). Eventually, however, the food stops working, and members of OA describe that larger quantities of personal binge foods were needed in order to elicit the same effect. In this way, OA members describe experiences with 'tolerance' that are also similar to other forms of 'addiction'.

Members describe how they obsessed about binge foods, and actively sought them out before abstinence. They explain that this involves a thought process that members describe as 'addictive thinking', and they explain that trying to control their eating behaviours and bodily appearances results in 'addictive' thinking, which is a distorted rationale. For example, OA members explain how they can talk themselves into eating certain foods, or plan and strategize in order to access personal binge foods. This requires a huge amount of time and energy, and members describe that this type of obsessive thinking is exhausting and all consuming. They explain that day-today living becomes completely focused on food consumption, taking priority over other aspects of life, and this eventually results in life becoming unmanageable.

Describing these experiences with others in the group does not appear to be confessional. Instead, these aspects of stories reaffirm a shared identity based on problems with food consumption, and members identify with each other through talking about their obsessions, 'addictive thinking' and the inability to stop certain eating behaviours. Joy explains:

> …This is progressive disease, I would then start binging before I got to work and I was so sick I could like, I would lie and I'd have to miss work or once I got to work I would be binging there, kind of eat, eat, eat, wait on tables, eat, eat, eat, wait on tables and I would then pretend I was sick cause I had to go home early. But what I really wanted to do was go to

> this bakery. This Italian bakery on Second Avenue and I wanted to get there before they closed because they had my favorite Italian dessert. True. I mean, you lie…you do whatever you do to take care of your habit, so to speak.

Joy 'shares' in a way that reinforces her identification with others in the group. By explaining that 'you do whatever it takes to take care of your habit', she speaks to others in the group who share similar understandings as to why she behaved like this. Furthermore, Joy describes eating certain foods as her 'habit', and this reinforces the idea that certain foods are drug-like in their ability to induce cravings and withdrawal. Telling stories about food in this way reinforces a shared belief in OA that compulsive eating is an 'addiction', and that certain foods are similar to drugs in their ability to result in this type of unmanageable behaviour. This reaffirms the idea that 'addiction' is situated within the self (where Joy describes it as a 'progressive disease'), and that a food as specific as her 'favorite Italian dessert' was her drug of choice.

Understanding compulsive eating through notions of drug 'addiction' and alcoholism are described as important for some members as part of their process of recovery. It releases members from the shame and guilt that comes from consuming in ways that go against wider social norms, as it reinforces the idea that they suffer from a 'disease', rather than a moral failing (Levine 1978: 15). Therefore, the stories 'shared' in OA can be understood as empowering through the ways that OA members construct identities around food. This is because members describe food behaviours that stand counter to broader beliefs in the United States regarding portion control and moderation, and rather than ostracism and social exclusion, such descriptions are met with understanding and social acceptance. Sadie explains how she came to see her eating behaviour as 'different' from others:

> I was really like an alcoholic with food. For some reason when I first came in I needed for some reason just to prove how food is just like alcohol. For now I don't really need to make the comparison. I know I have a severe addiction and I don't really need to prove it, but back then in college I used to. My friends used to have put me out with a napkin over my forehead and a bucket next me, and we would call it getting drunk on food. We knew that we had this compulsion but at the time it was like we were in so much denial that we could have denied that we were even doing, or getting…and then it stopped being so funny and other people started growing up and they stopped eating and I kept eating.

Sadie's description about the way she ate in college is salient. Social norms allow for this type of eating behaviour during this life stage, and Sadie describes that while others 'grew up' and stopped eating, she could not. Therefore, Sadie constructs an identity within the group by 'sharing' about how she perceives her eating behaviour to be fundamentally different from 'normal' eaters. In acquiring this identity as a compulsive eater, Sadie constructs a food identity that revolves around the failure to meet the socially prescribed norms within the U.S. regarding self-restraint and control (see Chapter 3, *OA and WW in a Culture of Consumption*). Given the pervasiveness of these belief systems, these food identities are difficult to maintain outside of the group, and for this reason OA members use the Fellowship in order to reinforce them. They also use interactions within the Fellowship as a way to interrupt patterns of obsessive thinking, and OA members frequently reference the 'Big Book', which explains that the desire to regain control is the obsession of every compulsive eater (Alcoholics Anonymous 2001[1939]: 30).

OA members explain that without the group, compulsive eaters often think their way into numerous problematic behaviours by trying to regain control. These include invasive surgeries, dangerous biomedical interventions,

purging, starving and yo-yo dieting. Members describe how previously held beliefs about control drove these patterns of thinking, and that this is a fundamental part of their 'disease'. Alison explains:

> I was even going to get that lap band surgery. You know, I went and had the whole consultation with the doctor, blah, blah, blah and get the lap band and after you spend $20,000 and you're in the hospital and you have to fast for, I don't know, two weeks before [and] fast for two weeks after it. I'm like, I'll lose 100 pounds just by doing that, and then he said the magic words to me: He said, 'Well after we do all this surgery, and after you recover and when you have this little tiny hole for the food to slip through, if you eat small bites of fatty food, the surgery won't work.' And I said, 'Small bites of fatty food, like potato chips?' And he said, 'Oh yeah. There's no surgery that can beat potato chips.' And I was like, 'I'm screwed'. Like, here I'm ready to do this and I just figured out how to get around it. Thank goodness I figured how to eat around it before I did it because I just would've figured out how to eat around it after I did it. 'Cause the problem wasn't in my body, the problem was in my mind. I had an emotional problem. I had a thought problem and so the first thing that I learned to do was put the plug in the jug[29].

Another member, Jennifer, shares:

> Quite honestly I never drank very much. I'm a true compulsive overeater. Drinking was way too high in calories for me. I didn't drink that stuff. But drugs, calorie free — liked that stuff. You know, not only did I like that stuff, it took my appetite away. Cocaine! Thought it was a miracle. Like, okay. This is great. Takes your appetite away and you can work out for like seven hours. You know? And so, you know, as a compulsive overeater, you know, I had both ends of the disease.

In examining both of these stories, it is easy to see how OA members construct food identities based on a new common understanding that this

[29] 'Putting the plug in the jug' is a phrase from AA that explains the need to abstain completely, rather than try and moderate.

type of thinking about food consumption is not 'sane'. While Alison explains that she went to get lap band surgery in order to stop eating, Jennifer describes that she attempted to achieve the same result by using cocaine. Both members identify their intense desire not to eat, and they both explain that trying to control their food consumption in this way was part of their 'disease'. Furthermore, members of OA share a common understanding about a solution for this unmanageable way of thinking. Alison points out that she has a problem with her emotions and her mind, and not simply a problem isolated to the physical body. Therefore, abstinence, rather than moderation, is described as a shared belief within the group regarding how to deal with this problem (i.e. 'put the plug in the jug').

For this reason, numerous OA members describe how they also give up other behaviours such as cigarette smoking, stimulants and appetite suppressants after coming to the programme. They also give up crash dieting behaviours, going to the doctor for dangerous injections, commercial weight-loss schemes, laxative abuse and vomiting. OA members share an understanding that all of these behaviours result from 'addictive thinking', where the desire to control these aspects of the self is so intense that it takes precedence over everything else. Therefore, despite the differences in the strategies of control previously utilized, OA members acquire a new identity that centers on surrendering control over their food and bodily appearance. In recovery, members describe that they abstain from these 'insane' behaviours, and emphasize that they are dangerous, overly time consuming and shallow. They describe a shift in priorities in OA, where their entire lives are no longer focused on food and bodily appearance.

Numerous members describe that they developed other 'addictions' by trying to control their food using stimulants (such as crystal meth, diet pills, fen-phen, black beauties etc.) however not all of them describe that these

behaviours became 'addictive'. What differentiates between 'addiction' and chronic use, members explain, is the ability to stop the behaviour. This reinforces a shared food identity within OA that differs from a more general 'addict' identity, in that regular use of drugs is not seen as a separate 'addiction' as long as the person can stop. For example, Ellen explains:

> …I would binge in the morning…Well, you know, those things start out kind of in a way innocently, but for me it turned into an addiction that I was powerless over, and then it had no rhyme nor reason. I didn't eat for any reason. I ate for every reason and no reason, and I never could stop. I wanted to stop. I felt — it was horrible. I even had a great idea one time. I thought, you know what? What about if I just threw up after I overate? I was really smart…I did try that, but fortunately I didn't get addicted to that…There really was only that addict for about ten years to food. I don't consider myself a drug addict because I did stop when I decided to stop, I stopped…I was brought to my knees by compulsive overeating and food addiction and I couldn't stop, even when I wanted to. I never could stop once I got addicted.

In this way, the telling of stories in OA reinforces a common food identity among members, where Ellen describes that 'compulsive overeating and food addiction' are their own unique 'diseases'. This reinforces the idea that OA members share an understanding that they are different than those who they perceive to be 'normal' eaters, and this shared basis for identity formation results in a cohesive community dynamic in the way that members align themselves with others in their group.

By identifying with others in OA who similarly could not control or stop their problematic food consumption, Ellen becomes part of an 'in-group' by 'sharing' her story. While this allows for a cohesive dynamic within the Fellowship, the food identities acquired in OA are stigmatized, in that they fail to meet the strict social norms regarding self-control within the U.S. This

makes OA members part of an out-group outside of meetings, and members explain that for this reason they constantly have to attend meetings in order to reinforce the severity of their 'addictions'[30]. Importantly, this means that OA members share a stigmatized identity based on food behaviours, rather than stigmatized bodies, and recovery revolves around emotional and spiritual growth, rather than weight loss.

Some of the experiences of compulsive eating in OA are not about overconsumption, and members also describe an inability to stop food behaviours such as starving and restricting. For example, Emily describes:

> I was getting outside help at the time, and I remember I was seeing her for depression and she started asking me, like, about my food and I thought that was kind of weird, but I would tell her. You know, she was like, 'what did you have for lunch?' And my lunch usually consisted of fat free, sugar free, carb free everything… you know…and nothing, or I just ate so much food and I feel like crap, you know, and she was really concerned and she started talking to me about anorexia and I'm like, 'I'm not an anorexic, I eat.' Like I thought — my whole idea of anorexia was that you just — you don't eat for days and days and days.

This member explains that the obsession with eating was influenced by the social meanings of particular foods. More specifically, Emily identifies foods that she believes to be 'fattening', such as fat, sugar and carbs. Social attitudes in the U.S. expect moderate consumption of such foods, and therefore Emily describes her anxieties and fears about consuming them. Other members describe similar ways that social meanings influence patterns of food consumption. These include foods that were eaten during childhood, as well as during special occasions throughout the year. In talking about these foods

[30] While 'addict' identities are stigmatized identities throughout many Western societies (Cain 1991; Reith 2004), Valverde and White-Mair (1999) explain that the stigma surrounding alcoholism has greatly diminished, and depending on the social circle, being a recovering alcoholic may even bring some cachet (1999: 401).

in their stories, members acquire new belief systems about how to consume such foods, where one member may abstain from a food that another is trying to include in his or her food plan.

OA members explain other ways that food meanings influence compulsive eating behaviours. For example, members explain that they rationalize themselves into eating certain foods by distorting these meanings through 'addictive' thinking. Ethan explains:

> Somebody in this programme once said, 'If you were left alone in the room with God and a Twinkie, that Twinkie would become a vegetable.' And it can, and that's the way it would've been — and that's the way it is — for me…I've got to have that other person. I've got to have people and program in my life that say, 'no, it's a Twinkie. Looks like a Twinkie, barks like a Twinkie, must be a Twinkie.' And anyway, I don't eat Twinkies or any of what I would call recreational sugar. You know recreational sugar is kind of like pornography. You can't define it, but you know when you see it.

Ethan identifies the important role that the Fellowship plays in maintaining his food identity within the programme. Alone, Ethan explains that he can talk himself into thinking that a Twinkie is a food that he can stop eating once he starts. However, by talking to others in the OA community, Ethan reinforces the idea that this is not a source of nutrition (such as a vegetable), and should therefore not be consumed. In doing so, OA members construct identities that share many common beliefs about which foods are 'addictive', and which are not. In referring to 'recreational sugar', the group shares an understanding about the dangerous potential of this food. Therefore, OA members share a food identity that revolves around eating for nutritional needs, and while members describe that they still enjoy eating their meals, food consumption is no longer used as a leisure activity.

The ways that OA members talk about specific foods gives further insight into how more personal identities are constructed within the group. OA members with specific binge foods do not usually identify using substance-specific understandings of 'addiction'. For example, while members identify as 'compulsive overeaters', very few describe themselves as 'sugar addicts', 'chocoholics' or 'carb addicts' when 'identifying' at the beginning of their 'shares'. However this does not mean that their identities are not influenced by the importance that these specific foods once played in their lives. Stacy explains:

> I remember sitting in a meeting in the very beginning and heard people talking about not eating chocolate and that idea was so alien to me. I wanted to leave, I didn't think, you know, life worth living without certain food items because that was my life, you know, that was it…you know, food was like my heroin. It took me to a place that just made everything kind of numb and shut off the feelings and the problems…and it really felt like it was coming off a drug for me when I was coming off food.

OA members construct more personal food identities when talking about food in this way. For example, while one member may never be able to eat chocolate again, another may include this in his or her food plan. Therefore, the meanings of specific foods change for groups of people within the programme who share similar experiences with compulsively eating specific foods. While this reinforces a common understanding within the group that specific foods are 'addictive', talking about these foods influences identities within the programme in more personal ways. It appears that much of this type of identity construction occurs when working with a sponsor, and numerous members explain that they asked people to be their sponsors after hearing them share about similar experiences with personal binge foods.

In their stories, some members explain that they reclassify types of foods as non-nutritional, such as one member who states that they no longer put C-R-A-P (caffeine, refined carbohydrates, alcohol, and processed foods) in their body (Lifeline 2011b: 3). Numerous members utilize this type of vernacular to describe food, and this is reminiscent of words used to describe problematic drug behaviours and alcohol consumption. Some members describe their personal binge foods using active comparisons to other drugs. Natalie shares:

> …When I started working with this sponsor and she had me read Doctor's Opinion again and for the thousandth time. That's where I read and I heard about the phenomenon of craving. I said, okay. What is it that takes you out? And it's the white flour. I mean, give me a quesadilla and I go into, it's like having a joint. I like being put into a coma. I'm not a speed freak; I like the coma stuff. So, one day at a time I don't do any white processed foods; flour, sugar, whatever.

Flour and carbohydrates are often described in ways that are similar to depressants, and Natalie describes a quesadilla as a 'joint'. This reinforces the idea that certain foods can be consumed in ways that elicit a particular emotional response, which can 'take out' or make the self absent from social time. Natalie individualizes her food identity within OA by describing this as her personal binge food, and she explains how she came to conceptualize this as her 'drug of choice' after reading the Doctor's Opinion in the 'Big Book'. Furthermore, Natalie has a distinct understanding of what constitutes a 'speed freak' when telling her story (this would be like Jennifer, who talks about cocaine and exercise earlier in this section), and she constructs an identity around her own personal binge food that is similar to those discussed in other drug 'addictions'. This more individualized way of constructing an OA food identity still occurs through the 'sharing' of stories, as members can differentiate themselves from others within the group by describing their food identities in highly individualized ways (i.e. 'I like the coma stuff').

OA stories are full of descriptions about ways that certain foods can be used to alter emotional states, and these aspects of 'shares' challenge broader social norms regarding the 'safety' of certain foods. For example, another member explains that before OA, food was used as a tranquilizer, while others describe how they got 'stoned' by consuming foods such as white flour. Zoey explains:

> I was [in a profession] and I'm stoned out of my head on bread and pasta. I never liked the stuff and I just couldn't stuff enough of it in me to stay numb…I lived in a condo…[that] was in the back of a building and I had to buzz people in…I would buzz them in [and in the time it would take them to walk to the back of the building]…I would down a box of cereal to calm my nerves to be able to open the door to them… My biggest binge food was bagels. That was it. I would eat a dozen at a time and they were almost always in the car… It took a long time and a lot of work to really believe that I was powerless. 'Cause how could a crouton get me to my knees? It does! It does — a crouton will kill me at this point of my life. I'm not dead, but it could kill my soul; one crouton leads to a loaf of bread for me, so it kills me…and how could you tell somebody…you know, I had the best jewelry, I had like good clothes, the good car. How could you tell me I'm powerless? I couldn't believe it. But I believed it after a while because I am, you know, I am.

This inability to moderate carbohydrates is compared to other markers of social class. Zoey understands an incongruity between the willpower needed to achieve the best jewelry, clothing and car and the inability to use that willpower in a way that can moderate something as trivial as a crouton. Her point is salient, and she identifies that there is a difference between the ability to obtain high status objects, and the inability to refrain from over consuming devalued ones. Therefore, the identities constructed in OA are not about having a complete lack of willpower as a person in every area of life. Instead, they are about surrendering control over this one particular aspect of their

lives, and for Zoey, the food identity acquired in OA is more individualized in the way that it revolves around the problematic consumption of bread and pasta.

Sugary foods such as cookies, candy, cake, ice cream and chocolate are the most recurrent foods discussed in the stories from OA. This was the case in my data, and is supported by what others have published regarding 'addictions' to sugary foods (Ahmed 2012; Avena and Hoebel 2012). Furthermore, confectionaries are consumed during social gatherings as a form of celebration in the U.S. (Counihan 1992; 1999), ascribing emotional meanings to foods such as birthday cake, Christmas cookies, Halloween candy etc. This means that holidays and celebrations are frequent opportunities to consume these foods, which are constant challenges to maintaining abstinence. OA members talk about this, and they give similar descriptions to the 'shares' from WW regarding how hard it is to maintain a way of eating that limits the consumption of these types of foods (see Chapter 5, *WW Food Identities*). What makes the 'shares' in each programme different is the emphasis on moderation in WW, and complete restraint in OA, and OA members explain that when eating around 'normal' eaters, it is especially hard to maintain a food identity that is based on an understanding that certain foods act as 'allergens' to their bodies (see Chapter 6, *Overeaters Anonymous*).

OA members describe the intense emotional relationships that they once had with foods such as sugar. For example, Erin explains:

> And I went into mourning for sugar because it was my best friend…and I cried because I couldn't eat my granddaughter's birthday cake, and not only couldn't I eat it this year, but I couldn't eat it any year. I could never eat it, and I thought that was so sad, but I realize now how shallow my thinking was because I've learned so much since then that it's not about

> the cake. It's about my granddaughter. So I don't need to eat the cake to celebrate her birthday. I just need to be with her to celebrate her birthday, and so my thinking has kind of done a complete 180°.

Many OA members describe that they are more comfortable interacting with these foods than they are with other humans (Lifeline 2010k: 18). Erin explains that for her, sugar was her best friend. OA members describe that using food in this way is comfortable because unlike people, food does not interact socially in negative ways. For this reason, they explain, the 'disease' of compulsive overeating is an isolating one. Members stress the importance of meetings as the solution to this isolation, and that this is a crucial role of the Fellowship. For example, when faced with a problem, members call a sponsor or a programme friend to talk about it, and this provides an alternative solution to using food. Therefore, rather than relying on specific foods such as sugar as a basis for identity formation, OA members come to rely on other people during recovery, and they explain that this results in a more manageable way of life.

Bjerg's (2008) work examining drug use, 'addiction' and capitalism is salient given the descriptions about food in this section. As discussed in the Introduction (see *Contextualizing this Thesis with Existing Research on OA and WW*), Bjerg (2008) suggests that drug use temporarily sates a desire created within consumer culture. Furthermore, it does so with 'junk', or as Bjerg explains:

> The drug user undermines the ideology of consumption by demonstrating how enjoyment…isn't best achieved by way of the glittering, flashing, beeping and thrilling commodity objects praised on the market but rather by way of drugs so clinically cleansed of sensual qualities that they may hardly be characterized as objects. Drugs are so miserable that they go by the name of junk, garbage. [Bjerg 2008: 17]

In the descriptions regarding food identities in OA, members of the programme describe experiences with food similar to this description observed by Bjerg (2008) in his research on cocaine and heroine use. Most OA members describe how before coming to the programme their entire lives revolved around food and eating. They explain that they used food in order to fill a 'hole' or 'void' that they felt within themselves, and that they often tried consuming other objects in order to do so.

However, the descriptions of 'drug' consumption given by OA members highlights an important aspect of compulsive eating that is not consistent with Bjerg's (2008) observations. With eating, the 'drugs' are not cleansed of their sensual qualities. Furthermore, while personal binge foods are still referred to as 'junk', 'garbage' and 'crap', OA members do not have the same social recognition outside of the group that their 'drugs' are equally 'addictive' as others. Members explain that this makes the experience of compulsive eating even more astonishing than that observed by Bjerg (2008). Whereas heroine users sate the desire created within consumer culture with highly controlled, illegal non-objects, compulsive eaters describe that they can do so with something as trivial as a crouton, sugar or chocolate. This makes the identities constructed in OA all the more difficult to maintain when interacting with people who are not in the Fellowship, where members describe how hard it is to explain to others that they are recovering from 'addictions' to food.

This brings up an important difference from other twelve-step programmes, in that OA members cannot abstain from food altogether. While alcoholics refrain from alcohol, and cocaine 'addicts' from cocaine etc., OA members have to find the specific 'drug' or behaviour that 'takes them out' in a way similar to that described by Bjerg (2008). These 'alcoholic' foods, or 'personal binge foods' vary for each person, and therefore it is the common experience

of not being present, or using food to alter ones emotional states, that OA members similarly seek to abstain from. For this reason, the identities constructed in OA revolve around specific foods, categories of foods and problematic eating behaviours, and these are more complex than those described in many other twelve-step programmes (see Chapter 6, *Overeaters Anonymous*). Furthermore, these highly individualized food identities may change over time, and members of OA describe that these aspects of the self 'evolve' over time in the programme.

OA HEALTH IDENTITIES

Members of OA often describe quasi-medical understandings of 'addiction' in order to make sense of their compulsive eating as a 'disease'. Similar to AA, Narcotics Anonymous (NA), and other twelve-step programmes, OA uses a twelve-step understanding of 'addiction' for recovery (Valverde and White-Mair 1999; Sedgwick 1994). OA members understand 'addiction' as a threefold 'disease' that is physical, emotional and spiritual (Overeaters Anonymous 2013a, accessed January 29th, 2013; 2013c, accessed January 27th, 2013). Members may come to OA in order to deal with physical aspects of the body (for many this is weight loss), however recovering using the Twelve Steps often involves surrendering control over this. This threefold understanding of compulsive eating as a 'disease', which many refer to as an 'addiction', serves as the foundation for identity formation related to notions of 'health' after coming to OA.

Descriptions regarding perceptions of health vary among members in the programme. One member explains how she maintains her health in OA by asking daily, 'what can I do today to keep me spiritually fit, physically fit, and emotionally sound?' This member describes how health is no longer understood as merely a physical state. Many OA members share an

understanding that compulsive eating is a chronic, incurable 'disease', and while members do not describe OA as a 'cure', they do describe it as a solution. They explain that recovery is a continuous process, and that it involves living one day at a time, working the programme and interacting with others in the OA community. By making abstinence a primary priority, OA members share common belief systems regarding what constitutes 'healthy living'. While all OA members describe their recovering selves as 'healthier', there are more individualized ways that members describe these changes. This section explores some of these, as well as how sharing a common understanding about recovery in OA changes the ways that OA members perceive their own health.

Members share about how their recovering lives are 'beyond their wildest dreams'. This is one of the most remarkable aspects of how members describe changes in health, given that the 'Big Book' and OA understand 'addiction' as a chronic, incurable 'disease'. It is counterintuitive that acquiring an identity with this understanding of 'disease' can result in perceptions of improved health. However, members from OA describe that there is no incongruity here. They explain that while biomedicine has not found a solution for their 'disease', the solution offered by OA results in improvements in all areas of life. Members describe that before OA their lives were miserable, and that abstinence and recovery restored their sense of self. Joy describes her health without recovery:

> It's Hell. It's, it's, it's death to me. It's living death. I, I would go back to not, not being a human being. I would, I would feel like I would want to kill myself. It's, it's not worth it to me.

Thus, members perceive tremendous value in recovery, and some describe how they would have died without the programme and that their lives are at stake if they relapse. Given the ways that members talk about a process of

restoration and self-discovery when working the Twelve Steps (see Chapter 6), even if OA members do not fear physical death, relapse involves a loss of self[31]. Therefore it is equivalent to death in many ways, and while it is easy for researchers such as myself to apply theoretical models to understand the self-work that occurs in twelve-step programmes, OA members explain the seriousness that this type of 'work' has for them.

The stories from OA used in this research describe how beliefs regarding aesthetics influenced their compulsive eating. OA members frequently share about how the desire to be thin drove many 'unhealthy' (often dangerous) food-related practices before coming to OA, and that for this reason a continual revaluation of health and wellness over thinness is an important part of recovery. These members explain that while this is not an easy aspect of recovery, the 'tools' in OA make this part of recovery more manageable.

Members describe that before OA, thinness was something that they believed would bring happiness. Some explain that their entire sense of self depended on bodily appearance, and for this reason slimming behaviours were made a priority over other health practices. Through a shared understanding of a solution to compulsive eating, members describe that they were able to stop seeking emotional fulfillment through achieving a particular bodily appearance. Therefore, members no longer utilize previous strategies for weight control, as many believe that trying to control this aspect of their lives was part of their 'disease'. Linda explains:

> And it hit me. If you would just do this one thing, and it just hit me…we want to control everything and control everyone, and when I walked in at age 18 having binged my guts out, I'd been on pre-digestive liquid

[31] Granberg (2011) has a similar conclusion regarding weight gain. However, I utilize Reith's (1999) understanding of 'addiction' and the self, where the absence of the self during 'addiction' is attributed to 'addict' time, rather than appearance of the physical body.

> protein…I did Dr. Atkins the first time around in the 70's and it was sticking those little tabs in my urine to see if I was in ketosis or whatever it is, and yeah, and so at Weight Watchers I still have my card… my disease was I was always on a diet. And I really truly believed that if I just got thin several things would happen. One, mainly, I'd be so happy that I would never want to eat again…and, you know, just — I use to think it was just a phase. I mean I think we all do.

Some members share about how before coming to the programme they also experienced compulsions with 'healthy' behaviours such as diets and exercise. These members suggest that such weight-loss strategies can become compulsive from the way that they can be used to control bodily appearance. Linda goes on to share about this aspect of compulsive dieting:

> How many messages they say we get hit with like 45,000 advertising messages a day, and that 38,000 of them are diets, you know, the new diet, and it tells you over and over again you can control, you can control, you — and there's a part in the Big Book that says the world out there aids and abets our disease in telling us that we can control this, you know… so that was the thing. Wake up, bound and determined one more time. This is the beginning of the end of fat. And the day would go on and really, usually very early on into the morning my head would start to say, would start to obsess about what I would eat if I could, and it just turned into this fight, this exhausting fight. I will, I won't, all the reasons I should, all the reasons I shouldn't…and very often for me by about four o'clock in the afternoon I'd be so exhausted and overcome by the addiction and the obsession, that I would decide to eat, and I love to say that was always a two-part decision because it was first, F it, I'm going to eat, and part two, doesn't matter 'cause I'm going to start again tomorrow anyway.

For this reason, numerous OA members abstain from diets, as well as certain foods (A. 1994: 55). Many share an understanding of 'addiction' that includes obsessions with food, as well as bodily appearance. Linda expresses an

understanding that consumer culture enables denial by reinforcing socio-cultural norms regarding control and consumption. She remarks that this social dynamic is identified in the 'Big Book' as one of the social factors influencing 'addiction'. She explains how this fueled her experiences with compulsive eating through the exhaustion that came with obsessive, 'addictive' thinking.

OA members describe other ways that prior belief systems regarding control and health influenced compulsive behaviours before the programme. They explain that after losing control, these same belief systems reinforced the idea that they would eventually be able to regain control. Sara shares:

> I just figured I hadn't found a gadget, the gizmo, the pill — I hadn't found that magical cure yet. I figured I will get control. I will absolutely get control one day. I just needed to find that magic gizmo that's going to give the control back to me. You know, and all I wanted to do was eat whatever I wanted and keep the weight off.

Numerous members believe that new food rules are not enough to achieve sanity from their obsessions with food and bodily appearance. They explain that food is always there, and that food rules alone are not enough to give relief from the spiritual and emotional aspects of their 'disease'.

Compulsive eaters in OA explain that controlling food in order to lose weight can be just as 'addictive' as the food itself. This occurs through how it can alter or subdue the self through the rewards associated with achieving a thin body. Members explain that for this reason, slimming strategies can 'take out' the self in the same way as specific foods. Similar to experiences with personal binge foods, numerous members explain how everyday living once revolved around diets and exercise in unmanageable ways. Harper talks about her experiences with this aspect of her 'disease':

> …I got crazier and crazier and more obsessed and, you know, so I started on this diet and there was some counting and this and that, and I was like okay, I can do that, you know. I'm willing to weigh and measure. I'm willing to portion things out, and I felt good about myself…Like I felt like, oh my God, I'm so worthy and so valuable now that I weigh, you know, less...

> …so, you know, we're [Harper and her boyfriend] going along doing our professional stuff, whatever, professional life, weighing, measuring, going to these meetings, la, la, la, being really rigid about food…You know, really rigid about food. You have to go to this restaurant. I can't go to that restaurant. If we go this restaurant I have to be able to look up the menu online or have some reference to know what I'm going to eat and if I don't know, I would, I would freak out.

OA members describe how these 'healthy' understandings of different ways to eat resulted in unmanageable living. They describe that the more they tried to moderate consumption using their previous health ideals, the more obsessive they became, and this this eventually resulted in compulsive or uncontrollable eating. Members explain that for this reason, compulsive eating is not isolated to experiences with binging or unrestrained eating. It also includes eating behaviours that are erratic and neurotic[32]. OA members talk about this aspect of compulsive eating, and share about their similar experiences regarding the amount of time that they invested in trying to control their food and appearance before the programme. In recovery, members attribute their improved health and wellbeing to living a life of surrender, and they share a belief with others in the group that this is a more functional approach to everyday living.

[32] There is a joke in OA that when newcomers first come to the programme and say that they are 'F-I-N-E', this stands for 'F**ked Up Neurotic & Eating', and several of the stories mention this.

Broader social norms influence these perceptions regarding control and health through the ways nutritional science connects food intake to bodily appearance. OA members describe that knowledge about food, exercise and metabolism are not enough for achieving moderation. For some, it brought on other forms of compulsive behaviour. Nathan explains:

> I got into that compulsive exercising — I called myself an exercise bulimic. It's just, it's…the thing about being a compulsive overeater…the thing about being a compulsive overeater is if you go on diets, diets actually work but the problem is they only work on one level, which is the physical level. So every time I'd lose the weight, you know, I did, I wasn't dealing with the emotions that I was eating over, which was primarily fear, insecurity, low self-esteem (the usual suspects), and, and I wasn't dealing with a spiritual void, okay…I got into compulsive exercising. I was literally, I was, I remember I was a member of the Judo Club and I was lifting weights, I was swimming about a mile at a clip at the University of Miami pool and I was running and all part of this, you know, somehow it'll be different thing. I remember at one point I got up to like 12 miles in Miami, 90° heat, 90° humidity and in the middle of the day when nobody was running…it was before the running craze fully hit, you know, and people would just look at me like I was nuts.

OA members describe how instead of moderation, knowledge about metabolism can lead to more extreme dieting behaviours such as over exercising, vomiting and starvation. Members share about how these behaviours start in ways that are controllable, but can quickly become compulsive. They explain that for this reason, compulsive eaters must surrender control over such behaviours. In their stories, members of OA describe their common belief that trying to control the body in this way resulted in unmanageable living. In this way, they acquire health identities that challenge broader social norms within consumer culture that emphasize the importance of this type of bodywork.

In learning these new ways for addressing health behaviours, one member explains that he asked his sponsor if there was any exercise he could do to lose weight, and his sponsor replied, 'yeah, run up and down the Twelve Steps'. Therefore, 'healthy' weight loss in OA is understood as the result of abstinence, working the Twelve Steps, and surrendering control over the body. Another member, Helen, shares:

> So I say this to people, when your food gets wonky, don't focus on the newest diet; don't try and control your food. If you got to do food out, you got to put more God in.

This differs from previous beliefs regarding control and health. Attitudes regarding exercise and health change in the programme, and these new beliefs towards exercise and health are reinforced by 'sharing' ones story and listening to the 'shares' of others in OA.

Unlike personal binge foods, there are ways that 'diets' and exercise can be incorporated into recovery. The ways that these are incorporated into recovery also varies for members, and depends on how 'diets' and exercise were used in the past. Members explain that with 'addictive' thinking, such reflexive body techniques can become compulsive at any stage of recovery. For this reason, members talk about how they work with their sponsors in order to come up with more personalized ways of incorporating food plans and exercise as a part of recovery. This often has to do with examining the motivation behind such behaviours, and being honest about whether they are being used to control or 'take out' the self. Sadie explains:

> So I needed to go straight to the core of like what my compulsive overeating was coming from, and it was dieting. So I'll just give you a little example — if I have, again, like if I have a full meal I don't walk the next day. This is just my story. This is very personal. It's my personal story. If I have I have a full meal, I don't go to the gym the next day. I

> don't do any strenuous exercise. Because my brain is so tricky and I find that this addiction is so intelligent and it's just so smart and it just knows how to get me. It knows how to get me start going with trying to get — with trying to maintain.

Many OA members describe that their new belief systems regarding health focus primarily on taking care of the body. Some members explain that exercise is used as an activity to improve energy, as well as a spiritual activity, while others talk about how they no longer use exercise as a way to purge. Thus, exercise is not used as a punishment for eating, and members explain that they take time away from exercise, and moderate forms of exercise, in order to let their bodies heal.

OA health identities differ from WW health identities in important ways. Numerous OA members describe how they tried other programmes before coming to OA. Many of these were commercial diets and weight-loss programmes. Almost all of the stories used for this research give descriptions about how specific fad diets were used in the past, as well as numerous commercial weight-loss programmes (34 out of the 178 OA members explain how they used WW specifically[33]). Those who did not try such 'diets' before the programme explain that they didn't do so because they were too expensive, or that they went against socially prescribed norms. For example, one member explains, 'I never went to Jenny Craig, I never went to Weight Watchers, I never went to any of those diet clubs where there were a bunch of women and scales.' However, most of the stories used in this research included descriptions about 'yo-yo dieting' before coming to OA, and sharing

[33] Five members mention that they had a parent on WW, however the members vary in the ways that they make sense of this in relation to their own 'disease'. Two members say their parents are different from them because they could moderate their food using WW, while three members say that their parents were not in 'recovery' and using WW.

about experiences with these is one of the most frequent forms of identification that I observed in these 'shares'.

OA members emphasize the problem of controlling bodily appearance using such weight-loss strategies. They explain that these can become problematic for compulsive eaters because they only address the physical body, ignoring the emotional and spiritual aspects of the self. OA members frequently discuss that having a 'spiritual void' is a major component of their 'disease', and that this needs to be addressed if members desire long-term recovery. Sara explains:

> So then I did a, I did a very big commercial diet, a very successful commercial diet and I was a great success. They put me on their website as a Success Story. They said, you know, you lost, I think I lost 32 pounds on that diet and I was a size six, which I maintained for maybe a week...and you know, I had to write this letter of you know, how amazing the diet was and how, how much it did for me but you know, you can eat pre-packaged anything and I'll knock it out of the park. I'll lose weight, that's not a problem. It's the minute I hit 'goal weight', there's no goal weight for me. When I think I hit what I want to hit, food is just, it's there, it was there within I think two days of me getting off that diet. I was just binging cause it, I say to myself oh, I'm at my goal weight so I'm immune to gaining weight again, so I just started eating. And I gained the weight back very, very quickly…

In observing that there is no 'goal weight' for 'addicts' like her, this member identifies that this type of weight loss is an endless cycle. Many OA members share about similar experiences, and these come to define the forms of unmanageable bodywork that many no longer utilize in OA. According to numerous members, this is because controlling the food only controls the physical aspect of the body. For this reason, some OA members believe that

programmes such as WW can exacerbate compulsive eating behaviours for 'addicts', rather then abate them.

Members in OA describe other reasons why they were not successful using commercial weight-loss programmes. They use understandings of 'addiction' from OA in order to explain why these programmes didn't work for them. For example, Victoria shares:

> I went to Weight Watchers for a very long time, and I think they wanted to make me the president of the world because I lost my weight and I did so great and everything was happy, and then something happened, you know. I was making Jell-O one day and, you know, that diet Jell-O that you made with Gelatin and Diet Coke all that many a hundred years ago before they had this stuff that we'd eat today, and I kind of like grated up an apple in it because if you kind of like grate up an apple it doesn't count 'cause you eat it all day, right? You know, if you eat a whole apple it counts, but if you grate it up and it's spread out through a whole vat of Jell-O it doesn't count…and then I would add some carrots 'cause the apple and the carrot grated up doesn't count, and I was on my way again. You know, I was on my way.

This OA member explains the thinking process that resulted in a binge while using one of the WW food plans. She describes how one single decision to 'cheat' on this food plan resulted in an unstoppable binge. In thinking her way into eating grated carrots and apples, she explains that grating them and spreading them out meant that they no longer 'counted'. Victoria explains that by justifying her eating behaviour in an arbitrary way, this resulted in uncontrollable, unmanageable eating using this food plan. What Victoria is clearly articulating is the process that OA members describe as 'addictive' thinking, and speaking to the group in this way constructs health identities in OA through the ways that members share an understanding that surrender, rather than control, results in 'healthier' eating.

Dieting influences compulsive eating in other ways. Members of OA explain that rigid food rules give numerous opportunities to start the process of 'addictive' thinking. They also provide ways of 'taking out' the social self through obsessive food behaviours. Harper explains:

> So, let's see, yeah, measuring, weighing, meetings, meetings to lose weight, working at a job with compulsive overeaters, and in my dieting and craziness, I would portion out. You know, I'd go to three grocery stores to get like all the right ingredients because I would cook. I did like a lot of cooking and obsess with the recipes and then creating my own recipes and putting them in a calculator and, you know, make like, again, portioning, cooking…Like, talk about a life that's small, you know. In your kitchen all day, or driving to a thousand grocery stores, and honestly I went to grocery stores for fun. I have to say I could spend hours and years in grocery stores. I just loved looking at everything and I loved looking at the labels and like calculating things and putting them back on the shelves and like a tablespoon of this but would you really just need a tablespoon? No. Putting it back…that sort of thing. Insanity, because it took up so much time, and towards the end there was a time when my boyfriend would say to me, 'I miss you.' And it's like, why do you miss me? You can't possibly miss me. Why do you miss me? Like, of course he missed me. I was insane and consumed with cooking and portioning and packaging and I can't go here and I can't go there…

While this member does not say that the commercial weight-loss programme was WW, her story identifies components of a weight-loss programme that are remarkably similar to those used by WW. The food plan, meetings, exercise regimen and weighing-in are all aspects of the weight-loss programme that Harper describes as leading to an unmanageable lifestyle, rather than a 'healthier' one. In addressing bodily appearance through this type of food plan and exercise, such programmes give some members more opportunities to try and control what they eventually perceive to be an uncontrollable problem: addiction.

I do not present the experiences of OA members to imply that there is something intrinsically wrong with commercial weight-loss programmes. However, they are commodities, and they are sold as ways for people to lose weight that can obviously become as 'addictive' as food itself. However, some members of OA use programmes such as WW as their food plans (five out of the 178). They explain that recovery in OA addresses the emotional, spiritual and physical aspects of compulsive eating, while programmes such as WW can be used as a tool of recovery in the programme. Zoey explains:

> I counted points with Weight Watchers to get my weight off. I counted exchange. Now I count calories. I'm always, always, always, always, I've written down everything I've eaten since I started OA 19 and a half years ago.

OA members understand their 'addictions' as having the potential of what one member refers to as 'both ends of the disease'. This includes 'addictions' with the body, as well as 'addictions' to certain foods, and members share an understanding that their work in the programme is the solution for both. Utilizing food plans from programmes such as WW offers ways to eat throughout recovery. Therefore, while some members work a programme where purposeful weight loss is abstained from, others use food plans such as WW in order to lose weight.

These findings regarding health identities in OA are important for reasons that relate to perceptions of the self. The Introduction discusses how in the U.S., the self is often described as a container or object. However, the 'shares' from OA members describe how this is renegotiated in recovery. Instead, a self that is independent from the physical body is discovered, awakened or recovered. OA members describe how their bodies no longer serve as a primary vehicle for identity acquisition, and this surrender allows for more meaningful definitions of the self to occur throughout recovery. Rather than

appearance, OA members describe that the self comes to be defined through actions taken while working the programme. As the final step in OA is to practice the principals of OA in all areas of life, this 'awakened' self interacts with society in drastically different ways.

OA ADDICT IDENTITIES

OA members share food identities through a communal desire to stop eating compulsively. They share health identities through their understandings of compulsive eating as a threefold 'disease', and members of OA share a twelve-step 'addict' identity through the communal ways that they recover from 'addiction' using the Twelve Steps. This is similar to Reith and Dobbie's (2012) findings of a distinct sense of identity and temporality in her respondents who used Gamblers Anonymous (GA). GA, like OA, is based on the principals of AA, and therefore the problem of 'addiction' is similarly situated in the individual body (Levine 1978: 15). In this twelve-step model, 'addiction' is not something that one has, but instead is something that one is (Cain 1991; Reith and Dobbie 2012: 518). Therefore, the identities surrounding 'addiction' in OA are distinct in that members believe that they are fundamentally different from others. Furthermore, through this twelve-step understanding of 'addiction' from AA, OA members share an identity related to other twelve-step programmes that also use this model for recovery. For this reason, OA shares many similar slogans, terms and spiritual principals with members of other twelve-step programmes.

Many OA members explain that they are not just compulsive eaters; they are 'addicts'. They believe that they are fundamentally different from 'normal' people. This has to do with individual understandings of the etymologies of 'addiction', and OA members vary in the way that they understand the origins of their 'disease'. The most frequent description is that compulsive

overeating and other 'addictions' run in the family. Some OA members describe that they believe they were born as 'addicts', while others understand their 'addiction' as socially reproduced within the family. While many make sense of their 'addictions' as a combination of the two, some members of OA attribute their 'addictions' to life events or trauma. Despite these differences, OA members believe that the causes of compulsive eating are irrelevant to getting better, and almost all of the members of OA describe that they 'worked the Steps' (or are 'working the Steps') as a way to recover from compulsive eating.

About a third of the OA members mention in their stories that they participate in other twelve-step programmes[34]. These members of OA share the same twelve-step 'addict' identity with members of other programmes, as the Twelve Steps are used as the solution to multiple 'addictions'. However, not all members of multiple programmes work the Twelve Steps in all of their programmes, nor do they all have sponsors in multiple programmes. This means that for some, there are highly individualized ways of constructing identities within OA that are influenced by other 'addictive' behaviours. This results in groups within OA that share similar experiences of having multiple 'addictions', and these members appear to share the same sponsors, as well as programme friends.

Holt's (2002) work on brand-assisted identities is useful for examining the multiple twelve-step 'addict' identities described in OA. Holt explains that some consumers opt-out of brand-assisted identities within postmodern consumer culture, while others take on a chameleon-like way of constructing identities through consuming certain products. Interestingly, while OA

[34] The number of members who participate in other twelve-step programmes may be much larger, however members of OA are encouraged to keep the focus of their stories on their experiences in OA, rather than other programmes.

members can be understood as 'opting-out' of brand-assisted identities through using the Fellowship as the primary source of identity acquisition, it appears that they do so in ways that are chameleon-like. OA members who are recovering in multiple programmes continue to describe their 'awakened' self as a unified whole (as opposed to constructing multiple selves), however they are chameleon-like in the ways that they use different Fellowships in order to construct a more personalized twelve-step 'addict' identity. This reinforces Baily's (2005) observations that suggest that 'addict' identities stand counter to consumer identities, in that OA members in multiple programmes construct a primary identity through having compulsive behaviours with numerous commodities.

Twelve-step 'addicts' make sense of themselves through consumer identities that revolve around their 'addiction' or 'addictions'. Reith and Dobbie (2012) have defined these as 'addict identities' (514). I use this term with an understanding that the stories from OA used in this research all come from the same twelve-step programme. However, OA members describe that they share an identity with other 'addicts' who do not use twelve-step programmes. For this reason, an 'addict' identity has to do more with experiences of compulsive consumption (Baily 2005), while a twelve-step 'addict' identity revolves around the 'disease' model and definitions of abstinence discussed in the sections *OA Food Identities* and *OA Health Identities*.

Recovering twelve-step 'addicts' share a unique language and culture of recovery. They speak about compulsive behaviour in ways that challenge broader social norms. 'Addiction' is openly discussed, as are the personal experiences with both 'addiction' and recovery. Members throughout twelve-step programmes differentiate themselves in various ways, and they discuss

their identities as 'addicts' in ways that present a unified self. Elizabeth shares:

> I'm an addict and I'm really self-centered. But I'm a martyr so I'm not self-centered in the, you know, I had somebody tell me once — she was a recovering drug addict — she said, oh no you're one of the nice ones. You know, she's like, there's those addicts, you know, and we just like pillage you and then there's the other addicts that are like, well, the doormats, you know. And not that I'm not capable of heinous anger and, you know, exceeding resentment but I am that, you know, I am the doormat.

Many members of OA describe themselves as particular types of 'addicts', as well as different 'types' of people. This is evident in the stories shared in OA, as well as from what I have witnessed in my own observations of several different twelve-step programmes. Elizabeth explains that she aligns her understandings of herself as an 'addict' alongside other 'addicts' outside the programme. 'Sharing' about this in OA reinforces this belief within the programme, and numerous members describe that they identify with many of the experiences described by other 'addicts' outside of OA.

Within the OA stories used for this research, 158 members self-identified as 'compulsive overeaters', 32 described themselves as 'bulimic', 17 as 'anorexic', 12 as 'compulsive eaters', and two as 'food addicts'[35]. Much like Cain's (1991) observations regarding the 'alcoholic' identities acquired in AA, being a 'compulsive eater' in OA isn't something that members *have*, it is something that members *are* (Cain 1991: Reith and Dobbie 2012: 518). Furthermore,

[35] When calculating these different ways of self-identifying in OA, I allowed for multiple ways of self-identifying (i.e. there was not just one way of identifying per member, and OA members often use multiple ways of 'identifying'. There were also 29 members who self-identified in very specific ways, such as 'chunky, drunky, junky' or 'recovering know-it-all'. Self-identifiers such as these were grouped as 'other'.

while members of OA may have been eating compulsively (or 'addictively') before coming to the programme, the identities acquired within OA are distinctly different from other types of 'addictions'.

I am not suggesting that members of OA were overeating non-'addicts' before coming to the programme. Instead, I am describing a particular type of identity acquisition within OA, where members acquire a shared identity (a twelve-step 'addict' identity) after coming to OA and participating with others in the programme. Therefore, while OA members identify with other compulsive eaters in OA, they also identify with other twelve-step 'addicts'. This is consistent with what Reinarman (1995) observed about the twelve-step movement, where this cosmology addresses problems within a fragmented society, allowing twelve-step 'addicts' a more general community identity through a shared set of common principals.

This observation allows for further insight into the identities acquired by recovering compulsive overeaters in OA (as well as compulsive eaters, anorexics, bulimics and food 'addicts'). It does so by examining the ways that members 'share' about their compulsive eating behaviours using quasi-medical discourses, which allows for the construction of highly individualized understandings of 'addiction' within the programme. Members sometimes refer to themselves both as 'addicts', as well as having more specific identities related to compulsive eating. Sara shares:

> So I truly believe I was born a compulsive overeater. I don't remember this but…I drank a bottle of furniture polish, I ate a bottle of aspirin…the doctors were so tired of seeing me they just gave my mom a bottle of Ipecac. They said just do that so we don't have to pump her stomach anymore…it was compulsive…obviously it didn't taste good but I just wanted something in my mouth, so that's how I know I was born a compulsive overeater. I didn't have a chance with this disease.

OA members differ in how they understand the origins of their 'disease'. Some believe that they were born compulsive eaters, and they describe their earliest memories or accounts of eating in order to make sense of their 'disease'. This constructs identities in ways that include biomedical understandings about 'addiction' as the basis for identity formation. Others, however, believe that they were not born a compulsive eater, and that this problem manifested later in life as the result of stress or trauma. Finally, numerous members explain how adolescence brought on problems with compulsive behaviours related to bodily appearance.

The most frequent explanation of 'addiction' discussed by OA members is that they were born with an insatiable need or desire, and that food worked as a way of sating that feeling. Barbara explains:

> I've come to realize my parents did a damn good job…they did a phenomenal job. They were handed a broken child to begin with. God knows how they made it through. I was broken to begin with. I don't know why. I don't need to know why, you know. There's a lot of clichés in OA about having God-sized holes in our soul and this and that and whatever, but I don't know why. I just know that I was broken from the get-go. I had an itch that couldn't be scratched.

These types of descriptions construct identities that are consistent with Cushman's (1990) observations about 'empty selves', as well as Bjerg's (2008) work on how an insatiable desire is created within consumer culture. Barbara describes that she always had an 'itch that could never be scratched', and rather than situating this problem within the political-economic system in the U.S., she constructs an identity that she was 'broken from the get-go'. This is consistent with Levine's (1978) observations regarding the 'discovery of addiction', where AA brought a distinct shift in belief systems about the

origins of compulsive consumption to areas of scientific study (Levine 1978: 15).

Not all members describe their 'addictions' as something inherently wrong within the self. Some describe how they learned these behaviours from others in their families, while others believe that they were born with a genetic predisposition to consume compulsively. Ellen explains:

> I didn't have very many tools for handling feelings and there were circumstances and conditions in my childhood that I think caused me to seek solace in substances and I wasn't a compulsive overeater as a child but I did get inducted into the disease of Al-Anonism. That's another pitch, another programme, and it took me 20 years of OA to get to that first disease and get into recovery. So I have OA to thank for that also.

In this way, Ellen constructs an 'addict' identity that is a twelve-step 'addict' identity. She does so through describing her 'disease of Al-Anonism', as well as her 'disease' in OA. She differentiates between the two, and she explains her belief that her 'diseases' similarly came from growing up around alcoholism. Therefore, Ellen connects compulsive overeating to life events that caused her to use food as a drug during childhood, which could have been prevented had she been in recovery from her 'first disease'. In this way, while Ellen and Barbara do not share the same beliefs regarding the etymology of their 'diseases', they both construct similar identities as compulsive overeaters, or 'addicts'.

The original 'disease' model used in AA has had a huge influence on biomedical understandings of 'alcoholism' and 'addiction' (Levine 1978). In situating the problem within the self, biomedical approaches to 'addiction' use genetics in order to explain the high frequency of 'addiction' in some families (Dodes and Dodes 2013: 88-89; Levine 1978: 15). This influences

understandings of 'addiction' within the U.S., and also influences the ways that 'addict' identities are constructed in OA. Ethan explains:

> And I think I came by this disease honestly in a number of ways. I know I was born with the genes that made me susceptible to this disease. It's pretty rampant in my family, it's — I also learned it at the table of a compulsive overeater and I don't really blame my mom for any of that. She learned from her mother, and she probably learned from my great grandmother, and that's just the way it works. And although I came by it honestly I'm responsible for what I put in my mouth today and there's no…I hope there's very little blame — I hope no blame — associated with that. Because today I'm responsible for the treatment of my disease and I do that by coming to this twelve-step programme.

OA members come to 'own' their compulsive behaviours through working the Twelve Steps. This idea of personal accountability is a recurring theme throughout the 'shares'. Therefore, OA members do not construct disempowered 'addict' identities, where nothing can be done to stop the cycle that results in compulsive overeating. Importantly, while Ethan explains that he constructs an 'addict' identity that uses genetics as a basis for identity acquisition, he also emphasizes his learned behaviours that resulted in his 'disease'. In this way Ethan, as well as other members of OA, acquire identities that revolve around a failure to meet the socially prescribed norms regarding moderation and restraint in the U.S., however they do not challenge the validity of such belief systems.

While Ethan describes that compulsive overeating is rampant in his family, other members explain that numerous 'addictions' are reproduced within families due to the ways that learned sets of behaviours have the potential to reproduce numerous types of 'addiction'. Victoria describes:

> …And my dad was an alcoholic, and my grandfather was an alcoholic and my brother is an alcoholic. So were my sisters alcoholic sober. One

> of my children is an alcoholic, and I married three of them. My other three sisters, one who is an alcoholic is also a compulsive overeater, not practicing, and my other sister is in Overeaters Anonymous…and my mother should've been the president of Al-Anon. And, you know, we do what's familiar.

A more general story about 'addiction' emerges in OA in this way[36]. Victoria describes her compulsive overeating as connected to other members of her family, as well as three husbands that she shares no genetic connection to. Therefore, she connects her identity as an 'addict' to alcoholism, Al-Anonism, and compulsive overeating, where she suggests that these types of behaviours are reproduced by belief systems within families. In pointing out her familiarity with 'addiction', Victoria aligns her identity with others who are recovering in OA (as well as Al-Anon and AA), as opposed to her family members who continue to use alcohol, food or co-dependent relationships as a way to 'take out' the self.

Victoria's story reflects the experiences of numerous OA members, who describe multiple 'addictions' within their families. This is important, in that despite having different 'addictions', these OA members construct twelve-step 'addict' identities alongside these other family members in recovery. Therefore, OA members align their belief systems not only with others in their own programme, but also with those using other twelve-step programmes as a way to 'recover'.

Parents in OA also describe how their 'addict' identities influence the ways that they understand 'addiction' within their families. Adam explains:

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[36] In my experience, places like Los Angeles have an entire sub-culture of twelve-step recovery. I have also observed this in other major U.S. cities such as San Francisco and New York. While this research suggests that there is a larger twelve-step movement throughout the U.S., I am basing this on my own observations, as well as the observations made by others such as Reinarman (1995), Sedgwick (1994) Valverde and White-Mair (1999).

> And so [my daughter] knows me pretty well and she knows that I love — I just love her to death and I just pray a lot that I can be the best — I really want to be the best parent that I can be and many times I fall short and I get scared…but so far today she's okay. I got so pissed off at one of my friends…you know, [my wife is] not into the disease, she's not a compulsive overeater, she's not an alcoholic…and my friend said, 'well that doesn't matter, you know, it could be hereditary', and, you know, I just wanted to punch him out. You know, because for today, you know, none of my kids are practicing the disease…we left that behind, and it's not here anymore. So for me the answer is here, and the miracle is here, and even if you are afraid and you've got the genetic proclivity in your family, you know, to have the disease that we have…The answer is here, or at least it has been for me.

Adam's story highlights an important aspect of biomedical understandings of 'addiction' that are problematic. While genetic understandings about 'addiction' have been helpful at reducing the stigma associated with 'addiction' (by emphasizing it is a 'disease', rather than a moral failing), these biomedical approaches do not offer a solution that provides the same level of social support. Furthermore, biomedical understandings of 'addiction' offer an opportunity for financial gain from pharmaceutical companies (Peele 2012, accessed November 6th, 2012). Therefore, findings from this research regarding the ways that OA members construct their 'addict' identities demonstrate that more caution is needed when utilizing such frameworks. Given what was presented in Chapter 3 (see *OA and WW in a Culture of Consumption*), social inequality plays an important role in producing the disproportionate rates of 'addiction' for certain groups. This has important ramifications for biomedical constructs of 'the addict', which may unfairly stigmatize people within socially marginalized groups. Instead, Adam

explains that his family has 'left that behind' by learning different behaviours in twelve-step recovery[37].

OA members describe specific behaviours that they believe are involved in reproducing 'addiction' within families, as well as how they teach their children to live 'life on life's terms'. In doing so, they construct empowering identities as 'addicts', where they believe that their recovery plays a role in preventing this 'disease' within families. Phillip shares:

> I took [my son and daughter] to see Shrek this afternoon, and anyway, it was sold out…things like that make my son unglued, and he just accepted we'll just go tomorrow and my daughter just started crying, and I just wanted to…my disease part wanted to tell her like my parents told me. I'll give you something to cry about, you ungrateful brat. I just wanted to kill her because there was nothing we could do…or I want to say, I'll buy you dessert. I wanted to say that to her, and I just bit my tongue and I just said…we have food. We were going to eat it in the movie theatre. Let's find a nice table. Let's make this a nice afternoon, we'll do this, we'll do that…I could just take care of my program work, just say the serenity prayer, so I could just be a loving parent to her until she got over it, and then she said, 'I don't know why I'm upset, tomorrow will be good enough'…but thank God I let her go through it.

By sharing about how he perceives social interactions within families to be an important dynamic influencing 'addiction', Phillip reinforces his affiliation with the group norms of the Fellowship. In responding to his daughter in this way, he identifies his belief that reacting differently than his parents allows for a better childhood than his own, which he connects to his 'disease'. Therefore, in sharing about this aspect of his 'disease', he reaffirms his beliefs

[37] Similarly to AA, attempts were made to start 'O-Anon' meetings for the friends and family of OA members (A. 1994: 153). These meetings did not thrive, and although OA uses the same understanding of 'addiction' as AA, there is no strong counterpart to Al-Anon for the friends and family of compulsive eaters (A. 1994: 153).

that twelve-step recovery offers a better template for living than the one he learned within his family. As numerous members share similar stories to this one, this reinforces the idea within OA that the twelve-step 'addict' identities acquired in the Fellowship allow for a saner way of living for the member, as well as other members of the family.

OA members explain that this way of life has a resonating effect on the ways that they interact with others. Julie describes:

> When I came in I had a lot of really one-sided relationships where, you know, the only way I knew how to be a friend was to take care of you (or pretend I was) and then I'd probably resent you when I was done talking to you. So now, like nobody calls me that I don't like. You know what I mean? There's no BS in my relationships. Like, I had a thing with my sister-in-law this morning. I had to like…I had to share what was going on for me. She didn't like it, and you know, but then within a couple hours it was all wrapped up, but that's because I come here. Because after that phone call I was able to email and say, 'Look, I'm sorry for my part, and this is the way I'm going to do it in the future.' Like, I can own my part…same thing when I argue with my husband… My relationships with my kids is great, and my daughter is like — she has recovery without even setting foot in the room. We had a past situation a few weeks ago and she left a gratitude list about it on my bed. Like, this is a nine year old, you know.

This is another example of the empowering 'addict' identities that are constructed in OA. In this story, Julie describes how her change in attitude influences her interactions with her friends, sister-in-law and daughter. In doing so, she identifies aspects of her community outside the group that she believes are important for living a 'saner' life. In pointing out that there are no more one-sided relationships in her life, Julie explains how realigning her identity within the group has resulted in changes in the ways that she identifies with others outside of the group. Therefore, she surrounds herself

with positive social interactions as the result of acquiring an 'addict' identity within the Fellowship, which also corrects for this problem outside of the group. For this reason, there is a remarkable shift in the ways that members describe improvements in their own understandings of self-worth, as well as the value that others bring to their relationships. This, as well as improved relationships with family members, is a prevalent and recurrent theme throughout my data.

The revaluation that occurs when constructing identities in OA results in members treating themselves and others like humans, rather than objects. Members explain that this has an influence on the social dynamics within their relationships and marriages, where they experience a shift in the ways that they understand themselves as partners, wives or husbands. Valerie shares:

> Um, I'm married — one day at a time — I'll be married 45 years in November to my very best friend…he's just a darling, darling man and I don't know what I'd do without him. But before I got to Overeater's Anonymous, uh, I thought I knew ever so much more than he did. And um, I really kind of thought I had settled. I really kind of thought that I had married beneath me because dontcha know I'm very articulate and awfully smart…and uh, and then a wise woman said to me, 'well Valerie if you could have done better, why didn't you?'…mmh…now there's a question isn't it? And what I know today is that women like myself, addict women like myself, very masculine women like myself who get by on performance rather than process, who get by on what I can teach you and teach him and all that, we're kind of invested in believing that we married beneath us and I think the reason we do that is so that we can feel in control.

In describing herself as an 'addict' and a woman, Valerie explains how she previously used other people as a way to feel in control. As opposed to

objectifying her husband as a person who is worth 'less than' she is, she describes a shift in this way of thinking about other people in recovery. Instead, she attributes this way of thinking about others to her 'addiction', and explains that she no longer has the need for treating others like this after coming to the programme. In this way, 'addict' identities are not only about changing belief systems about control and surrender with food and bodily appearance. The equality experienced within the Fellowship (see Chapter 6, *OA and the Importance of the Fellowship*) also resonates to changes in the ways that OA members perceive themselves in relation to others outside of the programme, and this has little to do with food or perceptions of health.

DISCUSSION

This chapter has explored the role that food and bodily appearance play in compulsive eating. More importantly, it has examined the ways that identities are constructed in OA, which allows for further understanding of experiences with recovery from 'addiction' that are not strictly biomedical. Instead, members of OA explain a process of recovery that includes the spiritual aspects of the self, as well as the body and mind.

Food is described in OA in a way that is similar to Bjerg's (2008) work on heroine and cocaine use. OA members explain that once they know the potential that their 'personal binge foods' have to chemically manipulate their bodies, they are changed forever through how they 'know too much', or have become 'too close to the body', (Bjerg 2008: 20) after using food to 'take out' the self. Bjerg suggests that this collapses the relationship between object and subject within capitalist economies, where fulfillment can be fully achieved through accessing pleasure systems in the brain, rather than the accumulation of objects of desire.

OA members describe how they found certain foods 'addictive', and through these stories, members of OA create alternative collective consumer identities as 'addicts' that transform the status of certain foods from 'safe' to 'potentially dangerous' commodities (Kristensen et al. 2011; Thompson 2003; 2004). This challenges broader social beliefs that many of the foods that make up much of the food culture in the U.S. are 'safe' to consume, and these counter mythologies are consistent with the conclusions made in recent interdisciplinary work on food and addiction (Brownell and Gold 2012). Furthermore, while food identities in WW are constructed in ways that allow for differentiation (see Chapter 5, *WW Food Identities*), this is not the case in OA. Instead, thinking this much about food and food choices is problematic for many members of OA. In fact, members explain that it is not uncommon to have the same breakfast everyday during recovery. This takes the responsibility of choice out of eating behaviour, making daily meals easier to manage.

The collective consumer identities in OA are twelve-step 'addict' identities, and similar to AA, addressing the problem of 'addiction' is situated within the body of the individual, rather than potentially dangerous commodities (Levine 1978: 15). Therefore, identities in OA, like AA, are based on not consuming particular foods. However unlike AA, OA members do not all share the same definitions of abstinence. Instead, these definitions differ according to each member, and definitions of abstinence include refraining from particular foods, as well as abstaining from strategies that manipulate bodily appearance. As the result, OA now operates as a programme where problems regarding food overconsumption, purging and restraint are all similarly addressed.

Previous work on OA has focused primarily on aspects of weight (see Introduction, *Contextualizing this Thesis with Existing Work on OA and WW*).

Findings from this research, however, include the role that food, as well as bodily appearance, play in experiences with compulsive eating. While programmes such as WW (see Chapter 5, *WW Consumer Identities*), as well as pro-ana communities (Boero and Pascoe 2012), reaffirm the value of a thin body within consumer culture, OA members do not necessarily challenge this either. What they do challenge is the idea that they should be able to control their own ability to achieve a thin body.

Members of OA also challenge the idea that self-identity is connected to the body in a way that is consistent with what Featherstone (2006; 2010) observes regarding the visual body within consumer culture. Featherstone suggests that the body as an image primarily defines self-identity within consumer culture, and that more about the sensory experiences of living, or the body without image, needs to be considered in order to better conceptualize the formation of embodied knowledge. In OA, many members describe their previous 'identities' as defined by bodily appearance, however they describe that their recovering 'selves' are separate from this. They explain that they come to understand who they are in a way that is not determined by this body-identity connection, and that interactions with others are no longer superficial as the result.

Instead, OA members describe that their existence revolves around 'feeling their feelings' and 'growing' through lived experience, rather than numbing or 'taking out' the self. Therefore, a 'feeling' or 'sensory' body (Featherstone 2006; 2010) is the focus of much of the self-work in OA, where members describe that this sort of self-identity can only be constructed when abstinent. This is consistent with Reith's (1999) observations about 'addict time', or what Burroughs refers to as 'junk time' (Klingemann 2000: 1233). In this type of time, the self is made absent during compulsive behaviour, and has to be discovered or 'awakened' from 'addiction' (Reith 1999: 113). Furthermore,

consuming in this way not only results in an absence from social time, but from the desire created within consumer culture (Bjerg 2008). Therefore, OA members explain that in recovery, they focus on spending 'quality time' with other humans, or time that is devoted to another person, in order to strengthen a relationship (Kremer-Sadlik and Paugh 2007). This occurs not only in the OA Fellowship, but also with friends and family members. Furthermore, time is no longer spent on bodily maintenance strategies such as compulsive exercise and dieting. Members explain that this puts time back into their lives, which allows them to live a fuller existence.

OA members are not involved in a 'reflexive body project' (Featherstone 2006) in the same way that they are in WW (see Chapter 5, *Discussion*). This is obvious through the descriptions about health identities in this chapter, and the ways that members describe their previous compulsive experiences with 'reflexive body modification techniques' (Crossley 2005). In understanding the difference between the bodywork occurring in OA from that described in WW, control once again becomes the central focus. OA members explain that perceptions regarding control are the reason why they found programmes such as WW 'addictive', and attribute their recovery to surrendering this control, or 'giving up the getting'. They explain that this is empowering, rather than disempowering, through how it relieves them of the responsibility to control bodily appearance.

The body is no longer seen as an object to be controlled by the subject, or mind, in OA. In fact, members call this type of thinking 'addictive' thinking, and Bateson (1972) observes that by surrendering this control, delusions of self-power are divided into the separate realms of self and power (see Chapter 6, *Recovery Using the Twelve Steps*). This unifies the self into a whole being, and restores what has been divided through Cartesian belief systems. In this way the self is made present once again within the body. Thus, in

abstinence, the self is no longer made absent using food as a way to control emotional states, nor is it subdued through a reliance on the body as a primary symbol of identity.

OA members also describe that they become sensory bodies, rather than simply bodies as visual images (Featherstone 2006; 2010). Furthermore, the body is no longer manipulated or controlled in ways that are intended to bring social value, or access capital. This was obvious in Helen's explanation that 'if you got to do food out, you got to put more God in' (see Chapter 7, *OA Health Identities*). Here, power is not accessed through self-control and mastery of bodily appearance; it is accessed through a power greater than the self, and this approach in OA differs from the unique relationship between the body and self that has arisen within consumer culture (see Introduction, *Identity and the Body in Consumer Culture*).

Constructing identities in this way has a resonating effect on the ways that members of OA understand their 'addictions'. Twelve-step 'addict' identities differ from 'addict' identities more generally through differences in the ways that 'addiction' as a 'disease' is understood. In biomedical frameworks, 'addict' identities are medical identities that can be seen as disempowering, in that they cannot be cured (Thompson 2003; 2004). Additionally, the ways that 'addiction' will be defined in the DSM-V allows for pharmaceutical companies to develop prescription medications that address craving. This opportunity for financial gain, along with the money generated from expensive rehab facilities and therapy, feeds into the problem of 'addiction' being a profitable 'disease' (Dodes and Dodes 2014). The work that results in the identities constructed in twelve-step programmes is free, and some members of OA explain that they do seek outside help (such as rehab, therapy or medication) if they need to.

Furthermore, OA members have numerous other medical identities, and while they may describe themselves as 'anorexic' or 'bulimic' in the programme, they also may be getting 'outside help' for biomedically defined 'diseases' such as AN, BN, binge-eating disorder (BED) or obesity. Therapy, medications, in-patient rehab programmes and nutritionists are a few of the biomedical interventions mentioned by OA members. Many members describe that their recovery is not isolated to their work in the programme, and this medically pluralistic aspect of recovery influences the twelve-step 'addict' identities constructed in OA. However, OA members explain that they have found a long-term solution to all of these biomedically-defined problems in the Twelve Steps. For this reason, the identity construction around 'addiction' in OA is based on a common or shared solution, whereas, the 'addict' identities in biomedicine are based on a common or shared set of problems.

The Twelve Steps address problems between the connections of the body to self-identity that have arisen within a culture of mass consumption. Working the Twelve Steps gives programme members a way of constructing a unified sense of self. This is consistent with what was presented in Chapter 3 in the section *OA and WW in a Culture of Consumption*. It is also consistent with Reinarman's (1995) argument that programmes such as OA are part of a larger social movement addressing broader problems inherent within consumer culture. Twelve-step programmes do so by providing a clear cosmology, as well as a community, for how to live in an increasingly fragmented world. While biomedical constructs of disease focus on issues of heritability, genetics or life history as factors involved in influencing the risk of 'addiction', this thesis is more aligned with Cushman's (1990) observations regarding consumer culture and the role that it plays in creating 'empty selves'.

Programmes such as OA construct identities that go against norms regarding control of food, as well as control of bodily appearance. Despite the ways that members of OA (and other twelve-step programmes) situate their problems of compulsion within the self, I do not believe that this should be the focus for understanding the origins of 'addiction', as this approach does not explain the disproportionate rates of 'addiction' across populations experiencing socio-economic transitions (McKee 2002; McKee and Leon 2005). An ecological framework would allow for this by examining the interactions between individuals and their environments, rather than focusing on problems inherent within the individual or within particular pathogens (in this case commodities). This is the focus of the final chapter of this thesis, as well as a critique of the current policy interventions aimed at addressing eating behaviours and 'addiction'.

8 DISCUSSION

The comparisons between Overeaters Anonymous (OA) and Weight Watchers (WW) in this thesis demonstrate that experiences with compulsive eating most likely resulted from the nutrition transition that occurred throughout the 'West' during the 20th century (Dixon 2009: 322). Industrialization and urbanization influence the ways that different groups are affected by such transitions, where urban populations are disproportionately affected by problems of obesity and dietary excess (Popkin 1999: 1905). The Introduction (see *Feeding, Eating and Compulsive Eating*) examined these changes in the food system in the United States, and Chapter 3 examined how the period of industrialization following the Second World War resulted in changes in gender norms and distributions of populations throughout cities (see *OA and WW in a Culture of Consumption*). Chapter 3 also examined the ways that these changes influenced marginalized ethnic groups within the U.S., with a particular focus on the loss of cohesive communities and the disintegration of ethnic identities. Both of these influence patterns of food consumption, as food is central to our sense of identity, and belief systems about food are attached to the cosmologies and world-views of different groups (Fischler 1988: 281).

This research found that compulsive eating is not isolated to problems with food. It also involves problems with bodily appearance, and social norms surrounding the physical body also changed drastically in the U.S. during this time. A culture of consumption emerged in the U.S. following the Second World War, and with it came a different role of the body in relation to the self (see Introduction, *Identity and the Body in Consumer Culture*). In consumer culture, the development of a sense of self relies primarily on bodily

appearance, and people spend time and effort to construct and maintain desirable bodily appearances (Howson 2013). In environments of excess, markers of control and self-restraint increase in value, and displaying a thin body is one of the ways that people can access this value (Offer 2001; 2006). This ability to use the physical body as a vehicle for social mobility is especially problematic in the U.S., where class hierarchies have a huge influence on body norms and body sizes (see Introduction, *Feeding, Eating and Compulsive Eating*).

There is another aspect of consumer culture that influences 'addictive' behaviours more generally, and this relates to the feeling of 'desire' produced by contemporary capitalism (Bjerg 2008). In cultures of mass consumption, commercials and advertisements do not only make people aware of their needs, but they also instill feelings of desire that were not felt in the first place (Bjerg 2008: 6). The insatiable nature of this desire drives the economic system, where consuming objects never truly satisfies this feeling, thereby encouraging the consumption of more goods. However, substances that have the potential to hijack pleasure systems in the brain can completely satisfy this feeling (Brownell and Gold 2012: 439), and they give a temporary relief from the feeling of a need to consume. Similar to Bjerg's (2008) research on heroine and cocaine users, this thesis found that compulsive eaters in OA used food and bodywork to achieve this feeling before coming to the 'Programme', and members of OA explain that this became 'addictive' because of how effective these behaviours were at manipulating their emotional states (see Chapters 6 and 7).

WW members describe completely different experiences with food and bodywork than members of OA. While they highlight similar aspects of the environment that influence problematic eating, WW members explain that they were able to control and moderate their food and bodywork by using the

WW programme (see Chapters 4 and 5). What differentiates the experiences of members in each programme is this ability or inability to control food and bodywork, and belief systems about control and self-restraint in the U.S. have historically shaped understandings about this aspect of 'addiction', as well as its definition as a 'disease' (Levine 1978; 1993). Since the 19th century, temperance movements advocated against 'addictive' commodities in order to address problems of control and 'addiction' (Levine 1993: 10), however by the middle of the 20th century, problems of 'addiction' became situated within the individual. As the result of this, 'addictive' commodities such as alcohol became socially acceptable, where only some people seemed to become 'addicted' and for unknown reasons (Levine 1978: 15).

By examining the stories from the founding members of OA and WW, this thesis found that the original members of both groups situated the problem of compulsive eating within the individual body, or self (see Chapter 3). Given the power that food producers had following the Second World War, addressing the food industry in the U.S., or larger social norms regarding bodily appearance, would have been futile as avenues to change problematic eating behaviours for the founding members of OA and WW. Instead, by rejecting broader social norms to control this aspect of eating alone (using only individual willpower), OA and WW members came together as a group, and were able to address their problematic eating behaviours by utilizing a group dynamic. In self-identifying as problematic eaters and 'sharing' with others in their groups, members of OA and WW became part of a cohesive community. This allowed members to acquire knowledge and 'prudential strategies' for self-control, which were more accessible to those who were better off during the period of industrialization that followed the Second World War (Offer 2001: 105).

Rather than focusing on not eating, OA and WW gave different food rules for how to eat (see Chapter 3, *OA and WW as Non-Diets*), and talking about eating experiences with others in their groups reinforced shared identities within each programme that revolved around different ways of eating. After 50 years, this aspect of community continues to be an important component of OA and WW, and there were similarities in the themes regarding identity construction that emerged when comparing the stories from OA and WW used in this research. These comparisons are important, as members of both programmes identify similar aspects of their surroundings that they perceive as influencing compulsive eating. For example, members of both programmes highlight how hard it is to limit the consumption of celebratory foods during special occasions. They also discuss how busy lifestyles influence food consumption, and the importance of planning ahead in order to adhere to a specific way of eating. Members of both programmes also share about how their programmes make food choices more manageable. WW members explain that WW helps them to do so through their 'points' system, and OA members explain that their food plans and personal definitions of abstinence help with this. OA and WW members also highlight similar problems with eating certain foods. In OA, members describe these as personal binge foods, while in WW these are described as foods that are high in point values.

Members of both OA and WW also talk about how hard it is to maintain their food identities when eating around family and peer groups. They explain that they learn how to refuse foods that they wish to limit or abstain from, and members of both programmes describe that they make social events about interacting with other people, rather than food. The notion of 'comfort eating', or food being used as a 'best friend', is discussed in both OA and WW. In OA, members explain that they used food because it couldn't hurt

them or reject them like humans could, while WW members talk about how they stop emotional eating, mindless or unconscious eating and eating when bored or stressed. Furthermore, members of both programmes highlight the helpfulness of a dyad system when trying to change eating behaviours. In OA, members talk about the importance of sponsors and sponsees, while WW members suggest joining with a partner, such as a parent, spouse, co-worker or friend.

They also share about how they make friends in each programme, and that these friendships help with changing problematic eating behaviours by serving as a support system when others do not understand the importance that a different way of eating has for them. Members of both programmes describe that they can access the constant support of the group by attending meetings all over the world. Additionally, WW members emphasize that they can stay connected through the online community, while OA members mention how they listen to podcasts if they cannot find a meeting. Finally, members in both programmes talk about how hard it is to adhere to a particular way of eating when traveling, and they share tips with each other about how to travel anywhere and still eat according to their own food rules.

THEORETICAL INTERPRETATION OF FINDINGS

The findings from this research contribute to understandings about the ways that self-identity and the body influence patterns of consumption within consumer culture. In comparing similarities between the founding members of OA and WW, how their programmes have changed over time and the ways that identities are constructed in each programme now, this research demonstrates how compulsive eating is twofold. Compulsive eating includes problems with food, as well as problems with bodily appearance. In understanding the differences in how OA and WW deal with both of these

aspects of compulsive eating, the findings from this research also contribute to theoretical understandings about identity and consumption within postmodern consumer culture.

OA and WW can both be understood as serving a similar function when they were first formed in the U.S. during the early 1960s. Given similarities between their founding members, such as gender, ethnicity, SES and geographical location within their cities, it is apparent how all of these demographic similarities were influenced by an increasing culture of consumption throughout the U.S. at that time in history (see Chapter 3). For example, following the Second World War, the post-war economic boom was accompanied by a shift in access to housing and education for minority groups in the U.S. This allowed for class mobility, and there was a redistribution of people throughout cities. Where small ethnic communities once defined neighbourhoods, these populations became dispersed throughout new suburban neighbourhoods.

Holt (2002) observes how marketers became a cultural authority in the U.S. during this post-war era. At this time, brands gave shared meanings when consuming particular goods, serving as a 'glue' that held together fragmented suburban communities. These brands included food products, where the production of highly processed and massed-produced foods began replacing cuisines dictated by ethnic food traditions (Fischler 1980; 1988). Furthermore, the way that the body was connected to the self also shifted dramatically during this time, where the physical, visual body became a primary symbol of identity (Featherstone 1982). This social transition provided numerous affordable, palatable foods for pleasurable consumption at the same time when ethnic food identities were dissolving. This was also accompanied by an increasingly important thin body ideal within consumer culture, which was highly influenced by advertising and class norms.

Both Rozanne S. and Jean Nidetch describe the alienation that they felt by not meeting this thin body norm, and the struggles that they had with trying not to eat certain foods. Not only were both women unable to construct consumer identities through the social norms portrayed in advertising images, but they also experienced an inability to sustain weight loss even when meeting these norms using appetite suppressants and 'diets'. After all of these failed attempts to try and control food and bodily appearance, both women explain that they fundamentally had to change their belief systems about how to lose weight, and each woman did so by acquiring the identity of a compulsive eater.

Nidetch believed that while her compulsive eating could not be changed, she could learn other foods to overeat in order to lose weight. She believed that thinness, above all else, was more important than eating her favorite foods. Achieving a thin body, as the object that represented the self, was the goal of weight loss for Nidetch. This is consistent with observations made by Holt (2002), where consumers aimed to consume in ways that aspired to meet the images used in marketing. Nidetch created an entire brand using her experiences as a 'Formerly Fat Housewife' (FFH) in order to attract others to her group. Rozanne S. similarly acquired the identity of a compulsive eater, however she attributed her changes in eating behaviour to having had a 'spiritual awakening' as the result of working the Twelve Steps. Rozanne S.' description is consistent with Cushman's (1990) observations regarding consumer culture in the U.S. and the creation of 'empty selves'.

Both women believed that a group dynamic was needed in order to accomplish these changes. By acquiring identities as compulsive eaters, they enlisted the help of others like them in order to reinforce different belief systems within the group, which included the idea that members could not eat the same ways as others. This aspect of the group dynamic of OA and

WW continues to be a distinguishing aspect of each programme. However each programme's approach to food, eating and the body have undergone drastic changes. This has had a resonating influence on the ways that identities are constructed within each programme, and now members of both programmes construct more personal, individualized identities within each group.

WW members no longer understand their identities as inherently different from others. Instead, this programme now focuses on problems within the food environment, and sells a point-based food plan as a comprehensive system of eating. As Holt (2002) observed, members of this group construct their identities around a brand, and the WW way of eating influences food identities, as well as health identities, according to the programme they now sell to members. WW can be understood as a food movement that deals with the problems of the food environment in the U.S., and now they do so in ways that include and emphasize the pleasurable aspects of eating. WW also sells a weight-loss programme, reinforcing the thin body norms that emerged within consumer culture. They sell their programme using notions of health in order to appeal to a wider demographic of customers, and the ways that they market their programme to different emerging markets is evident in the 'Success Stories' on the WW website. WW members describe that their entire identities have changed from achieving a thin body using the WW programme. The sharing of these stories reinforces the idea that the physical body is a primary symbol for identity construction, and therefore becoming thinner people allows members to construct their identities in numerous different ways.

This differs drastically from OA, where members continue to see themselves as fundamentally different from other people in the ways that they eat. This approach to compulsive eating situates the problem of 'addiction' within the

self, and can be traced back to Alcoholics Anonymous (AA), which served as the template for creating OA. AA emerged in the beginning of the 20th century as an alternative to the temperance movement in the U.S. (Levine 1978). AA situated the problem of 'addiction' within the individual body, and OA utilized the same approach for compulsive eating. In this way, the food environment no longer serves as a target for addressing problematic food consumption for members of OA, who instead focus on 'working the Twelve Steps' in order to recover from compulsive eating.

Members of OA describe that as the result of these Steps, they have experienced an 'awakening' from their 'addicted' selves. These findings are consistent with Reith and Dobbie's (2012) observations, where they explain that the twelve-step 'addict' identities acquired in programmes based on AA are distinct identities from other 'addict' identities. In twelve-step 'addict' identities, the disease of 'addiction' is what one is, rather than what one has, and this differs from biomedical understandings of this 'disease'. However, this is more complex in OA than in other twelve-step programmes, where OA members do not share a universal definition of a food plan in order to define abstinence. For example, unlike AA, members of OA construct their identities around particular foods or sets of behaviours. These involve using food to 'take out' or numb the self, as well as manipulate bodily appearance in a variety of ways. Both of these, members explain, can become compulsive, and OA members surrender control over these behaviours when working the Twelve Steps. Therefore in OA, as opposed to WW, there is an emphasis on surrendering control, and this includes controlling the emotional states of the body using certain foods. It also includes surrendering control over bodily appearance, which includes abstinence from behaviours such as starving, purging and compulsive exercise.

Whereas WW members construct their identities around a brand that allows them to acquire a thinner body, OA members opt-out of brand-assisted identities, and instead construct identities around not consuming in particular ways. Furthermore, many members in OA describe that they felt frustrated and disempowered by biomedical solutions for weight loss, and therefore while they acquire identities as 'addicts', this is empowering in that it allows members access to a solution to compulsive eating. This is consistent with what Thompson (2003; 2004) observed about constructing alternative consumer identities through participation in groups. It also demonstrates how members challenge broader social beliefs about the 'safety' or nutritional benefits of certain foods, as well as dieting and exercise.

This is also consistent with the observation made by Kristensen et al. (2011) concerning how groups form counter-mythologies around food that transform their symbols from being positive to negative. In this way, the identity work related to food and health in OA can be seen as challenging belief systems within consumer culture, both through the ways that they challenge advertising as a cultural authority for determining whether particular products are 'healthy', as well as challenging their own beliefs regarding individual self-restraint and control.

Members of OA do not engage in the same self-branding behaviour that members of WW do, as the emphasis is no longer on the body as a visual image. Instead, members of OA explain that they experience their emotions once they become abstinent, and therefore the self can grow through an understanding of the self that includes a body without image (Featherstone 2006; 2010). In doing so, members describe a distinct shift in temporality that focuses on living one day at a time, and being 'in the moment', rather than becoming absent through food, exercise or 'addictive' thinking. This influences the health identities of OA members, who use an understanding of

'addiction' that includes a spiritual self, along with the body and mind. OA members describe that their health and wellbeing do not improve through weight loss (as in the reflexive body projects in WW), but instead through spiritual growth, and a shift in belief systems regarding how to live a life of surrender within a culture of consumption.

POTENTIAL IMPLICATIONS FOR POLICY INTERVENTION

Understanding OA and WW within a culture of consumption helps to inform current discourses on food policy and health interventions. It does so through comparing the ways that individual agency is negotiated in WW and OA, where WW is focused on control, and OA on surrender. Similar to the ways that problems with alcohol have been addressed in the U.S., frameworks for understanding compulsive eating have either situated the problem of compulsion within the self, or within particular foods (Levine 1978). Comparing how WW and OA operate now portrays this, where WW places the problems of consumption within the food environment, while OA situates the problem of control within the self. Therefore, in examining alternative frameworks for understanding compulsive eating and 'addiction', an ecological approach would be especially useful. This is because ecological understandings of disease focus on the *interactions* between individuals and their environments, rather than on problems either within the environment *or* the individual.

Bjerg's (2008) observations regarding the role that desire plays in fueling consumption within capitalist economies can be used as a starting point for constructing such a framework. Bjerg observes that capitalism creates an 'economy of desire' (2008: 1) within the subject that can never be fully achieved through the consumption of objects (Bjerg 2008: 13). Furthermore, in consumer culture, the body is the central site for experiences of desire and

enjoyment (Bjerg 2008: 15; Featherstone 1982). The works of Holt (2002) and Firat and Venkatesh (1995) can be used to build on Bjerg's (2008) observations, in that both of these works demonstrate how the creation of this desire is not the same for all groups throughout consumer culture. Instead, different groups are targeted as emerging markets, and these are determined through access to disposable income and the willingness to spend. Therefore, advertising would influence 'emerging markets' in disproportionate ways, creating stronger feelings of an insatiable need or desire within these groups (see Chapter 3). Thus, when exposed to drugs, alcohol, food, etc., the fulfillment of that desire would be more appealing for some groups than others. This results from a disproportionate relief from the feeling of yearning created by a capitalist economy of desire.

Furthermore, there are biological differences in the ways that brains respond to various pleasure-inducing commodities, where some may find exposure to certain substances pleasant, while others find them unpleasant (Volkow 2004). This is not determined by social groups, and this highly individualized brain chemistry results in particular 'drugs of choice' being preferred over others. This observation helps to explain what has been argued by McKee (2002), and McKee and Leon (2005), where the substances involved in 'addiction' vary, however the broad experience for people is the same (McKee 2002: 456). The experience of 'addiction' is therefore connected to economic transition and social inequality, and frameworks that have focused on either individual pathologies or dangerous substances do not allow for the construction of health policies that fully address this at a population level. Combining all of these contributions from various academic disciplines allows for the construction of an ecological framework for understanding 'addiction'. It does so through including an understanding of the role that the

political-economic system plays in influencing patterns of consumption for different demographics, as well as the variations within them.

WW members describe their consumer behaviours as a matter of individual discretion, and they explain that more information and encouragement was all that they needed in order to make more sustainable lifestyle choices. They describe how they got both of these from WW, and this explanation is consistent with Southerton's (2012) reconceptualization of habits and routines, where often time and planning is of central importance to changing patterns of consumption. Furthermore, WW members explain how their habits were influenced by cultural beliefs about food, a lack of knowledge or skills about how to eat differently and problems of eating outside of the home, on vacations or during holidays. WW members explain how the WW programme addresses all of these determinants of habit formation identified by Southerton (2012: 350), helping members to make more active decisions on their 'journey' to a more sustainable lifestyle. Therefore, findings from WW highlight aspects of the environment that are useful for policy interventions based on understandings of routine behaviours (Southerton 2012: 337).

However, members of OA explain that nothing could have stopped them from their personal binge foods. They describe that 'addiction' is an active process, rather than a passive one, and that it was not the lack of willpower or knowledge that drove their patterns of consumption. Instead, behaviours were driven by an insatiable need to consume certain foods, as well as to control bodily appearances. For this reason, while access and food costs (including taxing strategies) can be used as points of intervention for preventing exposure to 'addictive' foods, as well as curbing the consumption of these foods for 'normal' consumers (Cawley 2012; Harris 2012; Kumanyika 2012; Robinson and Matheson 2012), it is obvious that these are not an effective strategy for policy interventions aimed at addressing 'compulsive

eating'. Instead, problems of social inequality need to be addressed, as do marketing strategies that increasingly aim at more specific emerging markets.

It is not the marketing of particular goods to certain groups that should be the aim of health interventions (such as commercials selling sugary cereals to children). Instead, the more general strategies of advertising that specifically aim at certain market demographics (such as advertising to children as autonomous consumers) should be addressed. The stories from OA suggest that this would prevent problems of compulsive eating at an early age, as well as other forms of compulsive behaviour that have been increasing throughout the 20th century (Sedgwick 1994: 135). Approaching 'addiction' in this way would deal with the more general problem created by an 'economy of desire' (Bjerg 2008), rather than individual pathways of 'addiction' determined by particular behaviours or commodities (Keane 2004).

While socio-economic status was once used as the primary way to understand market demographics, this is no longer the case (Willis 1990). Marketing campaigns now utilize various strategies that appeal to a variety of more fragmented social groups (Laermans 1993; Willis 1990). Furthermore, the visual images used in advertising allow for constructions of the self through branding strategies designed to reach specific target markets of consumers (Cronin 1997: 93), and advertising plays a more important role in identity construction within consumer culture than consumption itself. While Cronin (2004) observes that there are restrictions in the ways that 'dangerous' commodities are advertised, this does nothing to address the broader social problem of how different groups are disproportionately influenced by advertisements (Cronin 1997; 2008; 2011). Such interventions also do not include the important role that community plays in constructing identities, where shared meanings are now alternatively accessed from the ways that companies sell their products (Holt 2002).

Given that the disappearance of community, support and shared meanings has made constructions of a coherent sense of self more difficult (Cushman 1990; Holt 2002), those who do possess these resources are protected against substance abuse (McKee and Leon 2005). This helps to explain the important role that twelve-step programmes play in aiding 'recovery' in places like the U.S., where members can construct a coherent sense of self through the shared belief systems utilized within twelve-step programmes (Dupont 2012). These are acquired and reinforced through social interactions within each Fellowship, which help members to construct a coherent sense of self (Cain 1991; Reith and Dobbie 2012). Dupont (2012) explains that for this reason, twelve-step programmes have grown in local communities by incorporating what is useful and what is not, and Reinarman (1995) suggests that these groups serve as kinship networks, which correct the problem of increasingly fragmented families in advance capitalist culture (Reinarman 1995: 104).

The findings from this research also highlight another important aspect of compulsive eating that may be helpful for constructing more effective health policies. OA members describe that 'addictive' consumption numbs or 'takes out' the self. Individuals consuming in this way are not demonstrating a conscious awareness of eating, and logical ways of thinking about food are replaced by 'addictive' thinking. This is an illogical thought process, where health is placed as a lower priority than food or bodily appearance. Therefore, this has important policy implications for problems with eating and obesity. For example, for those using food as a way to deal with negative emotional states, simply giving up the food offers no concrete solutions for how to deal with these emotions. This is something offered by OA, and therefore members explain that if an emotional eater has to give up the food, it has to be replaced by something. They go as far as to say that they were grateful for having the food in order to get through painful times, and that

they are even more grateful for a programme that now allows them to get through these times without using the food. Health policies that do not take this into consideration could actually be making health problems worse by suggesting that people stop consuming in particular ways. For some, removing the only way that a person is equipped to deal with emotional distress would reduce overall health and wellbeing.

Furthermore, members of OA explain that the world aids and abets their disease by reinforcing the idea that everyone should be able to control their eating. Health policies are constructed on this very notion of control, and therefore such policies contribute to the 'disease' of compulsive eating described by members of OA. While the Twelve Steps offer a solution to this, such belief systems regarding self-regulation and restraint can be traced back to Puritanical belief systems that often go unchallenged. They are intricately interwoven throughout the social fabric of countries like the U.S., and members of OA give clear descriptions about how such belief systems are obstacles to getting help through how they fuel denial and reinforce 'a vicious cycle' of compulsive eating.

There are other aspects of local ecologies that this research has identified as having an influence on compulsive consumption, and these too have implications for potential policy interventions. OA members describe that their compulsive behaviours resulted in a self that was made absent. The self was not only soothed or comforted; it was gone. For this reason, OA members explain that before the programme they were vacant, or had no sense of self. Some explain that they spent their entire lives eating compulsively, and that they have missed decades of their lives by eating this way. The creation of a sense of self in twelve-step programmes comes from spending 'quality time' with other humans (Kremer-Sadlik and Paugh 2007), and 'meaning is found in the social bond' (Whybrow 2005: 229), rather than

the substance. This allows for the pursuit of happiness and emotional fulfillment to occur through positive relationships with other people, rather than through the purchase of luxury (Whybrow 2005; Belk and Pollay 1986). The 'inner peace' that AA, and programmes based on AA, help members to achieve (Valverde and White-Mair 1999: 398) occurs at a local level. This corrects for the broader problem of the creation of 'empty selves' within consumer culture by providing cohesive communities with shared belief systems (Cushman 1990: 603).

In all these ways, policies aimed at informing consumer choices through education are not useful for compulsive eaters, as they assume a level of conscious decision-making that simply does not exist (Gilmore and Chandaria 2012: 412). This iterates to other areas of research on 'addiction', where as early as 1978 Levine suggests that a new approach for understanding 'addiction' is needed. This has not occurred, and this is obvious through the example Levine (1978) uses to demonstrate his point. Levine suggests that rather than dealing with the problem of drinking and driving through seeing drunk drivers as individuals who fail to 'manage' their worlds, health policies can instead take the stance that drinking is a 'normal' behaviour, which makes drinking and driving a transportation issue, rather than an individual failure (Levine 1978: 18). Using this approach, interventions would be based on correcting for the problems of transportation and the automobile culture that arose in the U.S. following the Second World War (Fishman 2000).

A similar alternative approach is needed for addressing problems of compulsive eating, as well as other compulsive behaviours, where self-restraint and control are central to constructions of a 'deviant' identity that is situated within the self. Furthermore, there is little evidence that supports that it is 'normal' to be able to control such behaviours (Childress 2006), and

this is especially the case for food consumption (Volkow 2004: 13N). For this reason, I suggest that the U.S. has a body-identity problem, which encourages identities to be constructed primarily through visual representations of the self. Bodily appearance influences peer groups, as well as social mobility (Cheney 2011), and it is also used as a way to determine biomedical notions of health (Featherstone 1982; 2010; Monaghan et al. 2010). All of these emphasize identity as connected to the visual body, which allows the body to become an object of possession, and a vector of social worth. I suggest that the twofold aspect of compulsive eating (i.e. problems with food *and* bodily appearance) results from this, where the body plays a central role in this type of 'addiction'. I do not suggest that the solution to this is changing the economic environment, or overtly challenging the food, beauty or body norms in the U.S. Instead, I suggest that the solution can be found in an ecological approach to 'addiction', which identifies the importance that social inequality, community and identity play in influencing patterns of consumption within consumer culture.

FUTURE RESEARCH RECOMMENDATIONS

While the comparison of OA and WW allowed for an exploration of how perceptions of control and surrender influence patterns of consumption, more on this topic needs to be done in order to construct an alternative framework for understanding the general process of 'addiction'. Furthermore, Keane (2004) observes that there is a tension between specificity and generality in discourses on 'addiction'. While there is a desire to move away from a 'Foucauldian proliferation of pathologizing and normalizing discourses', where individual pathologies of 'addiction' are uniquely producing disordered subjects, there is also a desire to identify an underlying common process that links different 'addictions' (Keane 2004: 190). This research has suggested a foundation for such a framework, and more research into the role

that intimacy and desire play in 'addiction' would also help in further constructing this.

For example, Keane (2004) compares alcoholism to sex 'addiction' in her research in order to understand the similarities in experiences between the two. While this research compared WW and OA for further understandings between control and surrender, a comparison between compulsive eating and sex 'addiction' would help to further explore notions of 'addiction' versus abstinence. This is because recovery from compulsive eating and compulsive sex both allow for eating and sex in their definitions of abstinence (Keane 2004: 196). This allows for a comparison of the boundaries surrounding what is actually 'addictive' about each type of compulsive behaviour. Keane (2004) suggests that both alcoholism and sex 'addiction' involve problems of intimacy, and thinking about 'addiction' as a problem of intimacy with objects, rather than people, may be an alternative to individual pathologies of 'addiction'.

Further research conducting such a comparison would also be useful as a comparison to Cheney's (2011) research examining how college-age women use a thin body as a vehicle for social mobility. This is because in both compulsive eating, as well as compulsive sex, problems arise from using the body as an object. However, while sex 'addicts' 'exploit their partners and treat them as objects to be used in the pursuit of selfish gratification' (Keane 2004: 197), the same could be argued about the way that compulsive eaters exploit their own bodies. This can occur through dangerous dieting practices or other extreme strategies of body maintenance. An interesting comparison could be made, therefore, as to why the 'sex addict' is framed as 'selfish', while the compulsive eater is seen as a victim of trying to meet the unachievable body norms within consumer culture.

Utilizing Marx's notion of 'fetishism of the commodity' may help with understanding this in future research, as it would further examine the relationships between people and commodities, as well as the ways that people become commodities, or objects of exchange. For example, Marx observes that in capitalist economies, the relationship between people and commodities becomes inversed, and creates an illusion of individual success through acquisition. In summary, 'it allows and forces people to construe their existence subjectively as a matter of relations between themselves and things rather than as a matter of relations between themselves and other people' (Foley 1986: 29). The social interactions in twelve-step programmes can be framed as a solution to this, where anonymity serves as a way to abandon constructions of the self that rely on objects and symbols as the basis for identity formation.

Given that researchers from the U.S. have been hesitant to utilize class-based approaches to health problems, there continues to be a lack of understanding about the role that social class plays in influencing patterns of disease within the U.S. (Isaacs and Schroeder 2004). Furthermore, examining social class as a factor that influences rates of 'addiction' has been as unpopular as using social class as a way to better understand differences in rates of obesity within the U.S. (Drewnowski 2012: 85). Some researchers have suggested that this is because 'Americans like to believe that they live in a society with such potential for upward mobility that every citizen's socioeconomic status is fluid', and that the concept of class smacks of Marxism and economic warfare (Drewnowski 2012: 85; Isaacs and Schroeder 2004: 1137). For this reason, such class-based approaches to problematic consumption are often underfunded, ignored or get less credibility than biomedical understandings of 'addiction'.

I suggest that it is for this reason that an ecological approach to 'addiction' has yet to be put forward as a framework for better understanding this

'disease'. Instead, numerous academic disciplines (as well as many twelve-step 'addicts') seem infinitely more comfortable with situating the problem of 'addiction' within the self. This ignores more inherent problems within the political-economic system, as well as social inequalities embedded throughout larger society. While some have suggested that examining social class offers policy makers little opportunity for health interventions (Drewnowski 2012: 85), focusing on biology, behaviour and culture have become equally problematic.

For example, genetic approaches to 'addiction' have become so pervasive throughout the U.S. that they were shown to influence the ways that OA members understand the reproduction of this 'disease' within families (see Chapter 7, *OA Addict Identities*). Therefore, while class-based approaches may 'smack of Marxism', genetic approaches are beginning to 'smack' of eugenics, and this could have negative repercussions for groups who are already socially marginalized. For this reason, a Marxist approach would be especially useful in places like the U.S., and future research needs to critically examine the role that notions of temperance and self-control play in influencing many cultural assumptions regarding 'choice' and self-restraint.

Comparing what Levine (1993) has termed 'temperance cultures' to non-temperance cultures would be helpful in identifying the role that control and self-restraint play in influencing rates of 'addiction' throughout cultures of consumption (see Introduction, *Feeding, Eating and Compulsive Eating* and Chapter 3, *OA and WW in a Culture of Consumption*). Levine observes that there were nine temperance cultures in the 19th and beginning of the 20th centuries, which included the U.S., Canada, the U.K., Australia, New Zealand, Finland, Sweden, Norway and Iceland (Levine 1993: 2). These countries share few similarities in their drinking norms, however they all share two important similarities that correlate to temperance activity. The first is that a

majority of alcohol consumed was in the form of distilled liquor, and the second is that they were all predominately Protestant societies.

Importantly, these were not societies that consumed the most amount of alcohol, and while wine cultures such as Italy and France had higher rates of mortality from cirrhosis, Protestant societies had more concerns about 'addiction' and the loss of control (Levine 1993: 10). Levine concludes self-control, stemming from Protestant ideologies, is the key social-psychological problem addressed in temperance cultures and contemporary movements that deal with problems of alcohol consumption (and 'addiction'). More specifically, Levine suggests that this comes from Anglo-American Protestantism, which emphasizes individual autonomy and responsibility.

For this reason, multisited comparisons of experiences with 'addiction' are an important area of future research. Comparing the stories from this research to those in non-temperance cultures would help to understand differences in the ways that belief systems within temperance cultures influence patterns of consumption differently than consumer culture. For example, while OA was immensely popular in the U.S., it did not echo at all in countries such as France (Stearns 1997: 210). While the French had an equal commitment to slenderness, they did not have the same struggles against being overweight that people in the U.S. seemed to have. Furthermore, while the French believed that beauty and health were the rewards for thinness, Americans believed thinness would bring better jobs, better love lives and other achievements (Stearns 1997: 210).

This is consistent with Levine's findings that 'Protestantism produced a psychology which stressed the importance of self-regulation and self-restraint' (1993: 9). This is more complex than Featherstone's (1982; 2010) observations regarding distinct health, body norms and body maintenance

strategies within consumer culture. In this way, there is a hyper-vigilant emphasis on self-control within temperance cultures, and this is stronger than that within consumer culture more generally. It is perhaps for this reason that twelve-step members so often utilize the 'Serenity Prayer', which asks, 'God grant me the serenity, to accept the things I cannot change, courage to change the things I can, and wisdom to know the difference' (Vibeke 1997: 103). In saying this prayer, members of twelve-step programmes are critically assessing what they can control and what they cannot, and this helps twelve-step 'addicts' to surrender an unobtainable level of self-control within their everyday lives.

This is consistent with Sassatelli and Davolio's (2010) work on the slow food movement in Italy, where the comparison between this and WW helps to understand how groups create shared identities in order to manage aspects of pleasurable or desirable consumption (see Chapter 4, *Discussion*). In this way, both the Slow Food movement and WW challenge the strict Puritanical notions of restraint from pleasure, and instead embrace the pleasure norms of consumer culture while dealing with the problems of a globalized, fast-food environment. Therefore, comparative studies would help to further discern these differences between temperance cultures and consumer culture, and how belief systems within each influence patterns of consumption. This is crucial for constructing a cohesive ecological framework for understanding 'addiction', and findings from this research are merely a starting point for developing such an approach.

APPENDIX 1

THE TWELVE STEPS OF OVEREATERS ANONYMOUS

1. We admitted we were powerless over food — that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God *as we understood him.*
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong, promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these Steps, we tried to carry this message to compulsive overeaters and to practice these principles in all our affairs. [Overeaters Anonymous 2008[1990]]

APPENDIX 2

THE TWELVE TRADITIONS OF OVEREATERS ANONYMOUS

1. Our common welfare should come first; personal recovery depends upon OA unity.
2. For our group purpose there is but one ultimate authority — a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.
3. The only requirement for OA membership is a desire to stop eating compulsively.
4. Each group should be autonomous except in matters affecting other groups or OA as a whole.
5. Each group has but one primary purpose — to carry its message to the compulsive overeater who still suffers.
6. An OA group ought never endorse, finance or lend the OA name to any related facility or outside enterprise, lest problems of money, property and prestige divert us from our primary purpose.
7. Every OA group ought to be fully self-supporting, declining outside contributions.
8. Overeaters Anonymous should remain forever non-professional, but our service centers may employ special workers.
9. OA, as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.
10. Overeaters Anonymous has no opinion on outside issues; hence the OA name ought never be drawn into public controversy.
11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, films, television and other public media of communication.
12. Anonymity is the spiritual foundation of all these Traditions, ever reminding us to place principles before personalities. [Overeaters Anonymous 2008[1990]]

APPENDIX 3

DATA URLS FOR OVEREATERS ANONYMOUS

'Shares' Used for Detailed Notes From OA Podcast on iTunes

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Atoosa B. Overeaters Anonymous Virtual Speakers Bureau. The L.A. Intergroup of Overeaters Anonymous, podcast audio, September 6th, 2008. http://itunes.apple.com, accessed July 20th, 2009.

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GLOSSARY

3-0-1: A frequent plan of eating used in OA that refers to having three meals a day, nothing in between, one day at a time (Lifeline 2011c).

12 & 12: The Twelve Steps and Twelve Traditions of Overeaters Anonymous, published by Overeaters Anonymous, Inc. This text describes the Steps and Traditions offered by the organization (Overeaters Anonymous 2013d, accessed February 9th, 2013).

Abstinence (or abstinence): The action of refraining from compulsive eating and compulsive food behaviours (Overeaters Anonymous 2013d, accessed February 9th, 2013). Much like 'Fellowship', this term is sometimes capitalized in the published literature, while at other times it is not.

'Addict' Identity: 'Addict identity' is used throughout this dissertation in order to describe understandings of 'addiction' shared by members of twelve-step Fellowships (see Introduction). Therefore, members of OA share a twelve-step 'addict' identity.

'Addiction' (or Drug 'Addiction'): Substance dependence ('addiction') is defined by the *DSM-IV* as a 'maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of…[seven signs and symptoms], occurring at any time in the same 12 month period' (American Psychiatric Association 2000; Blumenthal and Gold 2012).

Alcoholics Anonymous (AA): Alcoholics Anonymous is an international Fellowship of men and women who have had a drinking problem. It is

nonprofessional, self-supporting, multiracial, apolitical and available almost everywhere. There are no age or education requirements. Membership is open to anyone who wants to do something about his or her drinking problem (Alcoholics Anonymous 2013, accessed February 9th, 2013).

Alcoholic Foods: OA slang for personal binge foods. This may be a term isolated to Los Angeles intergroup members, as it was not encountered throughout the OA-approved literature.

Ambivalence: Having simultaneous contrasting feelings. When applied to food, this is the 'nice but naughty' aspect of hedonistic consumption (Rogers and Smit 2000).

Anonymity: A tool guaranteeing that principals are placed above personalities. Anonymity ensures that only the individual member within OA has the right to make his or her membership to OA known to others (Overeaters Anonymous 2013d, accessed February 9th, 2013).

Anorexia Nervosa (AN): Anorexia nervosa is an eating disorder categorized by four criteria in the *DSM-IV* which include refusal to maintain body weight, fear of gaining weight, skewed perceptions of body size and health and for women, the absence of three consecutive menstrual cycles. Following the *DSM-IV* criteria, anorexia can also be considered an 'addictive behavior', alongside other psychological states such as chemical dependency, alcoholism, compulsive gambling and 'sex addiction' (American Psychiatric Association 2000; Gilman 2008: 8).

Big Book: A text entitled *Alcoholics Anonymous: The Story of How Many Thousands of Men and Women Have Recovered from Alcoholism*. First published

in 1939 by Alcoholics Anonymous World Services, Inc. There are numerous editions used by members.

Binge: Eating unusually large amounts of food during discreet periods of time while experiencing the sense of loss of control (Grilo 2012). Binges have been described by researchers as 'orgiastic in nature, and although they end in a groggy feeling of relief in which uncomfortable thoughts are (temporarily) obliterated, they are followed by guilt, self-disgust, and misery' (Weiner 1998: 164). Psychological ambivalence has been indicated as a factor influencing binge eating (Rogers and Smit 2000; Wardle and Beales 1987).

Binge-Eating Disorder (BED): Binge-eating disorder is an eating disorder in the *DSM-IV* categorized as one of the eating disorders not otherwise specified (EDNOS). BED is categorized as recurrent episodes of binge eating without compensatory efforts to counteract the effects on weight (American Psychiatric Association 2000; Grilo 2012).

Bulimia Nervosa (BN): Bulimia Nervosa is an eating disorder defined by the *DSM-IV* that is categorized by uncontrolled eating, extreme weight control, obsession with size and shape. Following the *DSM-IV* criteria, bulimia can also be considered an 'addictive behavior', alongside other psychological states such as chemical dependency, alcoholism, compulsive gambling and 'sex addiction' (American Psychiatric Association 2000; Gilman 2008: 8).

Commodity: A 'commodity' is defined in this dissertation as anything intended for exchange (Appadurai 1986: 9; Cronin 2002).

Compulsive Eating: An inability to stop eating once a person has started. When applied to disease concepts of 'addiction', compulsion is linked to pain and suffering, rather than deriving pleasure (O'Malley and Valverde 2004).

Conference-Approved Literature (OA-Approved Literature): Literature that is approved by the Overeaters Anonymous Conference Literature Committee. These include *Overeaters Anonymous, 2nd edition, The Twelve Steps and Twelve Traditions of Overeaters Anonymous, Voices of Recovery, For Today*, OA-Approved pamphlets, *Alcoholics Anonymous* (the 'Big Book') and *Lifeline* Magazine.

Consumer Identity: 'Consumer identity' is used in this dissertation to describe the shared ways that different groups consume in order to access social status (see Introduction, *Identity and the Body in Consumer Culture*).

Denial ('Addictive' Denial): 'Addictive' denial is caused by the interaction between a chemical substance and the brain. It results in the person's continued use of a substance, despite an awareness of how dangerous it is (Werdell 2012).

Dignity of Choice: An OA pamphlet giving guidance on how to devise an eating plan. The latest version was released in 2004. It gives six samples of plans of eating that have been reviewed by a licensed dietician.

Eating (Human Eating): A behaviour that fulfills biological needs, is a source of pleasure and comfort, and reflects economic, social, and cultural realities and perceptions (Mela 1996; Ulijaszek 2002).

Exercise: A way to refer to the notion of physical activity that emerged in the 20th and 21st centuries. Exercise can be defined in numerous ways throughout history, however for the purpose of this dissertation it is understood as the ability to do work or physically move the body (Coveney 2000).

Feeding (Animal Feeding): A behaviour that is a continuous closed-loop system, whereby food intake and diet selection influence, and are influenced by, an animal's internal state of knowledge of its feeding environment (Kyriazakis et al. 1999; Ulijaszek 2002).

Fellowship (or fellowship): The group of members in OA. This term is sometimes capitalized in the OA literature, and at other times it is not.

Fitness: A way to refer to the strength or endurance level of the physical body (Bordo 1999).

Food Identity: 'Food identities' in this dissertation refers to the ways that groups share a common understanding of how to eat (see Introduction, *Identity and the Body in Consumer Culture*).

Gratitude List: A list of things a person is grateful for. OA members often do this daily, or at times of anger or frustration, in order to shift their perspectives onto the positive things in their lives.

Gray Sheet: The original low-carbohydrate eating plan offered by OA. It was printed on numerous different colored papers before early OA members settled on Gray. The 'Blue Sheet', followed by the *Dignity of Choice* pamphlet a year later, replaced it (Overeaters Anonymous 1996: 171-173).

Group Leaders: Group Leaders are employees of Weight Watchers International, Inc. who lead meetings. They all have successfully lost and maintained weight using the WW programme (Nidetch 1975: 97-98).

Health Identity: 'Health identity' is used in this dissertation to describe the ways that groups share belief systems for understanding 'healthy' living (see Introduction, *Identity and the Body in Consumer Culture*).

Hedonic Eating: A system driving food intake that is not a response to energy signals. Hedonic systems work on cues from odor, memory or the sight of food (Dagher 2012).

Higher Power: OA is not a religious organization, however it is based upon certain spiritual values. Members believe that a power greater than themselves, or a Higher Power, can restore them to sanity (Overeaters Anonymous 2013a, accessed January 29th, 2013; Weiner 1998).

Identity: How a person subjectively perceives who he or she is. Belk (1988) uses this term interchangeably with self (Ahuvia 2005: 174; Belk 1988).

Intergroup: Group division of OA established in the early 1970s (Overeaters Anonymous 1996: 159).

Inventories: Step Four is to make a 'searching and fearless inventory of ourselves'. Inventories refer to this process of self-examination through making an inventory.

Journaling (Writing): A tool for recovery. Many OA members feel like putting their feelings down on paper allows them to understand their actions

and reactions in ways that thinking does not (Overeaters Anonymous 2013d, accessed February 9th, 2013).

Journey: A weight-loss 'journey' is what many WW members refer to when they talk about their time in WW. 'Taking the journey' is what many attribute success to in the programme. This is different than being on a 'diet', where taking the journey is a lifelong commitment to change.

Lifeline Magazine: An OA magazine started in 1963. It was first called the *OA Bulletin*, and was designed as a place where OA members could share ideas and news (Overeaters Anonymous 1996: 75).

Maintenance Steps: Twelve-step vernacular for Steps Ten through Twelve. The Twelve Steps have been described as stages of moral recovery, where the individual has a concrete programme to spiritually reconstruct him or herself. The cofounder of Alcoholics Anonymous called the programme a 'spiritual maintenance programme', and Steps Ten, Eleven and Twelve are attributed to maintaining this spiritually awakened state (Ratcliff 2008).

Meetings (OA): OA meetings are a tool of recovery, and are gatherings of two or more compulsive overeaters who come together to share their experience, strength and hope that OA has given to them (Overeaters Anonymous 2013d, accessed February 9th, 2013). OA has 'open' and 'closed' meetings. Open meetings are open to anyone interested in finding out more about OA, while closed meetings are available only to individuals who desire to stop eating compulsively (Martin 2002; Overeaters Anonymous 2013d, accessed February 9th, 2013).

Meetings (WW): WW meetings are a place to get in-person inspiration from a Group Leader who has lost weight and maintained that weight loss using WW (Weight Watchers 2013f, accessed February 10th, 2013). WW meetings are normally small events for members, however they have larger public meetings, which are bigger events and open to the public (Duchess of York and Weight Watchers 2000).

Nutrition: A 'modern' way of understanding dietary concerns using empirical understandings of the body, health and food. This includes scientific knowledge about nutrients, as well as their pathologies within the body (Coveney 2000).

OA-HOW: A subgroup of Overeaters Anonymous that uses a more structured programme for defining, achieving and maintaining abstinence. The approach uses the concepts of honesty, open-mindedness and willingness for its name, and has its own food plan and daily regimen to follow.

Obesity: Obesity is defined as abnormal or excessive fat accumulation that may impair health. A Body Mass Index (BMI) greater or equal to 25 is overweight, while a BMI greater or equal to 30 is obese (World Health Organization 2012, accessed February 13th, 2013).

Overeaters Anonymous (OA): Overeaters Anonymous is a Fellowship of individuals who, through shared experience, strength and hope, are recovering from compulsive overeating. They welcome everyone who wants to stop eating compulsively (Overeaters Anonymous 2013a, accessed January 29th, 2013).

Palatable Food (Comfort Foods, Habitual Foods): Sweets, fats and exogenous opioids are calming. These are the 'comfort' in 'comfort foods (Blass 2012: 175; Epel et al. 2012).

Plan of Eating (Food Plan): A tool of recovery in OA. OA does not endorse or promote any particular plan of eating. Each member develops a personal plan of eating based on an honest appraisal of his or her own past experiences (Overeaters Anonymous 2013d, accessed February 9th, 2013).

POINTS ('points'): A more simple food plan started by WW in the 1990s. The points system uses numeric values to count the foods that are eaten, rather than focusing on food categories. There are food 'points' and activity 'points' that can be used on the WW programme as a system of exchange (Hendley 2003).

PointsPlus Program: A programme released in 2011 that uses 'points' calculated by fat, protein, carbohydrates and dietary fiber content.

Quickbites: A weekly email sent by WW covering a variety of topics related to the WW programme. These include seasonal eating tips and 'Success Stories', as well as articles about specific weight loss topics.

Recovery: A twelve-step term that refers to the process of healing from 'addiction' using a twelve-step programme. Members often refer to themselves as 'recovering' 'addicts', although some use the phrase 'recovered' (Martin 2000; McIntosh and McKeganey 2000; Overeaters Anonymous 2013c, accessed January 27th, 2013)

Relapse: Definitions of relapse vary greatly, and there is no concrete way of defining a relapse in OA. In drug and alcohol 'addiction', relapse refers to any nonmedical use of alcohol or drugs, failure to attend treatment sessions, or lying about care and other aspects of recovery (Blumenthal et al. 2012).

Reward Eating: Reward eating is suggested to operate on several layers. Rewards with food come from aspects of food consumption such as taste and flavor, during digestion through nutrients and preingestion for aspects such as sight and smell (Small 2012).

Serenity Prayer: A prayer frequently used by members of twelve-step programmes that asks, 'God grant me the serenity, to accept the things I cannot change, the courage to change the things I can, and wisdom to know the difference' (Vibeke 1997). The prayer is designed to encourage a sense of community in its reiteration, rather than enforce any particular religious belief (Weiner 1998: 165).

Service: Service is a tool of recovery. Carrying the message of recovery to others who still suffer is the purpose of OA. Therefore, this is the most fundamental form of service. Others include meetings, putting away chairs, putting out literature, talking to newcomers and doing what needs to be done for the group (Overeaters Anonymous 2013d, accessed February 9th, 2013).

Shares: Refers to the stories told among members of OA and WW (see Introduction and Chapter 2). The book *Recovery A to Z: A Handbook of Twelve-Step Key Terms and Phrases* defines 'share' or 'sharing' as to:

> Impart, reveal, disclose. Speaking up when called on in a twelve-step meeting for the purpose of letting members of the group know more

> about the speaker's 'experience, strength, and hope'. This allows for newcomers in the group to learn how the program works and what it has done for others, familiarizes newcomers with potential sponsors, and contributes to the feeling of fellowship within the group. Each group and meeting has different guidelines and etiquette for sharing (Editors of Recovery Press 2011[2009]: 166).

Sharing: Sharing refers to communicating with others in twelve-step meetings through speaking. This is also used to describe the telling of stories in WW in this thesis. There is a basic hostility to being overly analytical in programmes such as Alcoholics Anonymous, and instead there is an emphasis on honest sharing of outward and inward emotional experience as the key mode of communication, both to insure one's own sobriety and to effectively aid others (Ratliff 2008).

Sober: Sober refers to not drinking. This differs from abstinence, which is a more abstract concept. In Alcoholics Anonymous, many members describe that they stay sober using the power of the Fellowship within the programme (Ratliff 2008).

Socio-Economic Status (SES): A measure of social inequality frequently used in epidemiology. SES is often measured in terms of education, income or occupational prestige. This differs from conceptualizations of class, which are measured through aspects of control over one's own work (Wolfarth and van den Brink 1998).

Spiritual Awakening: A waking up of the spiritual part of the self through working the Twelve Steps. OA members believe that this awakening results in abstinence, and the final step is that 'having had a spiritual awakening as

the result of these Steps, we tried to carry this message to compulsive overeaters, and to practice these principles in all our affairs' (Martin 2000; Overeaters Anonymous 2013c, accessed January 27th, 2013)

Sponsee: Sponsees are OA members being sponsored.

Sponsor: Sponsors are members of OA who are living the Twelve Steps and Twelve Traditions to the best of their ability. They are willing to share their experience with other members and are committed to abstinence (Overeaters Anonymous 2013d, accessed February 9th, 2013).

Staying on Track: Staying on track refers to staying on the WW programme through adhering to their food rules. Tracking food, physical activity and weighing-in is a fundamental aspect of the programme, and therefore routine tracking of these is especially important for staying on track.

Substance Dependence: A continuum of patterns of substance use that have common origins, but disparate drivers. Almost all cases of substance use begin with pleasurable experiences, which result in the desire to use that substance again. This can result in regular use of the substance, which may eventually lead to dependence. Substance dependence is often used interchangeably with 'addiction'. See 'addiction' for further *DSM-IV* definitions of substance dependence (Blumenthal and Gold 2012).

Telephone: A tool of recovery. Member-to-member contact helps people in OA share on a one-to-one level, and this combats the isolation that is common in 'addiction' (Overeaters Anonymous 2013d, accessed February 9th, 2013)

Tools of Recovery: There are nine 'Tools of Recovery' in OA. These are designed to help members achieve and maintain abstinence. They are a plan of eating, sponsorship, meetings, telephone, writing, literature, action plan, anonymity and service.

Tracking: Tracking refers to keeping a record of food in WW. Tracking points, physical activity and weight loss is a fundamental aspect to participation in WW.

Twelve-Stepping: Twelve-Stepping refers to carrying the message of recovery to others. The Twelfth Step is that having had a spiritual awakening, OA members carry the message to others, and practice the principals of the Twelve Steps in all their affairs.

Twelve-Step Programme (Twelve-Step Program, The Programme, Programme of Recovery): A programme using Twelve Steps and Twelve Traditions to recover from problematic behaviours. The first twelve-step programme was Alcoholics Anonymous (AA). AA started in the United States in 1935 (Alcoholics Anonymous 2013, accessed February 9th, 2013).

WeightWatchers.com, Inc.: An affiliate of Weight Watchers International, Inc. It was founded in September 1999 and has the exclusive right under license to operate a business on the Internet using the WW brand (Weight Watchers 2013a, accessed February 13th, 2013).

Weight Watchers eTools: WW eTools are digital tools available for WW members. They can be used to track food, activity and weight, as well as progress charts. There are also recipes and food options online. WW offers

mobile apps for iPhones, iPads and Androids to help with tracking and staying on the plan (Weight Watchers 2013d, accessed February 13th, 2013).

Weight Watchers International, Inc.: A leading global-branded company, which is the world's leading provider of weight management services. WW operates globally though a network of company-owned and franchise operations (Weight Watchers 2013e, accessed February 9th, 2013).