

Questing for Well-Being at Weight Watchers: The Role of the Spiritual-Therapeutic Model in a Support Group

RISTO MOISIO
MARIAM BERUCHASHVILI*

Why do millions of consumers in the United States struggling with the consequences of overconsumption believe that membership in a support group is crucial to their well-being? We examine how Weight Watchers, the world's largest support group, aids its members' attempts at managing their overweight condition. This article advances the view that in the United States, support groups that are organized around issues of overconsumption, such as Weight Watchers, resonate with members' quest for well-being in light of the spiritual-therapeutic model. The spiritual-therapeutic model denotes the understanding of well-being inscribed within the contemporary American cultural milieu. We find that among Weight Watchers members in the United States, the support group acts as a venue for angst-alleviating therapeutic confession, fosters the enactment of the support group as a benevolent system of therapeutic oversight, and facilitates a revitalizing practice of autotherapeutic testimonial.

It has become commonplace for American consumers to turn to support groups as a solution for the challenges of overconsumption. Alcoholics Anonymous, Debtors Anonymous, Shopaholics Anonymous, and Overeaters Anonymous are just a few of the many support groups that address overconsumption—the excesses of Western consumer culture, whether those are manifest in overspending or addiction to alcohol, to food, or even to shopping. Representing, in part, a response to these perils, an estimated 500,000 support groups have emerged since the 1930s (Kessler, Mickelson, and Zhao 1997), reaching the hearts and minds of approximately 75 million adult Americans who quest for mental, physical, and emotional well-being through their association with such groups (Moskowitz 2001). Also

known as self-help groups, support groups are voluntary face-to-face affiliations among consumers who rely on the expertise of members rather than that of health-care specialists to facilitate well-being (e.g., Katz 1981). Given their visible presence in the contemporary American cultural, social, and economic milieu, it is surprising that consumer researchers have left the role of support groups in aiding consumer well-being underresearched.

Our research responds to calls to examine constituents of consumer well-being (Csikszentmihalyi 2000; Suranyi-Unger 1981), as “the field of consumer research has generally under-prioritized scholarship for alleviating problems and advancing opportunities of well-being” (Mick 2008, 377). Although scant, prior research provides some insights about the relationship between consumption and well-being. The majority of such research focuses on the microsocial level of consumers' experiences. Marketing scholars have examined how giving to charity (Liu and Aaker 2008), possessions and loved objects (Ahuvia 2005), materialism (Burroughs and Rindfleisch 2002), addiction (Hirschman 1992), and technology use (Mick and Fournier 1998) contribute to as well as inhibit consumers' well-being. Several others have examined broader macrosocial relationships between consumption and well-being, as seen in studies on the representations of consumer well-being in advertising (Belk and Pollay 1985) and the coconstitutive relationships among well-being and ideologies, cultural values, and the therapeutic and natural health marketplace (Thompson 2004;

*Risto Moisio is assistant professor in the Department of Marketing, College of Business Administration, California State University, Long Beach, 1250 Bellflower Boulevard, Long Beach, CA 90840-8501 (rmoisio@csulb.edu). Mariam Beruchashvili is assistant professor in the Department of Marketing, College of Business and Economics, California State University, Northridge, 18111 Nordhoff Street, Northridge, CA 91330-8377 (mariam.beruchashvili@csun.edu). The authors would like to thank Eric J. Arnould, Mary Celsi, Hope Jensen Schau, and Fleura Bardhi for their comments on versions of this article. The authors would like also to express deepest gratitude to the editor, the associate editor, and the reviewers for their continued support and guidance throughout the review process.

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Thompson and Troester 2002). While these studies suggest that consumption affects well-being and that macrosocial structures shape cultural understandings of well-being, not much is known about how marketplace arrangements such as support groups aid the quest for well-being. How do support groups dealing with issues of overconsumption aid consumer well-being? We address this question, crucial to the broader construction of consumer well-being.

Our article examines the quest for well-being in the contemporary American cultural milieu. We use the notion of the quest for well-being to describe support group members' shared, ongoing attempts at improving their overall well-being. To contextualize our inquiry, we begin by discussing competing theories on support groups' underlying models of well-being. We then provide an overview of the Weight Watchers International Inc. organization and, specifically, discuss how its official agenda diverges from other support groups' models of well-being in the United States. We find that although in its positioning, the organization focuses on physical well-being (weight loss and its maintenance), in the emergent combination of formulaic and free-form conduct of support group meetings, members of Weight Watchers construe their pursuit of well-being in light of the spiritual-therapeutic model. The Weight Watchers support group prospers as it orchestrates the therapeutic confession, the system of therapeutic oversight, and the autotherapeutic testimonial. The findings from this study may be considered as bound by the cultural milieu in the United States. Therefore, it may not be possible to generalize the spiritual-therapeutic model of well-being developed in this article to support groups such as Weight Watchers in other cultural contexts.

THEORETICAL BACKGROUND

Support groups such as Weight Watchers, Alcoholics Anonymous, Narcotics Anonymous, Overeaters Anonymous, and numerous others represent some of the many grassroots-level self-help collectives that facilitate the pursuit of well-being inhibited by overconsumption ranging from addictive gambling to drug abuse to overeating. These groups are spontaneous, voluntary, face-to-face affiliations that require a high degree of personal participation from members who view themselves as helping themselves and each other overcome a common handicap or a life-disrupting problem (Katz 1981). Several qualities define support groups. These include members' shared belief in the powers of the group, the importance of sharing equal rights within the group, the division of leadership at the pleasure of the group, and the free expression of thought and feeling by members (Jacobs and Goodman 1989). The literature reveals two competing models of how support groups aid well-being.

Support Groups and the Spiritual Model of Well-Being

One stream of research on support groups examines the relationship between forms of spirituality and the quest for

well-being (Jacobs and Goodman 1989; Richard, Bell, and Carlson 2002). The term "spirituality" captures a secular meaning system built upon many Judeo-Christian religious beliefs. Such a system has formed the foundation of support groups in the United States, where the efforts by churches, synagogues, and other religious organizations in the 1930s were instrumental to the inception of the support group movement (Wuthnow 1994). The archetype of support groups, Alcoholics Anonymous, as well as others that originated within this movement, framed the quest for well-being as a spiritual endeavor and used religious systems of meaning that encompassed such notions as divinity, good and evil, temptation, sin, guilt, confession, and salvation (Stinson 2001). Despite the reliance on religious notions, support groups were only inspired by religious concepts, not driven by them as an organization (Rudy and Greil 1989). The potency of the religious meaning system is visible even in its reach into secular, modern marketplace arrangements such as brand communities. The study of Apple's Macintosh computer devotees, for instance, shows how loyalty to the brand emerges from consumers' endorsement of the religious-mythological ideas about creation, salvation, heroic quest, or satanic powers (Belk and Tumbat 2005). Also, as seen in the study of the Apple Newton community abandoned by the brand itself, members keep their collectivity alive through the sharing of quasi-religious tales (Muñiz and Schau 2005). Whether it be the tales about either managing to use wireless with PDAs or recovering lost data, or even about the potential reintroduction of the Apple Newton brand, religious mythology present in the ideas of resurrection, afterlife, and miracles alleviates consumers' fears of the extinction of their favored brand.

Support groups' spirituality is largely divorced from supernatural entities such as, for instance, a Judeo-Christian god. Reflecting a broader turn in the United States toward a secular, individualized, and experiential relationship to a "higher power" (Marler and Hadaway 2002; Roof 1996), the spirituality of support groups is anchored in divinity largely void of supernatural underpinnings. In fact, groups such as Alcoholics Anonymous (AA) and Overeaters Anonymous (OA) refrain from an explicitly Judeo-Christian religious stance and instead position themselves as "spiritual programs" whose purpose is the development of spiritual consciousness (Martin 2000). The spirituality of support groups emphasizes a more informal, personal relationship with the divine (Wuthnow 1994). Perhaps as a reaction to the changes in the diminished status of institutionalized religion in the United States, as well as the decay of the role of clergy in the aftermath of industrialization (James 2003; Marler and Hadaway 2002), support groups embrace a generalized view of a divine force as a form of higher power that focuses on a sense of connectedness with other aspects of existence and on an openness to the exploration of broader, supra-individual structures of meaning (Edser and May 2007). The referents of a higher power are matters of individual choices and include the Judeo-Christian god, the support group itself, social relationships within the group,

an unnamed mystical force, a force within persons, the world, or even the cosmos (Rudy and Greil 1989). Thus, the spirituality of support groups is characteristically non-deistic, anchored in a secularized form of higher power.

Support groups implicate a spiritual route to well-being. Their manifest purpose is to help members acknowledge powerlessness over the obstacles to well-being and the attendant need to turn to a higher power and to develop spiritual resources necessary to combat their conditions (Hopwood 1995). For instance, through the 12-step program inherent to many support groups, members of AA or OA learn to recognize their powerlessness in the face of alcoholism, overeating, or other conditions and to seek spiritual guidance (Kurtz 1990; Wasserman and Danforth 1988). As members learn to let go of their “false” sense of personal power, they also let go of spiritual obstacles that hinder their well-being (Lester 1999). These spiritual programs guide their members through the steps toward salvation—a gradual process from the initial surrender to confession of a pathology toward a changed life, which includes offering restitution by means of reciprocal aid provided by other members of the support group (Jacobs and Goodman 1989). Such reliance on spiritual practices originates from the Oxford Group, a post-World War I Christian renewal initiative popular in the 1930s in the United Kingdom (Wuthnow 1994) that invited informal confessional discussions revolving around displays of honesty, the talking-out of emotional problems, unselfishness, and praying to God (Harrison 1958).

The spiritual model of well-being is gendered. The spiritual model is more consistent with a female self-concept rather than a male one. As already implicit in biblical depictions of Eve and Mary, popular cultural viewpoints prescribe women to evoke the language of confession and mark themselves as transgressors in their everyday lives (Spitzack 1990). In contrast, men, like the archetypal biblical Adam, are not marked by guilty consciousness and by the burden of the primal sin in the same manner. Also, the spiritual model tends to prioritize interdependence and connectedness more typical of feminine, expressive modes of spirituality rather than instrumental modes characteristic of men (Thompson and Remmes 2002). Therefore, the gendered qualities of the spiritual model tend to be more descriptive of female dieters’ experiences examined in the current article.

Support Groups and the Therapeutic Model of Well-Being

Another literature stream addresses the underlying relationship between therapeutic ethos and the quest for well-being in support groups. As a foundation for support groups, therapeutic ethos refers to the meaning system that supplanted collective religion-bound salvation seeking with a focus on individual self-fulfillment in the postindustrialization-era United States (Kvale 2003; Lears 1983). Therapeutic ethos is rooted in notions of psychological well-being defined in self-referential terms, with an emphasis on judgments anchored in personal feelings rather than in the aegis

of theology, clergy, or reason (e.g., Bellah et al. 1985). Guided by therapeutic ethos, support groups also foster positive emotional experiences that their members believe to be instrumental to attaining well-being (Kingree and Ruback 1994; Pearson 1983; Powell 1994; Rosenbaum 2006; Wituk et al. 2000). The reliance on therapeutic ethos among support groups originates from the changes in the status of traditional social institutions as vessels of emotional support. Presumably, families, churches, or neighborhoods no longer channel the same potent emotional support they once used to offer (Wuthnow 1994). Filling this void, sources of emotional support outside family or church, such as therapists, counselors, and support groups, have acquired an aura of legitimacy. These alternative institutions of emotional support have emerged as more credible sources of care for the self than the family since the 1930s (Lasch 1977; Rosenbaum et al. 2007). Their appeal is further intensified by the virtual absence of deeper social obligations that the therapeutic support, provided by more intimate institutions such as family, entails.

The therapeutic model of well-being centers on storytelling, whereby support group members share emotional stories about their condition (Denzin 1987). Such public storytelling is often afforded a healing role in support group literature (Davis and Jansen 1998; Kitchell, Hannan, and Kempton 2000; Wolkomir 2001). Talk, accordingly, is attributed the status of a solution to psychological problems impeding well-being (Furedi 2004; Lears 1981; Zilbergeld 1983). Being a member of a support group entails learning the curative and cathartic code of emotionality, which entails the expression of one’s emotions and internal states in public (Kaminer 1993; Kurtz 1994; Moskowitz 2001). For instance, the treatment that AA members experience during their time spent in the support group necessitates learning a new vernacular of expressing emotions and emotionality in front of the group (Bar-Lev 2008; Denzin 1987). As support group members learn “feeling rules” (Hochschild 1979), shared patterns of interpretation of emotions, and blueprints for responding to these emotions, support groups foster the view that storytelling and emotional support are vital to psychic relief and, therefore, to recovery (Wolkomir 2001).

Similar to the spiritual model of well-being, the therapeutic one is also gendered. While no research we know of has specifically addressed this issue in studies on support groups, the therapeutic model may have stronger resonance among women due to its underlying feminine vernacular of emotionality (Illouz 2007). The therapeutic model’s curative mode of emotionality stands in stark contrast to the historical, stoic notions of manhood rooted in a detached, Victorian mode of emotionality (Kimmel 1996). In light of the view that women are conventionally construed as more expressive and communicative (Kennedy-Moore and Watson 1999) whereas men are more emotionally detached, impassive breadwinners, or man-of-action heroes (Holt and Thompson 2004), the therapeutic model of well-being requires men to deviate from their existing, socialized feeling rules that prescribe withholding rather than expressing emo-

tions or even individual weaknesses, especially in public. Hence, the resonance of the therapeutic model with the experience of female dieters makes female dieters the most appropriate subjects for the current study.

WEIGHT WATCHERS SUPPORT GROUP IN THE UNITED STATES

Weight Watchers International Inc. is the world's largest support group for weight loss (Heyes 2006; Katz 1981). The company was started by Jean Nidetch in Queens in 1963 and became a publicly traded corporation in 2001. It hosts over 1.5 million members attending its approximately 50,000 meetings in over 30 countries worldwide (<http://www.weightwatchers.com>). In the United States, the majority of Weight Watchers members are females. Manifesting an antidiet lifestyle framing (Spitzack 1990), membership in the Weight Watchers support group is presented as a choice for healthy long-term behavioral change (Sydell 1998). The weekly fee entitles consumers to access a weight loss program designed around meal-based point counting, to learn about healthy nutrition, to attend weekly meetings, and to participate in Weight Watchers' online forum. Consumers continue to pay weekly fees until they reach their goal weight, and, contingent upon maintaining their goal weight for 6 consecutive weeks, members can become non-fee-paying "lifetime" members. Weekly meetings, the key conduit of the service, are held either at official Weight Watchers sites or at rented spaces in church basements, shopping malls, workplaces, university premises, or hospitals.

While the Weight Watchers organization does not follow a strict format in conducting weekly group meetings, the publicly stated role of the Weight Watchers organization is one of an educator for behavior change. This public role contrasts with how consumers are prone to experience their membership in Weight Watchers. Overweight consumers who want to lose weight, especially females, are likely to approach the Weight Watchers support group as a therapeutic liaison. Participation in the Weight Watchers program may alleviate the profound sense of inadequacy that the overweight condition confers. In cultural discourses, being overweight is posited as an outcome of voluntary choices, laziness, self-indulgence, and a lack of self-control, all of which render individuals to view themselves as inept (DeJong 1980; Maddox, Back, and Liederman 1968; Rothblum 1992). Prior research links such a sense of inadequacy to consumers' tendency to look for therapy (Cahnman 1968; Illouz 2007; Martin 2000). Supporting this argument, research on weight loss support groups brings to the surface an implicit therapeutic undertone of such groups. Within support groups, studies point to the role of the self-help frame and a focus on "feeling talk," celebration of individual weight loss accomplishments, and an emphasis on supportive relationships between members, leaders, and the administrative staff (e.g., Stinson 2001). Thus, while the Weight Watchers organization claims to be an educational, behavioral change agent, prior research suggests that mem-

bers grappling with the social and individual consequences of overweight conditions are likely to view the Weight Watchers support group as their therapeutic liaison.

The Weight Watchers organization does not claim the role of a spiritual liaison either. To a greater or smaller extent, depending on the group leaders in particular locales, the Weight Watchers organization subscribes to a secular agenda focused on helping members master techniques and skills for achieving weight loss (Stinson 2001). This agenda, however, contradicts the cultural meanings of food overconsumption in the United States. Food overconsumption has deep religious-historical roots in such biblical notions as gluttony—the second of the seven deadly sins. In American cultural history, being overweight has been seen as the product of spiritual defects signifying a lack of exercise, surplus of food and intoxicating drinks, and a morally questionable lifestyle (Turner 1982). Beginning in sixteenth-century Western Europe, formerly spiritual practices of fasting evolved into restricted eating—measuring and regulating food intake as a means to pursue spiritual truth, to improve one's health, as well as to incorporate restricted eating into the female self. Within such a perspective, food overconsumption often evokes the spiritual practice of confession (Lelwica 2000). Presumably, confession allows women to normalize their selves threatened by the moral perils of food overindulgence (Spitzack 1990). It is no surprise that the spiritual themes of conversion, battle between good and evil, temptation, sacrifice, confession, and forgiveness have been found to circulate in support group meetings (Stinson 2001), thus suggesting that Weight Watchers also acts as a spiritual liaison for its members.

In summary, as is evident from prior literature, therapeutic or spiritual models of well-being guide the conduct of support groups such as Weight Watchers. However, little attention has been devoted to the potential interactions between these two models. In attempts to better understand how the Weight Watchers support group operates, we examine the interacting influence of spirituality and therapeutic ethos on the quest for well-being.

METHOD

To investigate the quest for well-being among the Weight Watchers support group members, our study deployed multiple methods over a 2-year research period. To gain a perspective of action (Belk, Sherry, and Wallendorf 1988), we deployed nonparticipant observation at weekly Weight Watchers meetings in a capital city in the midwestern United States (60 meetings in the first year and 83 in the second). Each observation occurred over the "microcycle" (Belk et al. 1988) of a meeting. At the request of group leaders, the second author adopted the role of a nonparticipant observer rather than a full contributing member (Adler and Adler 1987). During the meetings, the researcher sat in a far corner of the meeting room and interacted with the Weight Watchers members only with the permission of the group leader, who introduced the researcher to the members and helped solicit volunteers for the study. Observations began 15

minutes prior to the beginning of a formal weekly meeting and ended 15 minutes after the conclusion of the meeting. This approach allowed the researcher to observe member-to-member and member-to-leader interactions across the informal “backstage” and the more formal “front” stage (Goffman 1959). To triangulate across data points (Wallendorf and Belk 1989), the conduct of observations varied the meeting location, time of day, day of week, and group leaders conducting the meetings. This triangulation allowed comparisons of events across leaders and members. The field notes taken during and after the weekly meetings form the corpus of our observation data.

To grasp a perspective on action, we conducted 51 long interviews (McCracken 1988) with members of the Weight Watchers program. We recruited our informants using several methods, including personal contacts, soliciting participation during the Weight Watchers weekly meetings, and snowball sampling. Our informants were women who varied in socioeconomic background and membership status. Our informants were lifetime members (non-fee-paying members who had reached their goal weight and had maintained it for 6 weeks or longer), fee-paying members, and group leaders (see table 1). In the fashion of a phenomenological interview (Thompson, Locander, and Pollio 1989), in our interviews, we focused on eliciting the experiences of being a Weight Watcher using descriptive questions. As our study progressed, we incorporated more structure into the interviews. Aligned with the long interview method (McCracken 1988), later interviews were guided by more structured interview guides focused on support group practices. The interviews ranged from 45 to 120 minutes (75 minutes on average).

Our data analysis utilized the extended case method (Burawoy 1998). Aided by the Nud*ist software, we used prior theories to guide our analysis of the interview and nonparticipant observation data. This included searching for traces of the spiritual and therapeutic models in our data. We began by developing codes for different themes and practices, which we later merged into broader, more general themes and categories (Spiggle 1994). Throughout this initial process of data reduction, we examined codes in light of new data and divided and subdivided codes into new codes. Consistent with Burawoy’s (1991) suggestion to turn to the existing bodies of literature in search of theories to explain anomalous observations, the data analysis process involved going back and forth between different representations of the data and existing theorizations on support groups. Table 2 provides the overview of the themes from our findings.

FINDINGS

We find that in the attempts to achieve well-being through weight loss, Weight Watchers support group members’ conduct is guided by the synergistic, spiritual-therapeutic model of well-being. The quest for well-being at Weight Watchers is organized around three core practices: the therapeutic confession, the therapeutic oversight, and the autotherapeutic testimonial. Each of these aspects of the support group’s

social conduct evokes the notion of the support group as a powerful, supra-individual form of higher entity that facilitates Weight Watchers members’ efforts to lose weight. Members also deploy beliefs grounded in therapeutic ethos to make sense of their weight loss experiences.

Weight Watchers’ Therapeutic Confession

Confession of Pathology: Demystification of the Shared Dieter Status. Weight Watchers membership is grounded in the confession of a shared pathology. In line with the sociologists who suggest that the therapeutic ethos incites engagement in a project of healing from psychological defects and emotional vulnerabilities that impede well-being (e.g., Lears 1981; Moskowitz 2001), membership in the Weight Watchers support group invokes the confession of a self-diagnosed pathology. Members evoke the vernacular of pathologies that highlights individual emotional vulnerability (Dineen 1998; Furedi 2004, 2007), as well as the Weight Watchers members’ view of themselves in need of emotional care.

Similar to the confession of alcoholism as a disease at AA, of drug abuse at Narcotics Anonymous, or overeating compulsions at OA, Weight Watchers members recruit the vernacular of pathology to describe their relationship to food: their love of food, patterns of overeating, and bingeing bouts. Members speak as if all Weight Watchers are addicted to food. For instance, while describing her bodily responses to the feeling of hunger, 23-year-old Jennifer, the youngest informant and relatively new to the program, refers to the experience of addiction: “I compare it to smoking because . . . I’ve never smoked but from people that have quit smoking, I mean they say it’s the same way. You have the cravings, you get irritable, you just don’t feel the same.” Such views, underscoring pathology, form the basis for an affinity among the members of Weight Watchers. The belief in addiction is strengthened by the members’ perception that the outside world fails to recognize that Weight Watchers members can be addicted to food. Akin to addicts in need of outside help, Sherry, a group leader with a lifetime status and almost 15 years’ tenure at Weight Watchers, posits that therapeutic, outside intervention is a necessity: “We [Weight Watchers] are people who need help. It’s no different than helping alcoholics or drug addicts in recovery.” Like addicts who feel overpowered by substances they abuse (Hirschman 1992), members view themselves as captives of food, lacking in willpower: “Food, it’s got a power over me,” as Grace, another Weight Watcher on her third time rejoining the program, confesses. Such self-diagnoses add to the feeling of powerlessness associated with the recurrent episodes of giving in to temptation. Evoking a therapeutic vernacular allows members to render their overweight condition as the product of a rather uncontrollable affliction and vulnerability in managing it (Furedi 2004).

Labeling their condition as pathological is therapeutic for the Weight Watchers members. As depicted in prior research on support groups, whether among those suffering from

TABLE 1
INFORMANT CHARACTERISTICS

Pseudonym	Age	Occupation	Marital status	Education	Weight Watcher status
Ada	58	Day care provider	Married	HS	Member
Alice	36	Graduate student	Single	BA	Member
Andrea	25	Graduate student	Married	MS	Member
Anna	53	Staffing secretary	Married	Some college	Member
Anne	64	Bookkeeper	Married	HS	Member
Caroline	35	Registered nurse	Married	BA	Member
Diana	53	Psychotherapist	Married	PhD	Member
Elizabeth	44	Volunteer coordinator	Married	BA	Member
Evelyn	51	Entrepreneur	Single	BS	Member
Faith	30	High school teacher	Married	MA	Member
Gabrielle	40	Business consultant	Divorced	BA	Member
Grace	53	Administrative technician	Single	Some college	Member
Hannah	32	Bank manager	Married	Some college	Member
Jane	44	Registered nurse	Married	BS	Member
Jennifer	23	Training specialist	Single	Some college	Member
Lauren	54	Girl Scouts coordinator	Married	BA	Member
Lily	47	Research technologist	Divorced	MS	Member
Madeline	25	Food services	Single	BA	Member
Paige	52	Assistant coordinator	Married	BA	Member
Keylee	28	State investigator	Single	BS	Member
Rebecca	45	Administrative assistant	Single	BA	Member
Renee	60	Administrative employee	Married	HS	Member
Samantha	38	Director of recruitment	Engaged	MA	Member
Sarah	30	Graduate student	Single	MS	Member
Sonia	56	Sales representative	Married	Some college	Member
Valerie	26	Research assistant	Partnership	MS	Member
Velma	56	Executive director	Single	BS/MA	Member
Victoria	50	Store manager	Married	Some college	Member
Angela	46	High school teacher	Married	BS/MS	Lifetimer
Emily	60	Administrative support	Divorced	MA	Lifetimer
Erin	50	Administrative assistant	Married	BA	Lifetimer
Jeanne	49	High school teacher	Married	BA/MA	Lifetimer
Jenna	50	Coordinator	Married	BA	Lifetimer
Jerrie	37	Paraeducator	Married	BS	Lifetimer
Joyce	53	Social worker	Married	BA	Lifetimer
Laura	50	Registered nurse	Married	BS	Lifetimer
Leah	33	Administrative support	Married	BS	Lifetimer
Lidya	44	Archeologist	Married	BA/MA	Lifetimer
Mary	50	State employee	Married	BA	Lifetimer
Megan	33	Assistant professor	Married	PhD	Lifetimer
Molly	24	Graduate student	Single	MS	Lifetimer
Olivia	59	Social worker	Widowed	Some college	Lifetimer
Rachel	52	Public relations	Married	MA	Lifetimer
Sierra	46	Unemployed	Married	Some college	Lifetimer
Sophia	31	Research chemist	Single	MS	Lifetimer
Stephanie	59	Secretary	Married	Some college	Lifetimer
Zoe	30	High school teacher	Single	MS	Lifetimer
Natalie	35	Stay-at-home mom	Married	BS	Leader
Sheila	52	State employee	Married	Associate's	Leader
Sherry	45	Business manager	Married	BS/MS	Leader
Tracie	49	Aging specialist	Married	Associate's	Leader

alcoholism, overeating, or drug addictions (Furedi 2004; Kitchell et al. 2000), membership in support groups allows consumers to give meaning to their condition (Karp 1992). Support groups not only demystify the conditions from which consumers suffer, many of which are ambiguous, contested, and difficult to treat (Adler and Adler 1987; Barker 2002; Bülow 2004; Yaskowich and Stam 2003), but also offer reassurance to consumers who feel abandoned by the institutionalized health-care system (Jones 1980). However,

through confession, group members not only integrate ill-being experiences into their self-understanding (Yaskowich and Stam 2003) but also find comfort. The meetings' ability to inculcate members' belief in their afflicted status is comforting. Jerrie is a lifetime member who, at the time of the interview, was struggling to get back to her goal weight. She shares how attending one of the meetings when she had just joined Weight Watchers helped her realize that food-portion control would remain her crutch:

There was a gentleman in the room that said, if you think that once you reach goal, you're finished with Weight Watchers, you're fooling yourself, because if you have a food issue, you're always gonna have that food issue. You're never gonna be done with it. And I think that's why it's so important for me to keep going to the meetings. That was like a light bulb—"Okay! If you have trouble with portions, you're always gonna have it" . . . so for me, it's something I'm always gonna have. One of the things that I've noticed at Weight Watchers is that when people share, they'll say "well, you know, I was at goal and now I, you know, obviously didn't go to the meetings, now I'm back, a few years later." (Jerrie)

For Jerrie, hearing the fellow Weight Watcher's confession reveals her own pathology. Aided by the Weight Watchers community, she finally understands why she has had such a hard time with portion control—she, like many other Weight Watchers, suffers from a permanent condition. Such a belief may in effect perpetuate a self-view that pathology is normal, or at least normal for the group (Krause 2003). Treating this condition requires a lifetime commitment to the Weight Watchers as a way of life rather than as a short-term diet, a viewpoint aligned with the Weight Watchers' antidiet discourse (Spitzack 1990). This view is further strengthened by the social proof offered by "lifetimers," members who have met and maintained their weight goals but continue attending meetings, some even for 20 or 30 years. Thus, the repeated telling of individual and shared stories of affliction confirms individual experiences of affliction (Arminen 1998). Among Weight Watchers, the support group serves to validate and give meaning to the members' afflicted status.

Confession of Failure: Achieving Moral Redemption.

The confession of failure is another recurrent practice that has both spiritual and therapeutic characteristics. This practice is rooted in the spiritual belief that for women, overeating is a moral transgression that necessitates confession (Arminen 1998; Lelwica 2000; Spitzack 1990). We encountered confessions of failure across observations and interviews. Repeatedly, we heard how members recounted their stories of faltering in their attempts at self-discipline as they tried to eat only 12 potato chips instead of an entire bag, a couple of bites instead of four pieces of cake, a half-cup of ice cream instead of half a gallon. Other exemplary challenges included bypassing the McDonald's drive-through instead of ordering a super-sized meal, or exercising instead of crashing on the couch after work. Often prompted by weigh-ins, where members are confronted by failures to reach their weekly goal weights, members are motivated to account for their failures by confessing eating binges, episodes of "pigging out" on holidays, eating at favorite fast-food restaurants, or secretly eating sweets, desserts, or cookies, to name a few. Thus, like the members of AA, who openly confess in their 12-step program that they are powerless over alcohol, Weight Watchers members attest that they face at times insurmountable difficulties resisting everyday food temptations.

Among members, meetings are viewed as ideal contexts

for confessions of failure. Reminiscent of cultural tales of "psychic misery" about suffering and emotional trauma, which crystallize the viewpoint in today's North American media and confessional TV genre that one must talk out the experiences of affliction (Illouz 2007), meetings provide a legitimate forum for openly sharing transgressions and providing an account to oneself and to others. Indeed, confession is cherished; it allows members to engage in what they see as unburdening. We find that Weight Watchers champion the belief that public, emotional talk possesses revitalizing, cathartic properties (Furedi 2004). Even group leaders frequently iterate the folk belief that stocking up negative experiences can cause damage to psychological well-being. As Madeline reveals, meetings allow, if nothing more, the opportunity "just to even vent. Like, 'Oh, I'm frustrated because I can't do this [the program],' you know. Somebody's there just to listen . . . [I] like to vent my frustrations. And then I feel better after." Jane, another member who is 3 pounds shy of reaching her first milestone, losing 10 percent of her body weight, further describes this unburdening quality of confession: "I've heard people really let it out . . . I mean too much almost sometimes . . . they'll get into their personal stuff . . . their relationships . . . who they're blaming why they're heavy, and I feel kinda bad for them." Members view attending meetings as opportune moments for confession; "That's what the meeting's there for," claims Madeline, a 25-year-old member who joined Weight Watchers with the goal of losing 100 pounds.

At meetings, these therapeutic confessions of failure appear also to be highly contagious. In response to a confession, other members often feel that they can or perhaps even should share their own transgressions, as Rebecca, a 45-year-old member who has recently undergone a necessary knee surgery because she was able to lose enough weight, explains: "After everybody comes in and you weigh in, then you sit down before the meeting. There are people that'll be like, 'Oh, I gained a pound,' but people don't hide that. They'll pretty much come out." The contagious property of confession is evident when isolated confessions can often escalate into a collective "coming out," a phenomenon we repeatedly encountered as we heard how one member's confession invited others to confess as well. An instance of confession may encourage disclosures, as the group leader also prompts other members to report similar transgressions. This contagious nature of confessions is rooted in the notion that confessions invoke acts of reciprocity in the form of one's own confession. Keylee, a 28-year-old member who has joined Weight Watchers for the second time after regaining the 50 pounds she lost previously, describes how the presence of others propels her confession:

It's easier when other people start to talk in the group about problems they're having. So you feel safer 'cause of the environment to talk about it . . . you know . . . it's not so embarrassing, 'cause it's not so individualized because you know that someone else likes to eat at night, or someone else craves chocolate a lot, or they have problems staying on track. So I think it makes it easier in the meeting to talk about

TABLE 2
OVERVIEW OF FINDINGS

Support group practices	Definition	Exemplary quotes
Therapeutic confession: Confession of pathology	Disclosures that render dieters as afflicted by a pathology give meaning to support group members' experiences	<p>We at Weight Watchers are like those struggling alcoholics, we have a problem with food. We don't wanna give up things that are easy for us. It's easy to open a package of cookies and eat 'em instead of spending time making salad. Our brain is kinda like a record with deep grooves in it that plays itself over and over again. And gettin' out of those grooves been hard. (Tracie)</p> <p>You know it's great to hear that you are not the only person that has this problem . . . because we do have a problem, we can't control our eating, and other people who don't have a weight problem don't take it seriously . . . so you start to wonder too but then you have all this people in a meeting and by talking to them, you realize that yeah, I do have an issue. (Natalie)</p>
Confession of failure	Disclosures of transgressions in following support group's program absolve individuals from the burden of guilt	<p>I go to meetings because it helps me to talk in front of people, it's easier for me to tell them, the group, and the leaders that I messed up . . . when you tell bad things you done, everyone tries to be there for you, and be understanding, and to me, that's very comforting. (Evelyn)</p> <p>It's [being at a Weight Watchers meeting] like being in therapy sessions, so many people in America do all sorts of therapy, for marriage, and personality disorders, and you just name it. I think that's what helped me sharing my problems out loud. I feel better once I've confessed because I can put it behind me and move on. (Sonia)</p>
Therapeutic oversight: Voluntary surrender to a system of surveillance	Enactment of the support group as a surveyor that monitors individual's quest for well-being	<p>I need to feel accountable to someone else other than myself . . . and that's kinda what happens at the meetings, someone else weighs you in and . . . I mean you don't know everyone who comes there . . . 'cause if it were your mom or somethin', they cut you slack but it's like you feel more responsible for your own weight loss when it's other people, and you know you can't hide if you gained. (Molly)</p>
Support group as a parental figure	The view of the support group as an omnipresent, parental figure that oversees members' performance on support group's program	<p>I . . . know that there's some kind of monitoring of that going on. It's like a child, a kid almost. I mean it almost is. It's like a kid who's gonna go nuts because nobody's home to watch what they're doing. But I won't go nuts if my mother's sitting in the next room. There's some boundaries there, which I think [this] other presence, other authority helps you to maintain. (Velma)</p> <p>It's like having someone watching over you even if you're not in that meeting . . . it's ingrained in us that we just can't eat whatever but we gotta be mindful with or without it [Weight Watchers]. (Mary)</p>
Support group's punitive agency	Compliance with the program stems from support group's potential to undermine transgressor's social self	<p>You know whether you gained or lost that week, when the leader announces the group weight loss to the end of the meeting, you're still included in that total weight loss, you know? . . . You are in there, in that number, and when you know that I didn't lose any that week . . . someone else is pulling what you should've done, you know? . . . You don't wanna be that person who got no discipline, we're all in it together . . . you gotta do your part, for yourself and for others, sure. (Anna)</p>

TABLE 2 (Continued)

Support group practices	Definition	Exemplary quotes
Autotherapeutic testimonial: Autotherapeutic testimonial as a revitalizing practice	Celebration of members' successes in following the program revitalizes members	It is the best feeling when you stand in front of the people and tell them you done it . . . it makes you feel like the top of the world . . . and even if it's not me being celebrated up there, it just makes me try even harder [on the program] so that the next time I can share my victory. (Valerie)
Autotherapeutic testimonial as an authenticating practice	Celebration of members' successes in following the program authenticates members and the program	The recognition makes you realize that you have succeeded, that it's not a fluke, that's not happenstance, it's something that you've really done. It's something that you should be proud of, that you tried and you succeeded . . . other people hearing you just makes it that much more important, I guess. (Diana) The program works, if you work it, that's what the leaders say and I believe it's true. It's about you doing it and getting there . . . but you need the group to help you get there along the way. And that's why we do those testimonials, we get up there and share our story . . . it's different when you tell your husband, or . . . when you tell 50 other people in the meeting, you are a real witness to what's happened to so many other people . . . you can see in their faces they understand where you're coming from, and they are happy for you and cheer you on. And I'll be just as happy when one of us makes the goal. (Lidya)
Autotherapeutic testimonial as a transformative practice	Celebration of members' successes in following the program transforms members' selves	I think in that moment [during testimonial], even after, you just feel special, you're talking to all these people and sharing your own recipe for success, and maybe others are looking up at you . . . maybe they tell my story to their family when they go home. (Megan)

having those problems 'cause everyone else is having those problems too, so you don't feel like it's just you.

As Keylee's quote reveals, confession normalizes dieting failures by rendering individual ones less idiosyncratic. Such confessions of failure do not, however, normalize members' overweight conditions; rather, they normalize the inevitability of failures in exercises of self-discipline. As already discussed, many members in fact view being overweight as a consequence of the inherent inability to manage their relationship with food. This inability is construed as one of the main reasons that members default on the Weight Watchers program guidelines. While some members may feel self-conscious about confessing their inabilities to follow the support group's program, perceived commonalities in confessions seem to lower barriers to confession. Hearing about dietary failures casts the member's own slip-ups as common and frequent occurrences that can be shared with others.

The atmosphere of the meetings is central to promoting moral redemption through confessions. However, whereas attaining redemption at other support groups such as OA entails a turn to a supra-individual, divine force to whom members confess the moral defects of character that sup-

posedly underlie patterns of overeating (Martin 2002), the Weight Watchers members confess to the support group. Perhaps guided by the view that publicly admitted addict statuses carry an aura of legitimacy, and perhaps even a certain glamour in popular culture (Illouz 2003), confessions enfold members in the nonjudgmental gaze of the support group. The atmosphere of the meetings is positive and forgiving. Members never see themselves judging but rather helping one another to transition to a more "positive frame of mind," as suggested by Hannah, a young member on a mission to lose 45 pounds to ease the pain in her back and knees: "It's nice to kind of have that lightheartedness about if . . . everybody messes up and everybody's been through these, eating the M&Ms or things like that. So, it is a positive environment. Even though some of the things that you do as far as what you eat are negative towards your weight loss, but it's made positive." Weight Watchers feel that in the aftermath of a confession, they are no longer carrying the heavy burden of guilt on their conscience. Faith, a member who wants to get rid of the "baby fat" gained during pregnancy, describes this guilt-alleviation property of therapeutic confession:

It's . . . like a confessional. I see my meeting as a do-over, so if I had a bad week we joke because we compare it to a confessional and some people start their points for the next day as soon as they go in that meeting. I'm looking forward to the meeting because it's probably not gonna be the easiest week for me, but no matter what, it's a do-over and I can start all over again so instead of seeing myself as a complete failure I think I just had a bad day or a bad week and now I can just look ahead and fix whatever it was that needed fixing.

The quote speaks to the idea that confession absolves members of the moral defects of their character entailed by dieting failures. Like the act of confession in the Christian faith, confessions pave the way for moral absolution (Spitzack 1990). According to Faith in the above quote, confession allows members to wipe their dietary consciences clean. In the aftermath of confession, members begin a new cycle of "getting back on the program" that marks the rebirth of a Weight Watcher's self with no history of transgressions. Freed of the past, the confession allows members to approach the future without guilt. In particular, the group leader plays a pivotal role in facilitating the experience of redemption. Diana, a member who holds a PhD in psychology and herself practices youth counseling and psychotherapy, says: "[The group leader] took the guilt off my shoulders and it was like someone sharing my guilt and understanding my problem, and my stumbling block." Thus, the community of dieters as a whole discloses in concert their transgressions, which are normalized under the empathic, collective gaze of the support group.

Weight Watchers' Therapeutic Oversight

Grounded in the contemporary cultural view that agents outside the family, such as counselors or therapists, possess therapeutic legitimacy as facilitators of psychological healing (Lasch 1977; Miller and Rose 1994), Weight Watchers view their support group as a crucial facilitator of well-being. The curative power of the support group is rooted in a panopticon-like system of oversight (Foucault 1995), anchored in the procedure of weigh-in that is an overture to every group meeting. Even though weekly weigh-ins are performed privately between the member and the group leader, they are perceived as public—visible to other members. Like prison inmates who are not aware of whether they are being watched, Weight Watchers never know for sure whether other members evaluate their weight gains and losses. Nevertheless, members believe that others are likely to somehow detect their weight loss progress or regress. Embracing such a belief collectively contributes to the emergence of an implicit weighing system that casts members as each other's guardians, in effect providing the discipline, monitoring, and feedback. However, in members' perspectives, it is not an individual member per se but the support group as a whole that is afforded a capacity of oversight over the others.

Staying Accountable: Voluntary Surrender to a System of Surveillance. In members' own accounts, the therapeutic oversight brings to the surface the notion of individual accountability. Weigh-ins are viewed as the means to stay accountable. While the weigh-in happens in a physically delimited private area, Weight Watchers nevertheless sense the watchful presence of the support group. Members believe that watching over the members' weight loss progression during public weigh-ins reveals the truth. Emily, a lifetimer considering becoming a Weight Watchers group leader, likens the situation of being weighed in to a courtroom where members cannot hide their transgressions: "When the truth comes—when you go in and you get on the scale and you think, 'okay I shouldn't have done that,' then you can't hide from it." Alluding to the presence of supernatural powers, members also believe that the scale itself houses the omnipresent and watchful spirit of the support group: "But when you step on the scale . . . and it's almost shouting it at you. You can't escape the mighty scale, you know" (Lauren). Lauren's remark highlights the belief that members cannot hide from their transgressions in the support group.

In Weight Watchers' view, accountability to the support group is a key to successful weight loss and, therefore, individual well-being. Members believe that they need to be watched over—someone else has to weigh them, record their weight loss or gain, and provide feedback on their progress. The complicit submission of members to the watchful eye of the support group originates from the shared belief that Weight Watchers as individuals lack the internal psychological resources needed for maintaining discipline within the Weight Watchers program. Viewing themselves as transgressors, members like Erin, a lifetimer who referred to herself as a "repeat offender" for having rejoined Weight Watchers on four previous occasions, recurrently expressed the view that independently they lack the discipline needed to follow the program: "I believe that if you're in a program of that kind, unless you're extremely disciplined, extremely committed, I do not think most people can lose weight on their own. I really don't. I think you have to be a very, very strong person to make sure that you do all the steps right along the way. I'm not that strong."

Erin's quote exposes the belief that external monitoring compensates for the inadequacy of self-discipline. In Erin's view, hardly anyone possesses the internal strength to follow through on the weight loss regimen. Like other Weight Watchers, Erin is convinced that members cannot muster the needed strength without the help of the support group. Other members and the broader community act as guardians, enforcing individual compliance with the program and paving the way toward well-being.

Watching over Your Shoulder: Support Group as a Parental Figure. The power of the support group over individuals is made possible by members' tendency to view the support group through the vernacular of a parental figure that oversees their weight loss efforts. As made salient by

members' stories, Weight Watchers tend to evoke the view of the support group as a parental disciplinarian, and by implication, think of themselves as the children of the disciplining agent. Stephanie, a 59-year-old lifetimer who has maintained her weight loss for 6 years, likened the role of the support group to "Big Brother": "It does help to have somebody there looking, Big Brother watching you over your shoulder. I have to go and weigh in; I get on my scale at home, and it's like, 'Oh yeah, this is okay.' But to have to go and know that somebody else knows . . . is different."

The familial, Big Brother trope reinforces the self-ascribed powerlessness forged in the members' minds through confession. The control of the support group is, however, localized. Stephanie emphasizes the helpfulness of the watchful eye of the community, an eye believed to be missing at home. For members like Stephanie, the support group represents an onlooker, an anonymous body of fellow Weight Watchers that casts an omnipresent gaze. As made apparent in members' descriptions of the purpose and function of the group, this view of the support group as a parental figure has the peculiar effect of infantilizing members' statuses. For example, to describe her potential reactions to the absence of outside monitoring, 56-year-old Velma evokes the metaphor of a child who will wreak havoc unless she has adult supervision: "The psychology of it is that I . . . know that there's some kind of monitoring of that going on. It's like a child, a kid almost. I mean it almost is. It's like a kid who's gonna go nuts because nobody's home to watch what they're doing. But I won't go nuts if my mother's sitting in the next room. There's some boundaries there, which I think [this] other presence, other authority helps you to maintain. And that's what I'm looking towards is to making it happen."

This quote depicts the power of the support group, with Velma invoking the child-adult simile. The oversight for Velma's (the child's) weight loss is deferred to the authoritative gaze of the support group (the mother), without which she is prone to cheat on her diet. In the absence of internal psychological resources, members outsource surveillance to the omnipresent gaze of the support group. The support group as a parental caretaker keeps members in check. Members believe they would be otherwise prone to fail at recording actual daily food intake in their food diaries: "I need to go because it's easier to lie when there's only yourself, like, 'Oh, that didn't count. I don't need to write that down'" (Faith). According to Faith, the young mother struggling with postpregnancy weight, the therapeutic oversight of the support group is integral to successful point counting, a vital behavior on the Weight Watchers program. Being in the support group helps enforce point counting, as Rebecca hopes that losing weight will bring her "bad" cholesterol level down. She points out: "It makes me have to realize that I have to get on the scale and someone's got to look at my weight and so if I cheat they're gonna know, but not like they're gonna tell anybody, it's just kind of keep you honest realizing that." Thus, animated in members' minds as the omnipresent disciplinarian, the support group secures

members' compliance with the program outside the meeting room.

Keeps Me Honest: Support Group's Punitive Agency.

An important emergent property of the therapeutic oversight is also the support group's punitive agency. As a function of members' endorsement of the belief that transgressions in following the weight loss program are failures of individual morality, the support group acquires a subtle ability to inflict punishment upon its members who fail to live by the rules. This ability of the support group to punish its transgressing members further solidifies a relationship of power by interplaying with fears of embarrassment, a moral punishment. Such fears are internalized and shared, and meetings play a key role in sustaining such fears as they make salient members' failures to meet their target weight loss goals. Victoria tells a story that explains how members assess their performance relative to the collective loss of weight:

She [the group leader] keeps a total of what is lost, what this group lost. I remember she announced that we lost, I think 23 or 26 pounds this week. Well, if you think about that . . . I counted around the room, there was more than 25 or 26 people in there. So, think about it, if you dwelt on that very long, it's like, you know, we didn't even lose a pound apiece, if you passed it around the room. It's not the best way to feel about yourself if you happen to be the one who did not lose anything for that week.

Victoria is raising her 6-year-old granddaughter in lieu of her daughter's long-term incarceration. During the interview, she emphasized her determination to lose weight and become healthy for her granddaughter's sake. Victoria feels uneasy about her failure to live up to the implicit obligation to lose weight, a source of moral punishment that members may be motivated to avoid. Caroline, a relative newcomer to Weight Watchers, explains how she tries to avoid the punishment by not being the "weakest link": "You don't want to be the weakest link . . . you don't want everyone else to lose and you to be the only one that gained." From this perspective, the normative oversight contains an implicit threat of self-flagellation. Yet, the benefits of "being watched" by others outweigh the costs of not belonging to the support group. Suspending active membership in the community takes away the presence of the Big Brother that keeps weight loss failures at bay. Members believe that if they separate from the community, they are likely to fall back into old habits. Laura, a lifetimer and a nurse by profession, expresses this belief: "Now that I'm lifetime, I have to weigh in once a month so I can't take a break. If I take a break and go back to my old habits, I'll be up 10 pounds again. Knowing that I have to go in and still weigh in once a month really keeps me honest. I need that. It's obvious that I need that."

Laura expands on the commonly shared belief that the support group membership is crucial even long after members have reached their target weight. Many members attest

to this, even stating that they are “in it” for life. Lifetimer Jerrie articulates this viewpoint, emphasizing that in the absence of the group’s watchful eye, members will falter: “If you don’t go to the meetings or you lose touch with those people . . . then that means really that you’re kind of floating off. I think the meetings are important. Just its accountability.” The support group curbs member misbehavior, preventing members from being derailed from their weight loss regimens and from losing track of the broader purpose of weight loss. Thus, the quest for well-being among Weight Watchers relies on a recourse to a higher power, the support group viewed through the vernacular of a parental figure.

Weight Watchers’ Autotherapeutic Testimonial

“I Want That to Pour Over Me”: *The Autotherapeutic Testimonial as a Revitalizing Practice*. In addition to the therapeutic confession and the therapeutic oversight, we also find that testimonials are an indispensable part of every meeting. The practice of testimonials is a counterpoint to the therapeutic confession and the therapeutic oversight. Members need to be reminded about the ability of the support group to further members’ quest for well-being. The autotherapeutic testimonial aids the individual and collective revitalization of the members’ quest for well-being. Testimonials are autotherapeutic practices, since they render members themselves as the prime agents of their own improved well-being, offsetting the sense of powerlessness brought about by confession and the accountability to the support group. A field note excerpt below describes an instance of autotherapeutic testimonial:

With only 5 minutes left till the end of the meeting, the group leader announces that there are also individual awards. She reads from a piece of paper that [Lily] has lost her first 5 pounds, and as the leader spots the member in the room, she walks to her and hands her a 5-pound bookmark. Others applaud . . . the leader announces that last but not least [Maggie] has reached her goal weight today and that she has lost 55 pounds total. As the group claps and cheers with “you go, girl,” the leader asks the member to step forward and share her success story with the group. (Field note, location no. 3, 05/23/2005)

As revealed by the nonparticipant observation note, testimonials are secular, celebratory moments commonly described as positive reinforcement. Unlike religious testimonial, the autotherapeutic testimonial does not celebrate the powers of the transcendent. Rather, the autotherapeutic testimonial celebrates the efficacy of the support group. The cultural status of testimonials has origins in the system of jurisprudential law, where it benefited from its role as a form of truth telling (Willen 1983). The celebration bears the characteristic of festivity surrounding individual accomplishments that mark the capacity of the support group to facilitate weight loss, as lifetimer Sierra points out: “They are commemorating, they’re celebrating the good . . . all the good little accomplishments as well as the big ones.

Because everything is worth noting whether it’s . . . 5 pounds or half of a pound.” At Weight Watchers, all individual weight loss accomplishments are worthy of positive reinforcement and collective celebration.

Testimonials evoke a contagious positive effect that possesses an almost transcendental, spirit-like energy. Gabrielle describes the revitalizing, energizing impact during a testimonial: “One girl, it took her forever to lose her first 15 pounds, and she finally did a couple weeks ago and it’s like, sweet, great job, way to go and we both got really excited and I don’t know how to explain it, sharing that excitement motivates you to continue.” The excitement that spills over suggests that testimonials embody a potent, spiritual energy that diffuses among the members, or as Victoria terms it, the energies “pour over”: “I want that to pour over on me. I want them to help me with that, mentally, a little bit of mental endorphins, or something . . . you sit there and people will say something and it’s like, ‘I’m gonna do that.’ I need to be fed mentally. Give me the courage to think, yes, I can do this. ‘Cause it’s hard. It’s not easy.”

Not a Fluke: The Autotherapeutic Testimonial as an Authenticating Practice. Testimonials are not mere positive feedback but rather authentication. Testimonials’ key role is to verify, through public witnessing and concomitant celebration, individual members’ weight loss accomplishments. At Weight Watchers, testimonials represent a secular form of its religious predecessor that gives voice to members’ experiences (Nelson 2005) and veridicality to the claims of the Weight Watchers program as a regime of weight loss that delivers results. The autotherapeutic testimonial gives human form to the abstract proposition of success. The secularized format of testimonial is also consistent with the view of testimonial as a performance rather than an act of submission to a higher power (Kroll-Smith 1980), as the role of the audience is pivotal in solidifying the efficacy of the support group’s program. For members themselves, autotherapeutic testimonial validates their achievements. Lauren, who is in Weight Watchers together with her husband and daughter, points to the validating role of the support group as the defining audience in testimonial: “You want someone to tell you you’ve done good. I want someone to say, ‘You’ve lost weight, I can see it in your face.’” Diana, a psychotherapist by profession, shares how testimonials verify the weight loss underscoring the efficacy of individual efforts: “The recognition makes you realize that you have succeeded, that it’s not a fluke, that’s not happenstance, it’s something that you’ve really done. It’s something that you should be proud of, that you tried and you succeeded. It just makes you feel better about yourself.”

In an emotionally charged tone, Diana unveils how testimonial certifies personal weight loss achievements. Articulated in the form of public recognition, the support group’s presence authenticates members’ individual efforts. The emergent, collective process crystallizes individual histories characterized by enduring attempts at losing weight in moments of victory and engulfs these moments in the feeling of pride. These accomplishments are symbolically marked

by the award ceremony that emerges as a public, festive arrangement where weight losses are verified. Yet, it is also the public presence, which reminds members that successes are simultaneously individual as well as collective feats.

Tokens accompanying celebrations materialize testimonials. To mark success, the group leaders award small tokens of recognition. Many of the tokens (e.g., a 5-pound star refrigerator magnet, a 5-pound star bookmark, a keychain in the form of clapping hands, number 10 or 16 representing either the percentage of total body weight lost or the number of consecutive weeks on the program) are designed to be vicariously consumed outside the meetings, and they are cherished as valued reminders of successes. These tokens act as mnemonic possessions for members. As a part of an individual's self-presentation, tokens signify members' commitment to the Weight Watchers support group. Tokens publicly define the member's passage toward well-being, evoking awe and excitement as markers of a shared journey. Gabrielle, who joined Weight Watchers after a difficult divorce to get into shape and start dating again, describes the motivating quality of tokens as public markers of success: "The little stars . . . these little things they give us are nothing, I mean, you give them to kindergarteners. They're just little stars and little keychains, but it's recognition from your peers who are with you in this battle, basically it's these people who are doing the same thing you're doing, they're fighting the same temptations and urges and not wanting to exercise so when you have a victory, it's celebrated as it should be because it is a victory. It motivates you to continue, motivates me to continue."

Tokens symbolize collective efforts and dedication to the same cause, clothed in individual accomplishments. The receipt of a token is accompanied by the placement of members in the spotlight. The group leader prefaces the testimonial by awarding the token as a signal of victory and by inviting the victorious member to step in front of the group. In singling out a member of the group and placing that person on a pedestal, leaders make members into local role models to their respective weekly groups. The receipt of tokens marks members as special and unique individuals, as suggested by Caroline, who, being at the beginning of her weight loss journey, values all the positive experiences on the program:

Because it makes you feel special and I think there's a lot of motivating factors in publicly recognizing somebody for an accomplishment and I think it just makes you feel spectacular. It gives you all the more motivation to keep going because you just want to get to that next milestone. You want to reach goals and celebrate and you hope you don't want to celebrate with food. It's hugely motivating and empowers you to continue on. If nobody made a big deal about it—I mean you can't just do it for that, you have to do it for yourself, but it's a huge deal to have people cheer you on.

As can be seen from the reiterations throughout the quote, testimonial has liminal properties (Turner 1969). It transitions members from the status of a regular member to that

of an accomplished member. The moment of public recognition temporarily increases the status of an individual member over others through the notion of the "success story." Akin to walking down the red carpet that marks individuals as celebrities, the momentary spotlight associated with success stories glamorizes members' accomplishments. At Weight Watchers, through the autotherapeutic testimonial, members feel like local celebrities for a fleeting second. For the collectivity, these are symbolically charged moments.

"You Can Be Inspirational to Others": The Autotherapeutic Testimonial as a Transformative Practice.

Like any symbolically charged, liminal event, testimonials also evoke new obligations. The testimonial and its associated public cheering revitalize members. Akin to the view of testimonials as commitment mechanisms in churches (McGuire 1977), being present during a testimonial makes members feel empowered to continue their weight loss efforts within the support group. No longer ordinary, but rather bestowing a local celebrity aura, testimonials help transform members into spokespersons for the Weight Watchers lifestyle, capable of imparting to others valued lessons about how to lose weight successfully. Hannah, who at the time of the interview had recently reached her 25-pound-loss milestone, attests to this: "I had gotten my 25-pound award, and I had somebody come up to me afterward, and she's like 'how long did that take you?' I kind of told her, 'well, it took me this long, there's a lot of times where I wasn't doing the program, and if you do the program, it probably won't take you quite as long.' Yeah, you can be inspirational to others."

As described by Hannah, others in the group experience fellow members' victories vicariously. The potency of testimonials as inspiration to others stems from the perspective that testimonials are a more truthful, accurate, and unbiased (Coreil, Wilke, and Pintado 2004) form of anti-intellectual, first-hand experiential, "having been there" knowledge (Borkman 1990; Rosenberg 1984). They offer insight unavailable elsewhere in an era where institutionalized health care and its treatments have lost some of their credibility among consumers (Jacobs and Goodman 1989; Katz 1993; Lee 1976; McGee 2005). In effect, the ability to share the testimonial in a small group facilitates the merging of individual selves. Members vicariously connect to other members' victories and feel part of the positive emotion associated with other members' weight loss achievements. This gives an opportunity even to those members who do not achieve their weekly weight loss targets to vicariously experience the joys of weight loss.

The recognition by other Weight Watchers gains potency against the background of the rest of the world that fails to recognize the importance of the members' testimonials as a rite of passage (Gennep 1960; Schouten 1991). Rebecca is a member whom we interviewed right after she had celebrated her first milestone—staying on the Weight Watchers program for 16 weeks. She describes the public testimonial as the culmination point in the Weight Watchers program

that cements the view of the support group as a highly valued part of the members' lives and their quest for well-being:

Knowing that others have accomplished that goal . . . gives me the encouragement to say I can do this too . . . and it's just like when you're in a sorority or something and that's kind of how it is, so it's like we're all like brothers and sisters when it comes to the weight battle but we're all here to support each other. You come here and nobody looks at anybody to say, 'oh God' . . . you don't think that but if you go to other places, people kind of judge you, but here nobody judges anybody so whether you're 400 pounds or if you're 120 pounds or you just need to lose 10 pounds, nobody judges you. Everybody supports you and they're there for you, so that's the good thing, that there's support and then plus, you have leaders and people that've been in the same boat you are . . . they started off overweight, and that's why they all joined Weight Watchers.

Rebecca expands on how merely witnessing a testimony can be enough to revitalize a Weight Watcher. Testimonials are experienced as vicarious emotional events that strengthen bonds between members sharing the same journey toward well-being. Members are, in Rebecca's words, in the same boat, a vessel with the same destination, and feel encouraged as a collectivity that commitment to the support group and its program will eventually destine them to weight loss. Thus, testimonials help forge the experience of the Weight Watchers as a unique and special group, in which members share a family-like relationship. In the emotion-laden, intimate, and encouraging climate that the testimonial fosters, Weight Watchers feel individually and collectively revitalized in their quest for well-being.

DISCUSSION

The substantive contribution of this article lies in illuminating how support groups focusing on issues of overconsumption facilitate the quest for consumer well-being in the United States. Our theorization and our constructs are characteristic of the contemporary American cultural zeitgeist. We find that neither spiritual nor therapeutic models of well-being separately, as conceptualized in the prior research, provides a parsimonious account of the roles played by the Weight Watchers support group in its members' ongoing attempts at losing weight and achieving well-being. Rather, our findings advance a novel, alternative explanation. We find that the hybridization of spiritual and therapeutic systems of meaning in the support group's conduct accounts for the resonance of the Weight Watchers support group in its American members' experiences. The therapeutic confession, the therapeutic oversight, and the auto-therapeutic testimonial represent the culture-bound constructs of our theoretical model (see fig. 1). We believe our model is broadly applicable to a range of support groups in the United States organized around issues of overconsumption.

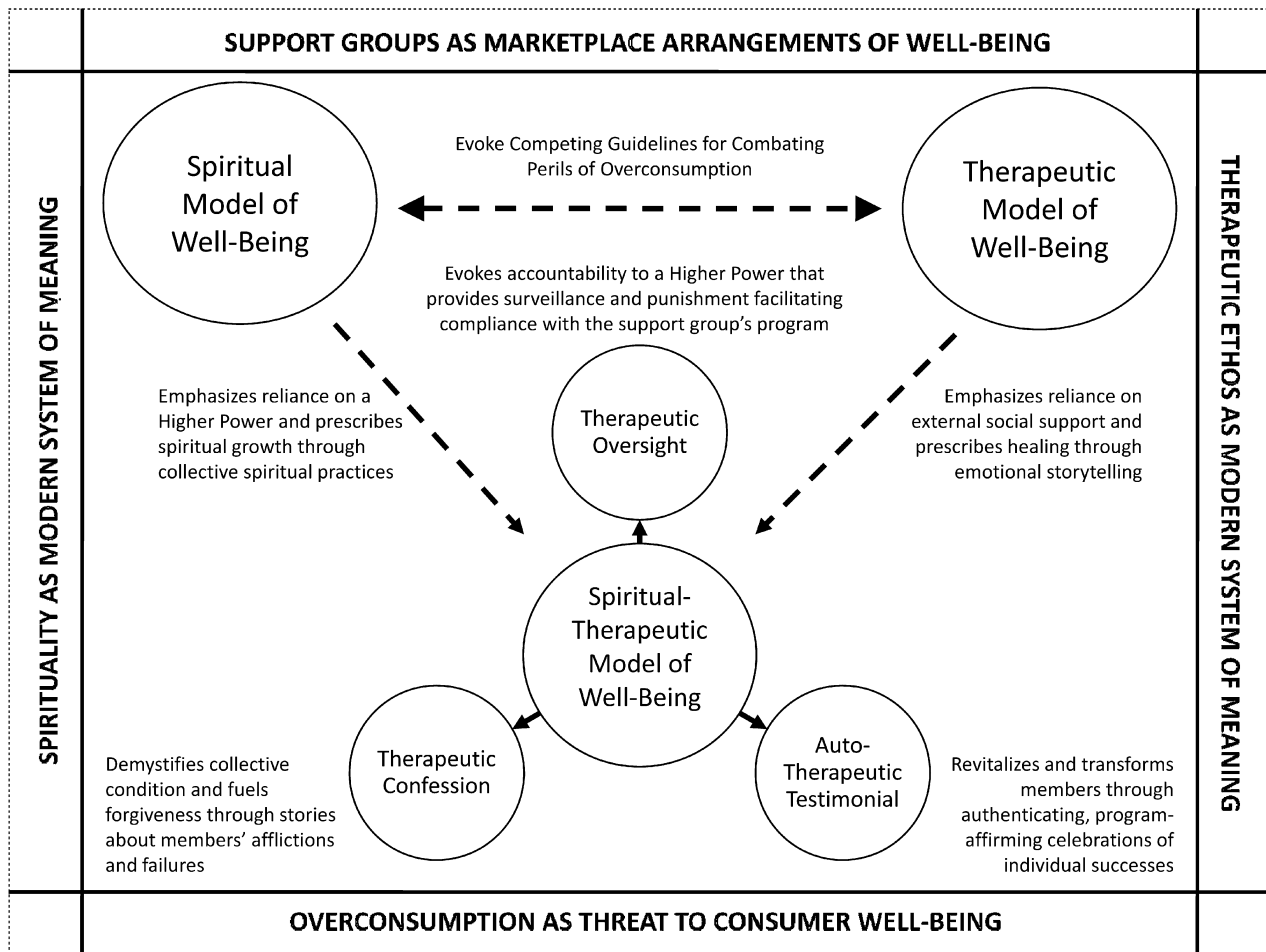
The spiritual-therapeutic model emphasizes the synergistic hybridization of spiritual and therapeutic meaning sys-

tems in the service of well-being, characteristic of the contemporary cultural era in the United States. First, consider the therapeutic confession. Confessions of the Weight Watchers members' overweight condition are construed as therapeutic and experienced as comforting. At the same time, in light of spiritual beliefs, confessions of failure represent spiritually absolving, angst-alleviating practices that facilitate forgiveness for members' transgressions. Second, the practice of the therapeutic oversight affords a compliance-inducing role to the support group. Herein, spiritual beliefs serve to mystify the nature of an individual's own surveillance. Members suspend the belief in their own capacity for self-discipline and instead outsource surveillance to the support group viewed as an omnipresent entity with an almost mystical capacity to enforce compliance with the support group's program. To justify such outsourcing of self-discipline, members construe the surveillance system as a replacement for lacking psychological resources. Finally, emanating from the spiritual meaning system, members share the belief that testimonials attest to and celebrate weight losses that recognize the support group's efficacy. Therapeutic beliefs, for their part, account for the way in which testimonials are experienced as a transformative, revitalizing practice.

The spiritual-therapeutic model helps us understand how support groups emerge as irreplaceable partners in consumers' quest for well-being in the United States. Support groups leverage a union between spirituality and therapeutic ethos to foster member loyalty. Opportunistic in nature, the seamless hybridization of spiritual and therapeutic meaning systems in the daily conduct of support groups allows addressing different aspects of member experiences, forging vital continuities, and smoothing over potential contradictions. Consider, for instance, the tendencies toward demystification of afflictions and mystification of personal responsibility in confessions. Support groups deploy therapeutic notions to provide soothing comfort and to alleviate anxiety stemming from members' experience with their conditions. At the same time, support groups' recruitment of spirituality facilitates the experience of forgiveness through which members are able to put past transgressions to rest and move forward. Similarly, psychologically rationalized submission to a higher power allows members to find comfort in the compliance-inducing embrace of the therapeutic oversight. Further, facilitating the experience of forgiveness through confessions, and the celebration of individual weight loss successes through testimonials, affirm the superior status of the support group. These practices underscore the Weight Watchers support group's potency to foster well-being. Guided by the spiritual-therapeutic model, American Weight Watchers' support group conspires with the member belief that members cannot lose weight on their own.

Beyond developing the spiritual-therapeutic model of well-being, our study contributes to the literature by revising existing theorizations of consumer vulnerability, in particular, as they pertain to American consumers. Previous scholarship claims that the therapeutic ethos disenfranchises con-

FIGURE 1
 SPIRITUAL-THERAPEUTIC MODEL OF CONSUMER WELL-BEING IN SUPPORT GROUPS



sumers by invoking the language of vulnerability and legitimizing the need for lifelong reliance on a support group (Cain 1991; Valverde and White-Mair 1999). Thus, scholars have argued that marketplace structures such as support groups fuel consumer vulnerability. Popular-media conduits such as the *Oprah Winfrey Show*, the *Tyra Banks Show*, *Dr. Phil*, or *Montel Williams* are often cited as the promulgators of the view that addiction, dysfunction, and trauma represent obstacles to one's psychological well-being (Illouz 2003; Jacobs and Goodman 1989; Moskowitz 2001; Nelson 2005; White 1992). These tales cultivate the view that personal psychological inadequacies account for one's inability to handle common life stresses (Dineen 1998). For instance, in her analysis of Weight Watchers, Heyes (2006) criticizes the corpus of the organization's promotional materials for concealing perennial dependence on membership in the Weight Watchers support group to achieve and, more importantly, to maintain weight loss.

We contend that critics of therapeutic ethos overemphasize the metaphors, expressions, and language of vulnera-

bility that seemingly render consumers as vulnerable. Evoking the vernacular of vulnerability does not mean that consumers become vulnerable, dependent, and incapable of living meaningful lives of their own. Our findings counter the view of consumer vulnerability as the product of individual traits and situational factors (Baker, Gentry, and Rittenburg 2005) or as the combined effect of class-based and situational factors (Commuri and Ekici 2008). In contrast, our study suggests that in the United States, vulnerability is a malleable vernacular that consumers deploy to further their well-being, and recognition of vulnerability is only a precondition toward well-being. As our findings demonstrate, the recognition of vulnerability among the Weight Watchers members sets the ground for alleviation of guilt, anxieties, and feelings of personal inadequacy. Vulnerability unites the Weight Watchers members into a tightly knit, empowering community. Vulnerability becomes the foundational assumption for the system of therapeutic oversight, which institutes the support group as a benevolent master-guardian overseeing the quest for well-being. The practice

of autotherapeutic testimonial, for its part, creates hope for those viewing themselves as vulnerable. The autotherapeutic testimonial is revitalizing in light of members' recurring failures to follow the Weight Watchers program. Even if they are more exceptions than regularities, celebrations of weight loss successes prove true to the American success story—members prevail through effort. Thus, vulnerability acts as an enabling vernacular.

Finally, the findings from this research also contribute to the research program on marketplace cultures (Arnould and Thompson 2005). An important core assumption of this research program has been that marketplace communities are a "corrective, or at least ameliorative, response to two effects of market logics, namely, its tendency to weaken social ties and to reduce or homogenize self-expression" (Kozinets 2002, 34). Scholars have posited that marketplace cultures such as brand communities are societal reactions to the fragmentation of modern life, industrialization, globalization, and isolating individualism that fuels "an active quest for alternative social arrangements and new communities" (Cova and Cova 2002, 596–97). Muñiz and O'Guinn (2001) go so far as to posit that marketplace cultures are a response to the postindustrial age. Support groups such as Weight Watchers are argued to be substitutes for the sociality that, in the past, was offered by churches, families, and neighborhoods (Wuthnow 1994).

We advance a complementary theoretical proposition. Rather than positing support groups as substitute communities in the United States, we suggest that consumers draw upon a more pluralistic network of social relationships that aid different aspects of individuals' lives. Our findings suggest that support groups resonate with the need to seek emotional support of like-minded others with the same affliction. Our informants spoke of the members in their groups as "fellow sufferers" united by shared struggles. This suggests that consumers turn to support groups not so much to ameliorate the absence of support at home or in their own social networks but rather to locate a complementary system of social relationships that offers a different type of support. Support groups constitute a system of support focused on solving a very specific problem—it is a support system that often cannot be obtained from other immediate social networks. Support group members carve up similar, authentic, and credible experiences of suffering that forge the group together as a haven of empathic, emotional lay experts. Therefore, marketplace cultures emerge as complementary, not as substitute vessels for sociality and social support.

Our research opens up new avenues for further studies on consumer well-being. One area for future scholarship would be to examine conceptual boundary conditions of the spiritual-therapeutic model in the United States and elsewhere. Our observations reveal that not all consumers want to be active support group members. Many Weight Watchers members retreat to the sidelines of the support group meeting, perhaps experiencing the meetings only vicariously. Our study provides limited insights about the spillover benefits accrued to less vocal support group members. Does mere

vicarious participation in support group meetings allow consumers to benefit from these meetings? To what extent is vocal participation in group practices personally beneficial? Addressing these questions would yield valuable academic and practical insights into concomitants of consumer well-being in support groups.

A related opportunity would be to examine the countervailing ideological influences on support group practices. In the context of Weight Watchers, one such countervailing influence is the pro-obesity movement in America. Our interviews and observations did not echo the pro-obesity undertones, but the Weight Watchers organization and the support group as a whole do not exist in a void. The influence of the countervailing viewpoints promoting benefits of a full-figured physique is prone to linger in the background of group meetings. Do such countervailing viewpoints jeopardize the quest for well-being? Does importing these alternative viewpoints lead to a collective revision of the prevailing definitions of well-being, or perhaps the ways in which consumers set out to achieve well-being? We welcome future research that would address these questions.

Finally, future studies could also examine the emotional dimension of support group conduct. Our research suggests that the social cultivation of emotions may play a crucial role in facilitating consumer well-being. However, due to our current conceptual focus, we did not examine emotions further. Theorization about how social collectivities cultivate emotions such as hope would be a welcome addition to the primarily psychological treatises of hope (MacInnis and de Mello 2005). While insightful, the current psychological focus tends to reduce emotions to individual experiences bereft of their social origins. Research from a sociological perspective could help us understand how marketplace arrangements cultivate emotions.

CONCLUSION

In today's North American consumer culture, consumption has turned into a burden for some. Yearning for weight loss, American consumers turn to support groups for help. We unpack how the Weight Watchers support group does more than just lead members toward leaner bodies. The support group, as a spiritual and a therapeutic companion, provides a commune for like-minded members sharing the same afflictions and struggles. In American consumers' perspectives, the support group is a disciplinary guardian that oversees their quest for well-being. In the comforting fold of the support group, members celebrate authentic albeit fleeting moments of weight loss successes. As a revitalizing force, the support group acquires the aura of indispensability in consumers' lives to lead them on the path toward well-being.

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