

The Ideology of Overeaters Anonymous

by John Suler and Elaine Barthelomew

Overeaters Anonymous is a self-help group for overweight people or, in the group's words, for "compulsive overeaters." Founded in 1960, the group's philosophy and methods were deliberately modeled after Alcoholics Anonymous. Much of its literature is identical to that in A.A. with the word "food" substituted for "alcohol." Over the past three decades the group has expanded to a national organization that includes local chapters in each state and some in foreign countries. In recent years it has ventured into helping other food-related problems such as anorexia nervosa and bulimia.

This article evaluates O.A.'s effectiveness by applying a conceptual model for investigating the therapeutic function of ideology in self-help groups (Suler, 1984). The major conceptual premise of this model is that a self-help group is founded on an ideology—a system of beliefs, attitudes, and values—that helps its members define their problem and how it can be alleviated. The ideology guides the intended purposes of the group and organizes the therapeutic process. According to the model, we can study

O.A. by examining: 1) how the group handles the basic ideological issues confronted by all self-help groups; 2) the group's activities for transmitting, maintaining, and applying the ideology; and 3) the various levels at which the ideology functions therapeutically.

The particular group examined here was a chapter of O.A. located in a college town consisting of a middle- and upper-middle-class community ("Newtown" Chapter). Approximately 25 people, age 25–55, were regular members of the group; 75 percent were women. The chapter had existed for eight years with a steady increase in membership.

One of the authors, a former member of O.A., joined this chapter and participated in it for eight months. This participant observation served as an unobtrusive method for tapping sources of information, as suggested by Suler (1984) and Antze (1976), that can reveal a group's ideological structure. An in-depth, structured interview also was conducted with four volunteers during the last months of the study: "Nina," 26, director of an aerobics club; "Marge," 44, high school teacher, married with four children; "Terry," 42, single, elementary school teacher; and "Beth," 46, married, housewife with two children. The interview focused on the history of their problem, their joining and participating in O.A., and their belief systems before and after entering the group.

BASIC IDEOLOGICAL ISSUES

Internal or External Attributions

Whether a self-help group makes an internal or external attribution about the cause of its members' problem will determine the group's values about plans for remedial action. Some groups believe the problem is within its members, resulting in an inner focus where energy is concentrated on coping with the members' difficulties; other group's attribute the problem to the political and social structure, resulting in an outer focus emphasizing political and social change. Scientific evidence may be cited by the group to substantiate their choice, but ultimately the attribution is supported by the power of belief and, therefore, is an ideological decision.

The Newtown chapter, in keeping with the tradition of O.A. and other weight-loss groups, adopts internal attributions. The group's belief is that obesity is the symptom of a disease, "compulsive overeating," that has physical, emotional, and spiritual components. The illness can be controlled but not cured. These beliefs parallel A.A.'s notions about alcoholism as compulsive drinking—except the alcoholic must learn to forgo alcoholic beverages, while the overeater cannot completely abstain from food.

Often O.A. refers to overeating as a form of "insanity," which some critics view as a heavy-handed strategy for proselytizing and insuring adherence to

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the group's rules. But once one is aware of the uncontrollable behaviors that often drive people to seek help from the group—lying about eating, eating secretly, hiding food, stealing money to buy food—then the insanity concept seems more plausible.

Nina: I could not control my compulsion at all. I would kill, kill anyone in my path to get food. Powerlessness is not being able to concentrate, to listen to people because of food. It's bumping into walls because of blurred vision, or slurred speech because of a sugar hangover. *Beth:* Outsiders don't understand. I mean I would do anything for chocolate. I used to say that if someone had chocolate and that they would cut my hand off if I grabbed for it, I would go for it and take the shot!

The physical explanation of compulsive overeating attributes the person's problem to an increased tendency to secrete insulin upon the sight and smell of food. Medical evidence supporting this theory is complex and controversial, which perhaps explains why members of the Newtown chapter do not dwell on the biological explanations of their problem.

The ideological emphasis on the psychological and spiritual components of compulsive overeating more directly influences the group's beliefs and activities. From the psychological perspective, being overweight is viewed as a symptom of an underlying emotional problem such as guilt, loneliness, or the suppression of anger. One of the most important of the "Twelve Steps," the core ideology adopted from A.A., is the "moral inventory" that requires members to inwardly search, acknowledge, and atone for the psychological shortcomings that have hindered their personal and interpersonal life and exacerbated their overeating. It is an ideology of insight and self-understanding.

Terry: Eating was a way of coping with any kind of feeling that I had. The feeling of not belonging, of not fitting in. I didn't realize that at the time, but I know looking back that it was. It was some kind of consola-

tion. It was the biggest pleasure in my life. If I gave up food there would be nothing left.

Beth: I realized it was emotional fat that I had. About 200 lbs of emotional fat in my head. I ate because I was sad, happy, negative, whatever. It was the first alternative to everything. That gave me as much heartache as my physical fat.

Contrary to attitudes that are common in our culture, the group insists that the emotional problem is not simply a matter of being too weak-willed to resist food and dieting. Compulsive overeating is considered to be an illness that lies beyond the person's "will-power" to overcome. The insulin theory partly supports this belief, but more important is the group's idea that being egocentric and overly confident about one's abilities tend to perpetuate

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the problem. This is clearly reflected in the group's beliefs about the spiritual aspect of overeating. It recommends surrendering oneself to a "higher power." Exactly what this higher power is, or how it helps the person, is deliberately explained in broad and elusive terms. The group encourages its members to define the higher power and experience its influence in their own way.

Identity Management

The ideological choice between internal and external attributions will determine whether a self-help group accepts or rejects society's values and its prejudices about the group members' problem. "Ameliorator" groups admit and attempt to resolve their problems, while "redefiner" groups reject social stigma and attempt to change society's definition of its members as abnormal (Stein-

man and Traunstein, 1976). Theoretically, groups for the overweight could fall into the redefiner category by making external attributions. They could reject cultural values emphasizing thinness, perhaps adopting a "fat is beautiful philosophy." Or they could attribute obesity to a cultural zeal for food saturated with sugar and fat. Rather than trying to lose weight, campaigns might be directed toward changing society's discrimination of the obese or its poor nutritional habits.

Rarely has a group promoted this philosophy; an "ideology of thinness" typically predominates (Allon, 1973). Taking a redefiner stance and challenging society's values is difficult in our culture that is preoccupied with trim, thoroughly exercised bodies. For these reasons, research on weight-loss groups often has pointed to the effects of cultural stigma and "fatness" as the focus of a person's identity that degrades all other aspects of that person. Some weight-loss organizations heighten this cultural disdain for obesity and use humiliation tactics to coerce members to diet (Norman, 1984).

O.A., including the Newtown chapter, accept the cultural preference for thinness, but can maintain identity integrity by attributing their obesity to physiological causes. Society's attempt to label them as weak-willed also is counteracted by this physiological explanation and by the group's proposing their own psychological explanations of obesity—explanations that are more sophisticated and less derogatory than the cultural weak-willed notion.

The fact that the Newton chapter upholds the principle of anonymity does indicate its concern about prejudice. However, we did not find an overpowering ideology of thinness. Though aware of society's preoccupation with being trim and fit, the members appeared surprisingly unaffected by the current level of cultural fanaticism. Fatness was not the focus of one's identity; humiliation and ridicule tactics were strictly avoided. An atmosphere of acceptance prevailed, whether one lost or gained weight.

Terry: TV has the idea that "Thou shalt be thin." I think it's crazy. But I don't think it's the cause of our

problem. I think that this inside problem that I have and other people have is that they use food to cope with life. I think that's more of a problem than Madison Avenue saying you have to be thin. Because even fat people who don't care about Madison Avenue use food to cope with life.

Social and Expressive Interactions

An important ideological issue, especially for groups making internal attributions, is whether interactions among members should be encouraged as a specific objective of the group. These interactions may range from semistructured formats for socializing to in-depth therapeutic encounters. Back and Taylor (1976) described "expressive" groups that strive for interpersonal development by encouraging self-disclosure, as opposed to "pragmatic" groups that are educational, provide advice, and have some concrete objective.

O.A. has educational functions (offering practical information about nutrition, dieting, and obesity), but it does not emphasize these activities; it assumes its members can acquire this knowledge. A more important function is the opportunity these groups provide for overweight people to socialize with others who share the same problem. Allon (1975) describes these activities as "sociability for its own sake" and as a "latent social service," which corresponds to conceptualizing it as a highly valued, but implicitly stated, component of the group's belief system. However, references to overeating as a "disease of isolation" and to the need for "making the contact" are common in the Newtown chapter. The therapeutic importance of social activities seems to be a manifestly expressed feature of their ideology.

Terry: The most important thing I do is not live in the shell I did before, totally engulfed in myself and food, in my little world. O.A. showed me how to change. Part of it was stopping the isolation. I'm not staying by myself and not answering the phone. O.A. has given me methods for opening up to people, for opening myself to the world out there.

The expressive function of the group is explicitly defined in the O.A. belief system. To openly acknowledge and explore emotional and social difficulties is the essence of Step 4, the moral inventory. Allon (1975) suggests that structured activities for self-disclosing and sharing are analogous to processes in genuine psychotherapy groups. But unlike group therapy, the Newtown chapter does not encourage its members to express feelings, especially hostility, about and directly to each other.

This is to be contrasted with other weight-loss groups that prompt their members to ventilate feelings, especially hostility, towards each other (Wagonfeld & Wolowitz, 1968). Avoiding the interpersonal issues within the group may be a protective device that shields the meetings from strong emotional dynamics that if exposed and mishandled could disrupt the group's activities and cohesion.

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Isolation or Integration

The ideology must determine how much the members should rely on the group to fulfill their social and psychological needs. It must include values indicating whether the group should integrate its members into society or serve as a substitute community isolated from outside influence. For stigmatized people, the urge is strong to fulfill exclusively within the group their needs that are often neglected by traditional institutions.

The Newtown chapter adopts an ideological stance that balances isolation and integration. References to the "great fellowship," the need to "make the contact" with other members during times of trouble, and the importance of placing the group's ideology before personal desires ("place principles before personality") all point to a vital social force that channels energy into group solidarity and identity. The ideological emphasis on anonymity also insulates the group from the out-

side world.

These forces that shape the group as a substitute or supplemental family are counterbalanced by the group's acknowledging and supporting the individual's participation in familial, occupational, and recreational groups outside O.A. The group encourages its members to take what they learn about themselves in O.A. and apply it to their outside life.

Marge: O.A. has allowed me to develop a discipline that I can apply in many areas of my life. It has really given me the opportunities to become the kind of person I wanted to be, to do the things I wanted to do. It has allowed me to funnel my energy into areas I am interested in. It definitely has made a difference in my family life, not only with my husband but with my teenagers.

GROUP ACTIVITIES

To understand the role of ideology in a self-help group, it is necessary to investigate the ceremonies and rituals that accompany that ideology and are the vehicles for expressing and maintaining the group's belief system. Members readily adopt and benefit from the ideology when there are clear formats for guiding their thoughts, feelings, and actions. "The program works when you work it," the Newtown chapter advises—to which we add that the program, to be workable, must offer structured group activities. O.A. achieved this goal by modeling itself after A.A. The procedures it adopted were effective because they are grounded in the social psychological principles of attitude change theory.

In O.A. sponsors play an important role in the transmission and maintenance of the ideology. "Food sponsors" instruct newcomers about the practical aspects of dieting and receive daily reports about whether or not the diet was violated. To confess about transgressions alleviates guilt and heightens commitment to the group. "Step sponsors" counsel newcomers about their progress through the 12-step system and are a primary source of emotional support and psychological advice. As "old-timers" they present themselves as knowledgeable and successful exam-

ples of how helpful the ideology can be. As people who have "made it" they sustain the faith of those who have not.

Beth: If they were abstinent then I could be abstinent. And there is always someone in the group who is abstinent. All you have to do is find them and talk to them. It helps me feel trust, trust that it will work.

Terry: I wanted what I saw. I wanted the serenity these people had. I wanted to live the way they were living. I saw success in the group, and I wanted that.

The sponsors also benefit from their roles as counselors. According to the helper-therapy principle (Riessman, 1965) and the concept of a therapeutic core to the self-help philosophy (Suler, 1984), people can be therapeutically transformed by helping others. To instruct novices about how to interpret and apply the group's teachings, they choose those arguments they themselves find most convincing. In effect, they persuade themselves and recast their own experiences in light of the group's philosophy. Sponsoring rejuvenates their dedication to the ideology. So important is this process that the group explicitly declares the principle of "Twelfth Stepping," the culmination of the 12-step system that heralds "carrying the message" to others.

Another formal procedure, also rooted in the philosophy of Twelfth Stepping, is known as "qualifying." During general meetings, O.A. members stand before the group and "tell their story." They describe the history of their compulsive overeating, confess their shortcomings, and declare how the program helped them. Similar to sponsoring, the social psychological effect is the renewing of faith and commitment to the program. The public context has the added advantage of boosting the power of the self-persuasion in the speaker while crystalizing group cohesion around the ideology. When relatively new members who have shown success volunteer to qualify, the occasion serves as a rite of passage into full status as a group member. When more experienced members qualify, often at meetings of other O.A. groups, the effect is the networking of

chapters and the maintenance of the ideology across the O.A. community.

Nina: Qualifying made me feel stronger. It supported my program that I had shared with people. It confirmed a lot of things I had talked to my sponsor about. Afterwards people thanked me. They shared a lot of things with me, problems I had alluded to. That really helped. It brought me closer to the group. I felt a lot more support from the group. Listening to myself while I talked opened up things to me. It made me think of situations, of things I may have overlooked before. It really opened me up to sponsoring, to doing things in the group that were intimidating to me before.

Marge: I get a little piece of people when they qualify. In some way, something about themselves, they are like me. It's an appreciation of what they are going through. It's a sharing. It's beautiful. I can't put it into words.

The general meetings and step meetings are the two weekly functions of the O.A. chapter that contain structured formats for expressive activities and for applying the ideology. After the speaker qualifies in the general meeting, the group members take turns reporting their good and bad experiences of the week. In the smaller, more focused, in-depth step meetings, an assigned leader facilitates a sharing of experiences concerning one of the 12 steps. For the Newtown chapter, Step 4, the moral inventory, often is the focus of these meetings, which reflects the group's emphasis on the psychological aspects of overeating.

The general and step meetings are embellished with rituals and scriptures that are direct expressions of the group's ideology. Both meetings open with the serenity prayer—"God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference"—and end with the Lord's prayer. These recitations are designed to foster a communal dedication to the belief in yielding to the higher power, but participation is optional. The general meetings also in-

clude traditional readings from the "Big Book."

O.A.'s literature is comprehensive, including the traditional readings that codify the group's core beliefs, pamphlets that summarize and clarify the teachings, and workbooks for helping members learn and apply the ideology. Group mottos, which are stylized condensations of essential beliefs, act as reminders of the ideology and are applied as cognitive tools for resolving problems (Suler, 1985). For example, "Easy Does It" will be used in situations that require control over eating or emotional excesses; while "Live and Let Live" reminds one not to judge or resent the behaviors of others.

For some people, the rituals serve as substitute compulsive activities. They attend several meetings each week and rigidly adhere to rules and regulations. As Allon (1973) stated, weight-loss groups sometimes replace eating rituals with dieting rituals. Members of the Newtown chapter recognize this as a problem, as another manifestation of the compulsive personality.

Examining the activities and ideology of O.A. easily can lead to the conclusion that it is a religious or pseudo-religious organization. Various aspects of sponsoring, qualifying, and the weekly meetings closely resemble the processes for religious conversion and the maintenance of faith, but the Newtown chapter insists that it is not a religious organization. O.A.'s ideology does not include a specific doctrine about the nature of the higher power. Its membership is heterogeneous in religious affiliation; some are atheists. The members are given free range to interpret the meaning of the higher power, and may even consider the group itself to be this power. The philosophy emphasizes accommodation rather than orthodoxy.

The fact that O.A.'s activities resemble religious activities simply indicates that these organizations tap similar social psychological processes for changing and maintaining beliefs—the same processes that operate in any social system.

Marge: The spiritual part was hard to accept, except that it was a higher power of your choice. I knew I could

live with that. I used to get turned off when people got up and read the bible. But I don't anymore. That's where they're at. That's where they're finding it.

THERAPEUTIC FUNCTIONS OF THE IDEOLOGY

Because the sense of self is grounded in the beliefs and values of the social groups to which one belongs, a self-help group's ideology can serve as a vehicle for therapeutically modifying one's identity. It is a cognitive framework that influences emotional states and serves as a foundation for developing a more unified and adaptive self-structure.

The general therapeutic function of any belief system is its ability to alleviate the anxiety of not being able to explain or predict one's situation. For people who cannot understand or control their eating habits, the O.A. ideology provides a cognitive structure that defines the causes of the problem and the means for resolving it. The group constructs a social reality for guiding everyday living. Those people who have hit "rock bottom," who feel helpless and overwhelmed by the insanities of their compulsive eating, are especially attracted to the group's philosophy as a road to salvation.

Beth: At that first meeting I thought, "Thank God, I'm home!" Someone understood! I had never given a name to what I did. They said "compulsive overeating" and I said, "I'm a compulsive overeater! That's what it is!"

Terry: When I walked into that group I was really crazy. The way I was living, absolutely crazy. I had no trouble accepting the fact that I was a compulsive eater.

Norman (1984) and Allon (1973) identify the alleviation of self-blame and self-punishment as a primary therapeutic effect of O.A. By attributing overeating to an illness that is beyond the person's control, the group undermines the self-hate stemming from the effects of social stigma and the guilt about being weak-willed. The group's ideological emphasis on mutual respect fortifies self-acceptance,

and participating in social and expressive activities helps members realize their fellowship with each other. Fatness is not the focus of their identity; they are recognized and accepted as "whole people."

Terry: I felt acceptance right away. "You are where you are supposed to be," they told me. It was such a relief that I was O.K., and that where I was was O.K.

Nina: That's what I'm learning in the program. To relax and be comfortable with myself, to accept my strengths and limitations. Because I don't know what they all are. I still keep challenging that.

In an empirical study (Norman, 1984), the ideology of accommodation in O.A. was contrasted with the ideology of competition in the weight-loss group LEWS (Lose Extra Weight Safely). O.A. accepted diversity among its members, encouraged them to progress at their own rate, and never forced its methods; while LEWS pitted members against each other in contests to lose pounds, publicly rewarded the winners, and shamed the losers. The data revealed a significant "neutralization" of self-blame by the O.A. ideology but not by the LEWS ideology. This neutralization breaks the vicious cycle in which self-blame leads to depression and self-punishment, which leads to overeating and obesity, which leads to the social rejection causing self-blame. However, as evident in the Newtown chapter, low self-esteem also stems from the compulsive eaters' recognition of the insanity of their condition—the fact that they cannot control behaviors that jeopardize their physical and psychological health. The increase in self-efficacy resulting from success at controlling these behaviors plays an important role in building self-esteem.

O.A.'s therapeutic impact can be examined in the light of Antze's (1976) theory that the ideological system of a self-help group serves as a "cognitive antidote" that is specifically designed to counteract the key maladaptive beliefs that perpetuate its members' problem. The remedial belief system does not "cure" the problem, but blocks the relapse process by encouraging mem-

bers to adopt attitudes that are more adaptive. For example, Antze describes how alcoholism is perpetuated by the alcoholics' belief that they could stop drinking if they wanted to. However, their failure to stop at that "last drink" results in guilt, self-blame, and alcoholic binges to escape those feelings. A.A.'s ideology halts this vicious cycle by encouraging its members to abandon their omnipotent attitude by accepting alcoholism as a disease beyond their control, by confessing their inadequacies and guilt, by relying on the higher power and the strength of the group to change.

Alcoholics and compulsive overeaters both can be conceptualized as addictive or "oral" personalities with a similar constellation of beliefs and conflicts. But it was apparent that in the Newtown chapter there are other therapeutic ideological exchanges at work. For example: 1) the belief that it is "bad" to eat being exchanged for the belief that one *must* eat to live and should not always feel guilty about it; 2) the belief that one is simply overweight and needs to lose pounds, exchanged for the belief that one has underlying psychological and interpersonal problems; 3) the belief that one must deprecate oneself, deprive oneself, please other people, exchanged for the belief that it is O.K. to express positive feelings about oneself and take care of one's needs; and 4) the belief that food is the answer to all problems, the source of solace, exchanged for the belief that psychological and emotional needs should be fulfilled in relationships with people.

These remedial beliefs point to O.A.'s powerful ideological emphasis on self-understanding and the creation of fulfilling interpersonal relationships. Though the group's manifest aim is the alleviation of overeating and obesity, its underlying ideological thrust is to address universal psychological and social issues. Conflicts about achieving success in life, worries about sex, ambivalence about competing with others, the fear of expressing emotions, all are salient themes in the O.A. philosophy (Allon, 1973). As Terry stated, "O.A. doesn't focus on diets. It focuses on how to deal with life."

Prior to entering the group, the over-

eaters' identity centers around food and eating. Their family may have conveyed the belief that "food is love." In psychoanalytic terms, food serves as a "self-object" that satisfies basic emotional and psychological needs. The person's absorption in it results in the avoidance of other people, often the avoidance of the opposite sex and sexuality. Successful participation in O.A. leads to the decentralization of food in the person's identity structure and to the redirecting of psychological energy to personal and interpersonal development. This stimulation of social investments may be particularly important for those members who regard the group and other people as the "higher power."

Beth: I really believe that God works through the other people in the group. If it was just a matter of the higher power then I wouldn't have to go to the meetings. Because I have a higher power. If I don't go to meetings I miss a great deal. I just don't have the strength without the meetings. Because the people there are going to say something at a time when I will need it. I'll think of it during the week and it will bring back the meeting to me and bring back my commitment to the group.

The belief in acknowledging and yielding to the higher power also may satisfy religious needs that otherwise have been neglected in the person's life. We may explain in purely psychological terms the therapeutic effect of this surrender of control, but the spiritual benefits should not be ignored. Many Newtown members experienced a rejuvenation of their religious conviction and activities. Beth stated, "It wasn't a physical hunger; it was spiritual. And the spiritual hunger was very real all my life. I was a spiritual searcher all my life."

The tendency of some researchers to focus on the philosophy of yielding in O.A. should be questioned. Consistent with the core self-help ideology, the group also does encourage the ability to control one's own problems. Some people come to O.A. believing they could change if they really wanted to; others have given up the hope of helping themselves. Therefore, the group's

therapeutic action cannot simply be a cognitive antidote to counteract omnipotent beliefs, but an attempt to help the person achieve an optimal balance of control. The Serenity Prayer expresses the desire to attain this balance, to attain the "wisdom" of knowing when one can and cannot change one's situation. O.A.'s goal is to help the person internalize the ability to control, and to recognize and cope with situations when this psychological resource fails.

CONCLUSION

O.A.'s ideology has evolved into an elaborate belief system. An in-depth analysis of this system can reveal some logical inconsistencies. Can the biological explanation of compulsive overeating, which states the problem is beyond the person's control, ever be truly compatible with the psychological explanation, which suggests that one can change the problem by dealing with emotional and interpersonal issues? Can the group's religious concept of the higher power truly be consistent with its biological and psychological notions?

At times the group may not be aware of these ideological dilemmas. At times there may be differences of opinion or conflict based on ideological disputes. But the complexities and apparent disparities in the ideology can be an asset. A belief system that is comprehensive, flexible, and accommodating offers a wider range of adaptability to the individuals in the group. They can explore and interpret the ideology based on their own needs.

The types of therapeutic changes occurring within members may differ according to the level on which they are working within the ideological structure. As Terry stated, "You can learn more and more about the steps until they put you into the ground." Members are encouraged to take what they need from the group and use only what makes sense. By keeping key concepts in the belief system open to subjective interpretation, the group stimulates initiative, feelings of accomplishment, and a sense of being unique in those members who are exploring the ideology.

Beth: You keep waiting for someone

to tell you what exactly abstinence is. But it isn't exactly anything. You have to find out for yourself. You have to find out what you can deal with for yourself. You have to say, "This is good for me" and not worry about what's good for others.

Different chapters may highlight different aspects of the O.A. ideology based on the needs of their members. Some of the conclusions of this article may reflect the fact that the Newtown chapter consisted of well-educated middle- and upper-middle-class people. Future research should examine how such differences in the composition of O.A. chapters are related to ideological emphasis. Analyses of self-selection and dropout also will reveal how ideology interacts with the building of group membership. Finally, future research should recognize that O.A. is still evolving, as evident in its recent attempts to help people suffering from anorexia nervosa and bulimia. How, or if, the belief system is adjusted to address these problems will lead to insights about the ideology and the nature of eating disorders. ■

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