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LET GO AND LET GOD: AN ETHNOGRAPHIC STUDY OF

OVEREATERS ANONYMOUS, SUBJECTIVITY,

AND EXTREME EATING DISTRESS

by

Abby Forster

A Dissertation Submitted in

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ABSTRACT

LET GO AND LET GOD: AN ETHNOGRAPHIC STUDY OF
OVEREATERS ANONYMOUS, SUBJECTIVITY,
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by

Abby Forster

The University of Wisconsin-Milwaukee, 2023
Under the Supervision of Professor Brodwin

Academic discussions regarding eating disorders have been dominated by two frameworks: biomedical and feminist. While the former explains eating disorders as a product of individual pathology, the latter asserts the cause is culture. An aspect of culture that is often suggested is neoliberalism. This ethnographic study utilizes the term "eating distress" to acknowledge the localized idioms that occur outside of the bounds of biomedical settings. The research documents the experiences of many members of Overeaters Anonymous dealing with eating distress within a social context in which their body types are stigmatized. The dissertation examines the relationship between subjectivity, Overeaters Anonymous, and participants' experiences of eating distress. Several social processes are engaged in the normative trajectory of recovery for OA members, and these processes produce a "selfless believer subjectivity" that largely contrasts with neoliberal ideology. The selfless believer subjectivity can be seen as a response to a broader social context in which many people experiencing extreme eating distress have attempted dominant models of alleviating their distress only to experience failure and further self-loathing.

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ACKNOWLEDGEMENTS

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Chapter 1

Introduction: Eating Distress

> "I remember wishing that someone would just put me in a cage for a few weeks. That would solve my eating problems. Or if I got a shunt put in, the food would just come without thinking."

> "I remember hanging a bikini on my fridge. The thought was, 'This is what you are going to wear, so act accordingly.'"

> "I was always overweight as a child. My family would say things like, 'no one will ever marry you because you're fat.' Or, 'you'll never be beautiful, because you're fat.' I was in this big family where everyone cooked all this food all the time. And I wasn't supposed to be eating any of it. I thought no one would ever love me."

> "I was experiencing a pretty severe eating disorder of anorexia and bulimia and the compulsive exercising because my mom had gotten on me so much about being fat and gross."

> "And you know, getting a tan and how you looked in a bathing suit was a big deal. So that was, I don't know, it was just part of the air I breathed in, and I remember at times thinking that maybe if I got some kind of cancer and lost weight, my mother would love me more or something like that."

The above excerpts are from members of Overeaters Anonymous, a 12-Step program that follows Alcoholics Anonymous but replaces alcoholism with compulsive overeating. I attended this group weekly for fifteen months as part of ethnographic research for this dissertation. In the above quotations, members of OA describe their experiences prior to joining OA. For many, bodily self-regard is tied to self-esteem, interpersonal relationships, and future prospects. The people in this group described a variety of eating behaviors including overeating, restricting caloric intake (this is usually associated with *anorexia nervosa*), binging, purging (through self-induced vomiting or laxatives), and obsessing. One participant, who identified as a compulsive overeater, described her problematic eating as:

> I would come home from school, nobody would be there. I would get my book and I would make repeated trips back and forth to the kitchen, eating whatever I felt like

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eating, rummaging around to see whether there was any candy or I would eat a spoonful of peanut butter. I would just be making repeated trips back and forth between the living room where I would be sitting and reading my book, in the kitchen where the food was. Then I went off to college and I was living in a dorm and you went through the buffet line. I could take as much as I wanted, and I could go back for more dessert if I wanted, you know. And so I did. I did put on weight.

Many members enter OA in the hopes of losing weight, but a subset joins as part of a formalized eating disorder treatment plan. While their exact stories and concerns with eating were all different, the thing that they all had in common was severe distress related to eating. The stakes for many people who are dealing with these kinds of issues can be very high. Jen was in the military when her weight reached a point where her superiors told her if she did not lose weight, she would be discharged. This would cost her job and her education fund. Several participants described feeling suicidal before they started attending OA. Some shared about long-term health consequences from their eating behaviors including weak bones prone to breakage and gastrointestinal malfunction. In a particularly emotional account during one meeting, a woman shared:

The other day I choked on a chip. I could still breathe, but it was lodged in my throat. I couldn't get it to go up or down. This is not the first time this happened. It happens to me a lot because I eat so fast. And I had my kids around, and I had to spend all of this time trying to get it out. Ultimately, I had to make myself throw up to get it out. And then I sat down and finished the plate of nachos because that's what I do. I am always afraid that this disease will kill me from diabetes or hypertension, but I also realized this disease could kill me in an instant because I can't even slow down enough to chew my food. And I have little kids who are depending on me. What is it going to take?

The room was silent as she finished sharing this episode in tears. In another meeting, a woman described how she felt suicidal before she joined OA and followed with, "People die from this disease. Food is an addiction. And people die from it."

Many folks described fat stigma as so pervasive and consuming that they wished that they could not be seen; social isolation is common. Others have described discrimination by doctors who see them as undeserving of compassion and care, and discrimination by employers who

perceived them as lazy. This does not even touch on the persistent negative comments from family, friends, and others that are repeated occurrences in my research.

With all of this in mind, it is not a surprise that people are seeking out ways to deal with their distress. As anthropologists have shown, it is fruitful to recognize that within cultural systems, some body types are valued more than others and people will work to achieve the most desirable body type for a number of reasons, not the least of which is that it is often tied to various prospects in life (Lester and Anderson-Fye 2017). This dissertation engages with this idea, but with a focus on subjectivity. In the remaining pages of this introductory chapter, I will outline key theoretical frameworks, describe Overeaters Anonymous, explain the methods used for this research, and provide an outline of the chapters in this dissertation.

Eating Distress

The experiences described above are what I refer to as "eating distress." Eating distress is a term I use throughout the dissertation to refer to any eating-related distress that impedes on daily activities to the point that intervention is sought, whether a biomedical diagnosis is involved or not. The aim of using this term is to avoid reifying biomedical eating disorder categories and to create space for insider categories.

Scholarly discussions related to eating distress have been dominated by biomedical/psychological and cultural perspectives. In the biomedical/psychological framing, eating distress can be categorized into specific types of eating disorders: *anorexia nervosa, bulimia nervosa,* and *binge eating disorder.* Each type has its own causality rooted in brain chemistry and family dynamics. Many professionals using this perspective now employ an addiction frame to

explain eating disorders. In this way of thinking, eating behaviors are understood as engaging the reward systems of the brain to soothe negative emotions and stress.

The cultural perspective has been articulated most strongly by feminist scholars who have argued against the notion of individual pathology as an explanation for eating disorders. Instead, these theorists argue that culture is the underlying cause of eating disorders. To explain eating disorders, they point to Western consumer culture and connections between gender and power disparities. Anthropologists have shown that viewing the biomedical/psychological approach as separated from cultural approaches is problematic. On the one hand, feminist approaches do not consider biology at all, while on the other hand, biomedical/psychological approaches are treated as acultural. Moreover, the emphasis in feminist theorizing has largely been on *anorexia nervosa* and promotes the idea that bodies are static and unfeeling (Burns 2009; Probyn 2009). These points and more are discussed in detail in Chapter 2. However, central to this dissertation is notions of broader ideologies which have been theorized as an underlying cause of eating disorders (Lester 2004). Various terms have been used to describe this this with "Westernization" being the most frequent. However, this dissertation makes use of the term "neoliberalism" to invoke a similar concept of broad economic structures and cultural ideologies, but with more specificity than "Western" provides.

Neoliberal ideology

The term "neoliberalism" is widely used in scholarly discourse, though its meaning is often assumed (Ganti 2014). There are two definitions frequently used in anthropology: "structural forces affecting people's life chances" which is focused on the impacts of economic policies and the one being used in the proposed research, "an ideology of governance that shapes subjectivities" (Ganti 2014, 89). Since the research site, Overeaters Anonymous, is a therapeutic avenue, this

research involves considering the ways a therapy is involved in producing and promoting particular subjectivities. As will be reviewed in detail in Chapter 2, Nikolas Rose (1999) has argued that psy technologies promote a neoliberal subjectivity in Western societies. This dissertation project does not assume that neoliberal subjectivity is the only salient subjectivity for people experiencing severe eating distress nor the only one promoted through psy technologies. Instead, it advances the research on eating disorders by asking formative questions about the relationship between subjectivity and eating distress. It also addresses Lester's call for research that illuminates how local meanings interface with biomedical categories of eating disorders (2007, 382). Additionally, in response to numerous calls (Burns 2004, 130; Lester 1997, 482; Probyn 2009, 125) and following Warin (2010), the research focuses on the embodied and subjective experiences of participants in order to illuminate the meanings they make of their distressful eating experiences.

Obesity

While the members of OA I observed identified a number of eating behaviors as causing distress in their lives, the majority of members see themselves as "compulsive overeaters." Many have been biomedically identified as "obese" at one point in their lives, and many others identify as having been "overweight" at one point in their lives. The Centers for Disease Control and Prevention (CDC) cites data collected from 2017-2020 indicating that 41.9% of American adults and 19.7% of American children are obese. The CDC's website offers a theory of weight management that is quite telling. They state, "Achieving and maintaining a healthy weight includes healthy eating, physical activity, optimal sleep, and stress reduction" (Centers for Disease Control and Prevention). Though the CDC also encourages quality sleep, their primary recommendations for preventing weight gain in both adults and children center on nutrition and movement. *Let's Move* is a public health campaign promoted by First Lady +Michelle Obama aimed at decreasing

childhood obesity. The program began in 2010 and involved increases in physical activity in schools through added recess and physical education as well as changes to school cafeteria food, particularly the addition of salad bars.

Both the CDC's recommendations and the actions promoted by the *Let's Move* program are based on the energy expenditure theory of weight gain/loss. In this theory, the rise in obesity seen around the globe is explained by an increase in caloric intake and a decrease in caloric expenditure (Guthman 2011). Thus, interventions are aimed at encouraging individuals to increase physical activity and decrease calories. As will be discussed in detail in Chapter 2, this theory has been so heavily promoted that it appears self-evident, yet the evidence supporting it is slim (Guthman 2011). Similarly, scientific research shows that increased weight and mortality/disease are correlated, but causation is unclear. Measurements like Body Mass Index (BMI) are culturally mediated through various organizations and ideologies about health and wellness. BMI does not work the same way in different populations because body size and shape broadly varies for different populations worldwide. The cultural construction of health standards was demonstrated in 1997 when the U.S. National Institutes of Health lowered the cutoff for overweight from 27/28 to 25, and overnight the status of millions of Americans changed to "overweight" (Kuczmarski and Flegal 2000). Doctors were now able to be paid through insurance for treating more people for being overweight (Brown 2015).

Fat sciences researchers and nutritionists Lindo Bacon and Lucy Aphramor (2011) argue that when fitness levels are studied along with weight, most people considered overweight or obese fare well by health measures. (They state that this does not hold true regarding people who are at the extreme ends of either end of weight measurement.) Moreover, some researchers have shown that a focus on weight can cause stress, discrimination, and sometimes self-loathing (Brewis 2017).

Anthropologists have recently studied fat-stigmatizing beliefs worldwide. They found that just as slim-body ideals have spread globally, so has fat stigma with even traditionally fat-positive societies being affected (Brewis et al. 2011). Public health campaigns such as *Let's Move* promote the idea that individuals are responsible for obesity, which contributes to the stigma around obesity as being something individuals are responsible for. When individuals are obese, they are seen as having failed to maintain their health. As the members of OA expressed above, they often come to see themselves as failures as well.

Overview of Overeaters Anonymous

I was nervous as I found my way to the address of my first OA meeting in the bustling neighborhood of Western Springs. I had to park several blocks away as the church I was trying to find did not have a parking lot. This particular meeting had been recommended to me by Ari, a contact named on the website listing local meetings. While OA meetings in my locality are *open* meetings that allow anyone to attend (including students and researchers), I anticipated my long-term involvement in the field and wanted to be upfront about my dual identity from the beginning. Thus, I had explained to Ari that I had both personal and research interests in OA. He stated that the Western Springs meeting would be a good group because it was a large, long-standing group and "has a lot of good recovery." Not knowing what that meant, I made a plan to attend the next meeting. Though I had gained insider approval to attend in my dual role, and I had rehearsed how I could introduce myself, I felt uncertain about how the group would relate to my role as a researcher. With anxious thoughts running through my mind, I hoped the large group would allow me to blend in to the background for this first meeting as I walked the remaining blocks to the church.

The church turned out to be an old, large building, and I found a simple white placard sign with the giant letters, "OA" pointing me to a side door. This led to a staircase down to a large basement room with old brown carpet, dozens of folding chairs arranged in two concentric circles, and two small windows. I was the second person to arrive, preceded only by a middle-aged woman moving frantically around the room taking boxes from a side closet and unloading their contents onto a folding table set up near the entrance. After exchanging names, she asked, "Would you like to do some service today, Abby?" Since I didn't want to say that I had no idea what that meant, I rattled off something about how this was my very first meeting and stated my dual role as both researcher and interested participant. Linda, while organizing books and brochures into piles on the folding table, was familiar with 12-Step researchers and commented about how one interesting feature is that 12-Step groups have their own language. She was, as I would later learn, an *old-timer* in both OA and Narcotics Anonymous (NA). She was particularly frazzled that morning because someone who was homeless and high had been lingering outside the church door when she came to open up for the meeting. Finally catching on that she was asking me if I could help her set up, I happily distributed copies of the book *The Twelve Steps and Twelve Traditions of Overeaters Anonymous* (Overeaters Anonymous 2018b) onto the chairs around the room. Though the scheduled meeting time had come and gone, only a few more people had arrived. I chose a chair in the back circle, and the meeting leader began by introducing herself, "Hi, I'm Eileen. I'm a compulsive eater and sugar addict." The few voices in the room replied in unison, "Hi, Eileen." Eileen then, following the *meeting script* from a clipboard, asked everyone to open with the Serenity Prayer after which we were directed to read aloud a selection from *The Twelve Steps and Twelve Traditions of Overeaters Anonymous* (Overeaters Anonymous 2018b). Without explicit direction, the reading occurred in a round-robin fashion with each person reading one paragraph

aloud before passing the book to the next person. As we read, more and more people filed in until about thirty people had joined and most chairs were filled. After the reading was completed, Eileen called for a "milestone shout-out." A middle-aged woman sitting near me smiled broadly as she declared, "Hi, I'm Mary. I'm a compulsive overeater." Other participants responded, "Hi Mary." She continued, "And as of last Tuesday, I have 10 years abstinence!" Whoops and cheering followed. With a certain gravity, one woman shared, "I have *twenty-four hours* abstinent," a statement that received as exuberant applause as the woman who had a decade of abstinence. Though I had not shared any milestones, I found myself encouraged by the supportive atmosphere, so it was particularly jarring when the next phase of the meeting turned out to be an invitation for *newcomers,* explicitly defined as people attending their first, second, or third meeting*,* to introduce ourselves. My hopes to blend into the background for this initial meeting dashed, I introduced myself to the entire group. I wondered if I should attempt the standard greeting, or one of its variations, as I heard others doing, but I just stated my name and described both my personal and research interests in OA. I was offered a *Welcome Packet* containing brochures and information; members had written their names and phone numbers on the front. Another newcomer introduced herself as well. This would soon become a familiar ritualized meeting format:

- Opening Serenity Prayer
- Reading of OA Preamble
- Reading of the list of 12 Steps and the list of 12 Traditions
- Reading a step, tradition, or rule
- Milestones shout-out
- Newcomers asked to introduce themselves
- Sign-in book and donation bin passed. 7th Tradition read aloud. Expectation that newcomers not donate explicitly stated.
- Speaker (once a month)
- Announcements
- First round of sharing, leader calls on people
- Newcomers invited to *share*

- Elicitation of sponsors; directions to those seeking a sponsor - ask someone after the meeting
- Second round of sharing, leader calls on volunteers
- Closing: the "we version" of the Serenity Prayer said while everyone holds hands

While I did not recognize it at the time, much of the OA meeting themes and structure are directly rooted in a specific brand of Christianity, the Oxford School. This is a point that will be explored throughout the dissertation, especially in Chapter 4. Throughout the meeting, I was struck by the degree to which participants shared their experiences with stigma based on their large body sizes or eating practices. One woman described wishing someone would lock her in a cage so that she would not be able to reach any food to eat before she started attending OA. Many described negative messages they had received about their bodies or eating during childhood. Tonya, a middle-aged white woman with long dark hair recounted:

> I feel like I have both the nature and nurture part of the disease. I think I'm biologically predisposed to overeating, and that that is how I was born. But then I was born into a family that also caused overeating. I was always overweight as a child. My family members would say things to me like, "no one will ever marry you because you're fat. Or you'll never be beautiful, because you're fat." And I was in this big Italian family where they cooked all this food all the time. And I wasn't supposed to be eating any of it. So when I met my husband, I actually wondered if there was something wrong with him. Like, how could he possibly love me and like me? And, honestly, he could have been anyone, and I would have married him, just because he was showing me attention. Someone else spoke earlier about not wanting to be seen. The thing that comes up with some overeaters is that they don't want people to see them. There's just so much shame and embarrassment. But I think that I *do* actually want to be seen—I just wasn't for so long. And so when this man came along, who saw me, I, you know, kind of ate that up, so to speak. Luckily, he was a really great guy, and we're still married, and he highly supports me in recovery.

For Tonya, and many others I was introduced to, stigma and shame have been formative parts of their experiences with eating distress. Eventually, the meeting closed with everyone holding hands and saying the Serenity Prayer with the pronouns changed from "me" to "us." The prayer was followed by an OA slogan, "Keep coming back, it works if you work it, and you're worth it!" the

people holding my hands squeezed my hands at the end, emphasizing the words "worth it." The meeting officially over, people turned to each other for one-on-one conversations. Awkwardly, the people on either side of me each turned to someone else. No one else was leaving yet, and everyone else seemed to have a conversation partner, so I busied myself folding up chairs. Eventually a couple of people came over to talk to me. One invited me to another meeting that she is a contact for, and the other expressed her appreciation for knowing upfront that I was a researcher. A lot of people lingered for twenty minutes after the meeting talking about specific ideas raised during the meeting, and I came to learn that this after-meeting time was an essential part of the experience for a lot of members.

My first meeting experience, outlined above, introduces a number of the central components members of OA participate in while *in program*: meetings, reading literature, sponsorship, and slogans. While the focus of each meeting varies from such topics as "ABC - Anorexia, Bulimia, and Compulsive Overeaters," "Men's Focus," "Old-Timers," "Big Book Study," and "Step Study," the basic structure is consistent from meeting to meeting. Meetings typically occur in the basement of a church that has a financial agreement with OA leaders. OA involves a flow of money from donations collected weekly at meetings and the purchase of OA literature. I did not have much access to the way this money flow works, but OA is a large organization with layers that go from local groups, to regional and state-wide groups; they are all involved in this financial flow. A representative from each local group attends a monthly "intergroup" meeting and representatives from "intergroups" participate in larger, regional conferences (regions consisting of multiple states). No one I spoke with was involved beyond this level. After my initial involvement with OA, I was struck by an immediate sense of familiarity when I walked into any OA meeting at a new location. Walking through a church door invokes a

feeling of solemnity, though moving down stairways and through hallways to the church basements where to the meeting location offered little in terms of a hallowed ambience. The buildings are quite old, with some closing due to no longer meeting building codes (and displacing the OA meetings that usually meet there). The basement rooms are typically lit with tube fluorescent lights, and small amounts of natural light coming from small rectangular windows high near the ceiling. Old, brown, flat carpeting lines the floors. Like many basements, these are a catch-all for various items that were rarely used or being stored indefinitely. All kinds of things are stored around the edges of these rooms: shelves of old books, boxes stacked up, and various items that have piled up; the scent of damp cement and uncirculated air is common. Metal-framed chairs with hard plastic seats or old cushions are arranged in a circle (or nested circles) so that everyone is facing each other throughout the whole meeting; members are asked to help stack these up after the meeting. Usually a folding table is situated along one of the walls with OA literature spread out across it for purchase. Overall, the space ends up feeling like a means to an end though the relationship it signifies between churches and 12-Step groups is notable.

Within the OA context, there are a number of insider categories that I quickly learned as I became further immersed in program activities. During my first meeting, I learned that I was a *newcomer.* Over time, I learned that those who had been *in program* - participating in program activities, especially having *worked* all twelve steps - for at least five years, had moved out of their *newcomer* status and were considered *old-timers.*[2] The perspective of *old-timers* is highly respected, and on multiple occasions, I was advised to seek them out. Another salient distinction is made between *tourists,* people whose only participation is attending meetings, and *12-Stepping*

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[2] I was told by one participant that someone needed to be *in program* for five years or more to be an old-timer.

people, people who *work the program* (though effort is made to avoid stating this outright in meetings). And finally, many devotees to OA divide their time between *12-Stepping people* and *normies,* people who do not participate in any 12-Step program. Along with these insider categories and terms, there is a vast range of experiences that bring people to OA. In the same meeting people will identify as a: compulsive eater, sugar addict, addict, restrictor, or overeater. People talk about behaviors including: overeating, restricting caloric intake (this is usually associated with *anorexia nervosa*), binging, purging (through self-induced vomiting or laxatives), and obsessing. People who attend have very large bodies while others folks had smaller bodies. Meetings are the place most people start with OA, but after attending several, I learned that most of *working the program* occurs outside of meetings, and centers around working with a sponsor. Pursuing sponsorship became an important component of my ethnographic research method.

Anthropology of Religion

The anthropology of religion is critical for framing this research. 12-Step programs have their origins in Christianity. The ostensible goal of OA is recovery from compulsive overeating, so embedded in the 12-Step program is a process of healing akin to those characterized by anthropologists as therapeutic rituals. These therapeutic rituals are interconnected with the religiosity of OA.

Therapeutic Ritual

The connection between religion and healing has long been theorized in anthropology. Whether it be the classic ethnographic studies such as Evans-Pritchard's *Witchcraft, Oracles and Magic Among the Azande* that detailed how illness and the supernatural are intertwined for the Azande, or the dedicated focus in medical anthropology of examining illness and suffering in

therapeutic healing by anthropologists such as Arthur Kleinman and Thomas Csordas, healing rituals in religious contexts have been noted as rich sites of inquiry.

Though they differ in specific cultural contexts, cross-cultural anthropological research has shown that around the world, healing rituals occur as part of the illness experience for many people. When healing rituals occur within a religious context, as they frequently do, salient factors include the sacred and invisible Others. Medical anthropologists have observed that recovery via therapeutic ritual does not necessarily constitute a reduction in symptoms (Kleinman 1986). Csordas and others have argued that instead of alleviating symptoms, ritual healing involves processes through which a transformation of meaning around the illness experience can occur. Additionally, dimensions of power are implicated in the healing rituals in that they justify both the social arrangements and the social consequences of illness (Young 1982, 271). Cheryl Mattingly points out that attention to the micro-processes of intersubjective interactions both "reveal structure 'at work' through the actions of particular people in particular circumstances but also suggest how change of a more overt political kind can develop precisely out of interpersonal encounters" (2010, 140). While a phenomenological focus on therapeutic healing foregrounds lived experience and the intimate, subjective qualities of social life, macro-processes are never fully absent.

Therapies, whether they occur in religious contexts or biomedical ones, include interpersonal support for a suffering individual. They also emphasize the individual's value in society and often produce a change in a person's orientation to the world. How this occurs has been debated by anthropologists with theories of narrativity (Kleinman 1988), ritual (Turner 1969), and transformational rhetoric (Csordas 1983) all being proposed. In *The Sacred Self: A Cultural Phenomenology of Charismatic Healing,* Csordas employs an embodied and phenomenological

approach arguing that healing occurs through rituals which results in a change of the ordinary self into a sacred self (Csordas 1994). Various healing activities that occur during a charismatic Catholic healing service, including laying on of hands, glossolalia, and resting in the spirit, are all complex activities that are part of a larger performative repertoire for charismatic Catholics. These rituals are experienced as healing because ritual activities such as these involve an "endogenous self process" (Csordas 1994, 38). Healing in this way has multiple goals. One is to alleviate distress from the illness, but the other involves "molding the sacred self" (Csordas 1994, 24).

While members of the OA group involved in my research did not participate in the same kinds of healing rituals as charismatic Catholics, meetings and sponsorship are highly ritualistic. Moreover, therapeutic healing in this case involves similar self processes as those many anthropologists have recognized. As will be discussed throughout this dissertation, I found many members pick up the selfless believer subjectivity as part of the therapeutic experience.

Christian Roots

Many of the practices I observed in OA reflect the Christian roots of OA. Since OA is one of many offshoots of Alcoholics Anonymous (AA), the history of AA informs the connection to Christianity. In May 1935, William Griffith Wilson (known as "Bill W." in 12-Step) and Dr. Robert Hobrook (known as "Dr. Bob" in 12-Step) met in Akron, Ohio to support each other in remaining sober despite the urge to drink. This is now known as the first AA meeting.

The origins of the 1935 meeting between Wilson and Hobrook are tied to the emergence of the Oxford Group, a Protestant evangelical movement that emerged in the 1920s and 1930s. The Oxford Group emphasized confessing one's sins to peers and restitution towards people one had harmed (Humphreys 2004). Thatcher was a member of the Oxford Group who had reached out to Wilson as part of his evangelicalism (Humphreys 2004). Edwin Thatcher was one of several

members of the Oxford Group who was trying to remain sober from alcoholism. Another was Rowland Hazard, who had been treated by Carl Jung, the influential Swiss psychoanalyst, and contemporary of Sigmund Freud. Jung believed that recovery from alcoholism involved spirituality, and he passed this notion on to Hazard, who subsequently passed it to Thatcher. Having been introduced to the Oxford Group by Thatcher, Wilson had begun participating after release from the hospital for alcohol treatment, after which he remained sober. Wilson attributed his sobriety to a spiritual awakening, an understanding situated in the context of the Oxford Group and the ideas of Carl Jung. The meeting between Wilson and Hobrook, who was also a member of the Oxford Group, lead the co-founders to believe that telling their stories to other alcoholics was a key part of recovery (Humphreys 2004). While alcoholics would not respond productively to admonishment and criticism, they could relate to each other's stories and learn through shared experiences of strength and hope (Humphreys 2004). Over the next several years, alcoholics held mutual-aid meetings through the Oxford Group, but eventually, Wilson and others felt the rigidity of the Oxford Group was exacerbating problems many alcoholics already had by creating unattainable expectations (Humphreys 2004). Wilson and Hobrook broke with the Oxford group and published *Alcoholics Anonymous* (*The Big Book*) in 1939. With the publication of this key canonical text, the public visibility of AA increased. By 1950, AA had 50,000 members, and internal tensions around its steady growth led to the codification of its espoused process of recovery in *The Twelve Steps and Twelve Traditions* in 1953 (Humphreys 2004). The 1950s also saw the efflorescence of 12-Step groups including *Narcotics Anonymous*, *Gamblers Anonymous*, and *Overeaters Anonymous* founded in 1953, 1957, and 1960, respectively. These are all modeled after *Alcoholics Anonymous*, using the same primary texts with only certain words changed (for example, in OA, the word "alcohol" is changed to "compulsive overeating").

While not the only influence on 12-Step philosophy (the idea that alcoholism is a disease was encouraged by Dr. Silkworth, Wilson's doctor, for example), many of the aspects of the Oxford Group, and features of its protestant Christianity, are embedded in 12-Step philosophy. The Oxford Group considered itself non-religious and non-hierarchical. Members met in groups and shared freely during meetings. The Oxford Group espoused four points for living "the kind of spiritual life God wishes us to lead":

1. Absolute Honesty.

2. Absolute Purity.

3. Absolute Unselfishness.

4. Absolute Love. (*What is the Oxford Group?* 1933, 8).

And they encouraged the following spiritual activities to realize the goal of that spiritual life:

1. The Sharing of our sins and temptations with another Christian life given to God, and to use Sharing as Witness to help others, still unchanged, to recognize and acknowledge their sins.
2. Surrender of our life, past, present, and future, into God's keeping and direction.
3. Restitution to all whom we have wronged directly or indirectly.
4. Listening to, accepting, relying on God's Guidance and carrying it out in everything we do or say, great and small. (*What is the Oxford Group?* 1933, 9).

Each of these four spiritual activities are connected to aspects of *Alcoholics Anonymous* and other 12-Step groups. The emphasis on confessing one's sins to peers is embedded in Step 5: "Admitted to God, to ourselves, and to another human being the exact nature of our wrongs." The idea of "Sharing as Witness to help others" is reflected in both the notion that sharing in meetings is to provide "strength, hope, and experience" for newcomers (see Chapter 3 of this dissertation) and in Step Twelve, which advocates carrying the message of spiritual awakening to others (Alcoholics Anonymous 2001, 60). The notion of surrendering to God described in number two above is the main notion through which recovery is understood to occur in 12-Step, codified in Step Three

which states, "Made a decision to turn our will and lives over to the care of God *as we understood Him*." The requirement of restitution is embedded in Step 9 of the Twelve Steps, which requires members to make amends to people one has harmed (Alcoholics Anonymous 2001, 59). And the final spiritual activity promoted by the Oxford Group (number four above) is seen in 12-Step in both the work that many members put into sensing their *higher power* (described earlier in this chapter) as well as in Step Eleven which encourages members to actively continue to connect with a *higher power* for "knowledge of His will for us and the power to carry that out" (Alcoholics Anonymous 2001, 59).

Many of these features are common to religion in general: confessions, struggle/witnessing, and reliance on canonical texts (Luhrmann 2020), while others, especially the idea of salvation through an invisible other and an ongoing personal relationship with an invisible other, are distinctly Christian. The meaning of salvation is different between Christianity and 12-Step; in 12-Step, one does not achieve salvation in the form of deliverance from the consequences of sin, but instead one receives salvation from the ongoing difficulties of one's addiction. However, the path to salvation is the same: one must turn over one's will to the will of an invisible other. In OA, members spent significant time talking about their self-will or ego and how it was often in opposition to "Higher Power's will." In meetings, members often described "surrendering" their "self-will" as an ongoing challenge of maintaining faith. As Char explained, "Surrender is the hardest thing because we're taught it means 'giving up,' but in this program, it is 'giving up your will.' I had to surrender to finally be free of the worry about what I was going to eat."

Methods

Overview

I conducted preliminary research from December 2017 through February 2018. During this period I attended several meetings and conducted informal interviews with OA members. This preliminary research and background reading lead to the broad question: What is the relationship between extreme eating distress, Overeaters Anonymous, and participants' experiences of subjectivity? My hypothesis was that Overeaters Anonymous (OA) offers an alternative subjectivity to the "neoliberal subject" pervasive in biomedical addiction treatment through its focus on individual powerlessness and surrender. To test this hypothesis, I established the following research objectives: 1) Identify subjectivities promoted by OA; 2) Elucidate the processes by which these subjectivities are produced by OA; 3) Examine the effects of specific models of subjectivity on people's day-to-day eating and body management activities.

The research presented in this dissertation addresses this hypothesis and the three research objectives using data collected through ethnographic research. I immersed myself in an OA group that I call the Western Springs group from September 2018 through January 2020. I attended OA meetings weekly for one year, I worked with a sponsor weekly for six months, I conducted semi-structured interviews with six participants, and I held brief, informal interviews with approximately twenty OA members.

Who Attends OA?

In pluralistic medical systems as in the U.S. where this research was conducted, the same set of signs can be understood to signify more than one sickness. In the West Coast city in which this research takes place, one can find a myriad of practitioners that offer services under the rubric of various healing traditions. The Western Springs neighborhood, where the primary meeting I participated in takes place, is home to chiropractors, acupuncturists, naturopaths, biomedical practitioners (including a large hospital), psychiatrists, therapists, an eating disorder clinic, and a

variety of 12-Step meetings. Most of this list involves places where designated experts are responsible for defining what counts as illness and what counts as cure or healing. How this plays out for people of different backgrounds and holding different social positions can vary, indicating the role of power and social arrangements in medical systems. 12-Step meetings are unique on the list because little effort is engaged in gate-keeping based on diagnosis. Anyone who self-reports that they have a problem with eating is allowed to join, and new attendees are greeted eagerly. The experts, *old-timers*, are engaged in walking people through a particular process of healing, and the main way that people are rejected from the group is when they deviate strongly from the normative processes of healing. All of this is to say that what counts as illness in this setting is broad. This is important because it allows for relatively easy entry into the group. This was part of the appeal to a novice researcher such as myself. The group I attended is an open group that anyone can attend. Through my conversations with many members over time, I observed that people come to the group for a number of reasons including: they want to lose weight and see this another weight loss program to try; they were in another 12-Step program and found that they also had "work" to do regarding food; they were introduced by someone else they knew; they were required to attend as part of a biomedical eating disorder treatment program or it was recommended to them by a therapist. As I detail elsewhere in this dissertation, I was brought into the fold rather easily as long as I talked about issues with food or specific passages in OA texts. If I talked about my role as a researcher, people had nothing to say to me. While I was able to find a sponsor and was accepted overall, I observed that body size played a role in how newcomers were received. When a man joined who was very large (obese in biomedical terms), people came up and gave him hugs after the meeting. He was surrounded by a small group of members who welcomed him, directly shared

their phone numbers, and so on. I never had that experience in OA as someone who is not overweight in biomedical terms.

The permeability of the group tells us a few things. First, the focus on diagnosis in 12-Step dogma is minimal. People also self-identify their affliction, and while they frequently bring their understanding of their distress into the terms of the OA framework (a disease involving an allergy of the body and obsession of the mind), no one in the group has the explicit or implicit authority to reject a person's self-identification. Second, within the OA dogma, meetings are understood to be for newcomers to be introduced to the "good news" of the OA program, so welcoming new people into the fold is a salient element of meetings. While in actuality a number of different concerns and social processes are engaged, the ostensible commitment in a meeting is to bring "strength, hope, and experience" to newcomers, so much effort is placed on informing newcomers about both the practical and the therapeutic aspects of meetings.

Taking the two points above together, this means that within the dogma of OA, anyone can join who identifies any problem with eating in their life. Based on counts I did during meetings, as well as my visual appraisals and any racial/ethnic identification people described, the average OA participant where I did my research is a middle-aged white woman whose body size is considered overweight or obese in biomedical terms. While the Western Springs neighborhood is relatively diverse being approximately 50% White, 30% Asian, and 20% Hispanic, Black, or Mixed, the majority of OA participants in the group I observed were white. Based on my demographic notes from each meeting, meetings usually involved:

- 30-35 people in attendance
- 5 people in their 20s, the rest aged between 35-60 years old
- 3-5 men
- 3-5 people of color

People of all body sizes attended, with the largest portion being overweight, a few people being

obese, a few appearing low weight, and many in a normal weight range in biomedical terms. I could not gather socioeconomic information regarding the people who attend meetings, however work-related concerns were a frequent topic during *sharing* from which I gleaned that most participants were employed in jobs requiring a college degree. The participants who agreed to interview with me give some sense of who is involved in OA and who tries OA. Their basic demographic info is listed below:

- Josh T.
  - 55 years old, white. The only male I was able to interview; he works in information technology. Varied religious past: Judaism, Hinduism, and Catholic. Has been in OA for the last six years and is involved with the intragroup and regional structures. Describes himself as a compulsive overeater.
- Anna S.
  - 51 years old, white. She has been in OA for more twenty years; has a professional job. Is currently a Quaker along with her husband. She is a meeting representative for one of the local meetings. Describes herself as a compulsive overeater.
- Char J.
  - 72 years old, white. Works in the creative arts. Has participated in OA for about three years. Her husband and daughter both participate in 12-Step programs. She agreed to sponsor me. Describes herself as a compulsive overeater.
- Bea P.
  - 36 years old, white. Works as a licensed marriage and family therapist. Sometimes facilitates therapy groups using the 12-Steps as part of her job. Participated in OA for 10 years, but left discouraged. Describes herself as having bulimia and anorexia at the time she was in OA; now describes herself as frequently overeating and experiencing fat stigma.
- Kate L.
  - 65 years old, white. Small business owner. Has tried many weight and food programs. Did not participate in OA for very long. Describes herself as an emotional eater.
- Julie T.
  - 53 years old, white. College professor and small business owner. Involved in Al-Anon for many years. Tried OA but never found the right group for her. Describes herself as having a problem with sugar.

Perhaps the more interesting question than who is allowed into the group is the question of who stays. On many occasions, OA members referenced the fact that many newcomers start the process and suddenly disappear. The members most documented in this dissertation are some of

the most devout so frequently express that they are healed; many others did not describe themselves as miraculously healed, but felt they were better with OA than without it. My data suggests that the people who stay find some degree of healing in the process. They find that the new framework OA gives them is beneficial to their concepts around their eating distress and how the interact with others in their lives. People who find connection and community with others are also more likely to stay. In other words, people seeking out new social networks, either due to social isolation or due to estrangement from their existing social networks, are more likely to stay in OA.

The issue of eating distress is a widespread, societal concern driven by a number of factors: biomedical discourse, discourses around diet/food/healthism, feminist critiques, and advertising to name a few. The OA membership, in my observation, involves a certain portion of people who experience eating distress; it is not representative of everyone who experiences these issues. First, there is an overrepresentation of people who are white women. While there are almost certainly several factors involved in this, one part of the explanation involves a long-standing bias in biomedical discussions that eating disorders are culturally situated in such a way as to not affect women from other racial backgrounds to the degree that they impact white women. This has been disproven, but a bias in diagnosis, treatment, and all of the related discourses persists. Anthropologist Helen Gremillion (2003), for example, notes that women of color diagnosed with an eating disorder may be more likely to be diagnosed with an additional mental illness, often one that is very stigmatizing. While OA members frequently self-identify, the pervasive idea that eating disorders are a white woman's problem still impacts who will self-identify as having one.

Similarly, women are overrepresented in OA in terms of who is dealing with the widespread issues related to eating distress in the U.S. Women have been the primary recipients

of the kind of body monitoring that could lead someone to identify themselves as someone who has eating distress as well as to see it as a problem that they must do something about. This might guide women into trying out something like an OA group more frequently than men do. Josh, the only male interviewee willing to participate, said he never felt stigmatized regarding his weight whereas all the women I talked to did. Josh is just one person, but his experience suggests that the social stigma around weight, despite being widespread, still falls more heavily on women.

Additionally, despite the age of diagnosis for biomedical eating disorders involving teenagers and increasingly including kids in their tween years, people aged 35-60 comprise the majority of people participating in OA. I suspect that this age bias involves the type of commitment involved in attending an OA meeting. A person has to be able to transport themselves to meetings regularly and have ample time to attend as well as participate in the other steps. It is also possible that there is a generational difference in how many Americans perceive their bodies when it comes to obesity with younger people engaged in more counter-narratives to the idea that obesity is a bad.

Dual Identity in the Field and Doing Ethnography at Home

As I entered into this research, I thought quite a bit about how to introduce myself at OA meetings. The question of disclosing one's status as a researcher is one without an across-the-board answer. I did feel that my role as a researcher would put me into a certain category in OA members minds, and it would impact the way they interacted with me. However, I did not feel I had a strong enough reason to withhold that information. During preliminary research, I also learned that the in-group expectation is that researchers will identify themselves. I decided that I would have to disclose my researcher role, so I set about thinking about how I could participate in a way that would give me the most information about OA. Like many women raised in the U.S., I

have had forms of eating distress at various times in my life. When I started the research, I regularly ate small quantities of sugar on a daily basis, though I did not consider myself to have eating distress at that time. I decided I could bring these experiences into my involvement with OA as a way of connecting with participants and engaging in participant observation more fully. I also decided that for the weeks leading up to starting participant-observation, I would have more added sugar in my diet than normal. Knowing that in OA, eating distress is framed in terms of addiction, and most people in the group are concerned with sugar addiction in general, I wanted to have a stronger experience with trying to stop an eating habit to be able to talk with participants about my experiences. I also felt that the more I could emulate the experiences of people in the group, the better the odds I would be accepted in the group. Since I am not, in biomedical terms, overweight or obese, I felt that being able to talk viscerally about quitting sugar might help my credibility in the group.

These methodological choices reveal several motivations: a commitment to a phenomenological approach involving lived experiences, a novice concern about how to integrate myself in a group, and issues unique to doing research in your own society. As my anthropological training has taught me, integration into the group will never be fully realized. That was not the goal; instead the goal was to simply to facilitate a stronger connection with what many of the research participants may be going through. I thought there could be something to be learned by trying out an experience versus simply observing it. While I cannot say I learned much about quitting an eating habit like sugar, this choice proved to be useful as I was able to talk about the decrease in my sugar consumption once I started OA. Participants took this as a sign of the program's success which inspired them to continue to connect with me and further espouse the benefits of the program in their view.

Integration into the group is something everyone doing ethnography encounters. When any stranger joins a group, they are rarely accepted without some degree of hesitancy. Most researchers conducting ethnography are not participants for enough time that they would fully be considered a member. Anthropologists conducting research in their home communities may have more commonality with the research participants, but they are not necessarily immediately thought of as an insider. I found myself anticipating how I would be received and if there were things I could do to improve the opportunities I would have to both connect with participants and comprehend to some degree what they might be experiencing. Further along in the research process, I chose to get a sponsor and engage in the sponsorship process for similar reasons. (As will be discussed in future chapters, it also turned out that the meeting space was fairly limited in terms of what I could learn.) At the same time, doing anthropology at home meant that many of the concepts around food and eating that members of OA held were familiar to me, most having been raised in similar cultural settings. If I had been conducting research in a completely different community, I would have encountered ideas about eating and experiences with food that were very different from my own cultural competencies. Doing anthropology at home meant that when an interviewee talked about being home alone after school and getting herself snacks, I was familiar with that as a part of the social world I live in. In a way, that familiarity gave me an "in" with participants despite so much of the language, discourse, and dogma of OA being completely new to me. The risk, of course, is that it can be harder to distinguish social patterns to analyze because the familiar is often taken for granted. It was important in this research to maintain a rigorous data analysis process so that themes and topics that may be familiar would still be identified.

Data Collection

The research presented in this dissertation is based on the following:

- More than one year of participant-observation of weekly OA meetings
- Informal interviews
- Work with a sponsor for eleven months
- Six semi-structured interviews

I conducted participant-observation from September 2018 through February 2020. I attended OA meetings most weeks for a little over a year, resulting in participant-observation of approximately 55 meetings. Informal interviews occurred after many of these meetings while participants lingered after the meeting had officially ended. I documented this participant observation through brief notes during the meetings and detailed notes just after leaving. I also worked with a sponsor from March 2019-February 2020. My work with her involved one-on-one meetings and phone calls at least once a week for most of this time. I took notes during these meetings as well, and elaborated them just after leaving the meetings. I conducted Semi-Structured Interviews with six participants. Three interviewees were long-term members of OA (*old-timers* in OA parlance), and three were former OA members. These were recorded and transcribed using Otter software.

Several points stand out about the data collection process. First, the majority of my one-on-one data about OA came from my sponsor, and the interviewees. These participants did not represent a full picture of attitudes or experiences with OA. Instead, they represent the extremes – people who became fully devout to the system, and people who left. I tried to get interviews with people who seemed to be more tempered about their experiences with OA, but my efforts were not successful. The closest I got was with a person who agreed to a phone interview (but refused an in-person interview) but then did not answer the phone at the designated time (or my subsequent attempts). After gaining a deeper understanding of OA, I came to understand that the devout interviewees agreed to meet with me because they were excited to talk about OA. They felt it was beneficial to their lives (and thus continued to be members), and they were motivated by Step

Twelve which directs members to "carry this message [of spiritual awakening] to compulsive overeaters." In the interviews themselves, I felt that the three *old-timer* participants, who knew me as both a *newcomer* OA participant and researcher, were most interested in spreading "experience, strength, and hope" during the interviews. They saw the interviews as an opportunity to carry the message of OA to others.

Grounded Theory and Data Analysis

Throughout data collection and analysis, I used a grounded theory approach. Grounded theory is well-suited to formative research projects such as this one. Additionally, the approach focuses on identifying emergent categories instead of utilizing preexisting ones. Finally, grounded theory provides a method for generating a descriptive and explanatory theory about a specific site, just as I aimed to do to answer my research question. The following summarizes the defining features of the method:

- Simultaneous involvement in data collection and analysis
- Constructing analytical codes and categories from data, not from preconceived logically deduced hypotheses
- Using the constant comparison method, which involves making comparisons during each stage of analysis
- Advancing theory development at each step of data collection and analysis
- Memo-writing to elaborate categories, specify their properties, define relationships between categories, and identify gaps (Glaser and Strauss 1967 cited in Charmaz 2014, 5)

A main focus of the method is iteration because the researcher periodically moves back and forth between data collection and analysis with the analysis driving the next round of data collection. At various points, I inputted my fieldnotes from participant observations and interview recordings into the qualitative data analysis software, *Dedoose.* I then conducted line-by-line coding, first using open coding in which all analytical possibilities were considered, and then I coded them with a narrower focus on a few core themes. One data point that emerged during this process was that

the theme of "higher power" was more frequent than any other in the data. After learning this, I went back to participant-observation and interviews with the goal of understanding more about the concept of a *higher power* and the role it held for members of OA. The research question that emerged from the data collected with this aim was: How do some members, most of whom have no previous belief in a supernatural power, come to communicate daily with a *higher power*? As will become clear over the dissertation, this question is central to much of my theorizing about OA and subjectivity, and the focus of Chapter 4. It also brought to the fore the religiosity of OA, which Chapter 4 also addresses.

Limits of the Research

This research was designed as a phenomenologically oriented ethnographic study. As such, the sample size is relatively small. The analysis gleans local meanings relevant to this specific group of participants, and cannot capture the meanings that all members hold regarding their eating distress or their experiences with OA. Additionally, I found that only a subset of OA members was willing to participate in an interview or talk with me at length about their experiences. Thus, this dissertation contends with the meanings that some of the most devout members hold in the community as well as insights from people who left OA. There are several aspects of OA that are missed as a result of this focus. Had I been able to talk more in-depth with people that are muddling through the processes in OA and had less firm commitments to the dogma, I would have been able to capture more about the conflicts that arise regarding both the spiritual aspects as well as social elements of the community. I would have gained more insight into the application of the interpretive frames, as they would likely be less consistent for this group of people. In general, the account would be messier with more contradiction. Finally, I would have learned a bit more about

what costs are involved for people as what they have to give up in order to adopt this dogma, and the selfless believer subjectivity, would be more visible.

Overview of Chapters

While the experiences of participants in OA varied, the majority of my data comes from people who felt their experiences with OA addressed their eating distress in a positive way. Thus, much of this dissertation has to do with making sense of the normative trajectory of recovery structured by OA.

In Chapter 2, I provide a literature review addressing scholarly debates on eating disorders, obesity, addiction, therapeutics, and religion. Eating disorders have largely been addressed through biomedical and feminist frames. The literature presented in Chapter 2 complicates this picture in a number of ways. For one, it shows that eating distress has largely been framed in biomedical terms with a focus on *anorexia nervosa.* Moreover, a mono-causal theory of eating disorders that proposes that culture is the cause of eating disorders has dominated socially oriented-scholarship. Anthropologists have responded to this with culturally specific analyses. The review calls into question some of the taken-for-granted biomedical ideas about obesity and health while raising the issue of symbolic body capital. Other key topics are addressed including the anthropology of addiction and the anthropology of religion.

In Chapter 3, I argue that many OA participants adopt a "selfless believer subjectivity." I show how members construct themselves as believers in a *higher power* who are also working to replace their self-will with the will of their *higher power*. This construction occurs through enactments of expertise including "sharing" and "developing a recovery narrative" which I outline

and discuss (Carr 2010b). One of the consequences of these practices is that criticism of OA is reframed as a part of the struggle of recovery.

In Chapter 4, I consider the religiosity of OA. 12-Step is rooted in the Oxford School of Christianity, which its founding members were part of. The values and central practices promoted by the Oxford School are all embedded in OA dogma. Moreover, I use Tanya Luhrmann's (2020) theory of kindling invisible others to analyze OA activities such as "acting as if" and "willingness." I show that these are processes through which subjectivity is produced for many members. I also address the experiences of members for whom this process was not successful.

In Chapter 5, I explore interpretive drift and how members manage the tensions that arise when they use new interpretive frames they have picked up in OA to understand other aspects of their daily lives. I analyze the meta-agentive discourse in OA and identify the theory of agency embedded in it. I argue that OA promotes a theory of agency involving individual agency and "detached" agency, but ignoring social factors. I also discuss the tensions that arise when this theory of agency bumps up against events in life outside of OA.

In Chapter 6, I return to my initial hypothesis and compare the selfless believer subjectivity in OA as well as the overall discourse of OA with the values of neoliberal ideology. I suggest that it makes sense that the selfless believer subjectivity would be a relief to some people within the broader context of neoliberal ideology.

Conclusion

In this chapter, I have provided an overview of the research presented in this dissertation. The aim of the research is to illuminate the connections between extreme eating distress,

Overeaters Anonymous, and participants' experiences of subjectivity, and each chapter in this dissertation contributes to that broad aim in a different way.

Chapter 2
Literature Review

A number of issues arise when considering Overeaters Anonymous through an anthropological lens. In this chapter, I focus on presenting an overview of the most relevant debates and insights. Eating disorders have long been the domain of psychologists (even the name "eating disorder" emerges from that field), to which feminist theorists have responded by reframing eating disorders as a social problem requiring a critical lens of analysis. Cultural anthropologists have looked at eating disorder treatment, phenomenology of eating disorders, fatness/obesity in social and cross-cultural context, as well as related broader social contexts including the social history of sugar and consumerism. Discourses on obesity form a prevalent backdrop to the research site, so they will be discussed in this review. Moreover, the logic of Overeaters Anonymous frames eating distress as an addiction, so the anthropology of addiction is also relevant. This research theorizes addiction as socially produced and contextualized largely through treatment regimes. Branching from there, several anthropologists have looked at 12-Step sites specifically. I will also touch on the Anthropology of Christianity as well as the work of Tanya Luhrmann on belief and fostering "invisible others." These concepts (explored in more detail in future chapters) are fruitful for understanding the religiosity that underlies Overeaters Anonymous. Throughout this chapter, I will discuss the relevant contributions from each of the domains above in greater detail to provide theoretical background for both the conceptual points and analysis asserted in the other chapters of the dissertation.

Theorizing Eating Disorders

Contemporary discussions of extreme eating distress are framed in terms of eating disorders and are dominated by two main perspectives: medical/psychological and cultural. While these perspectives have some overlap in their explanations for eating disorders, they are frequently pitched against each other creating debates around such issues as: the role of Western consumer culture (i.e., neoliberal ideology); the degree to which specific eating disorders are universal; and the connection between power disparities, gender, and eating disorders. Anthropologists have made productive contributions to these discussions by showing that a separation between psychological perspectives and cultural ones creates a false dichotomy in which the psychological is posited as acultural (Gremillion 2003). Additionally, anthropologists have made important critiques of assumptions regarding Western consumer culture/neoliberal ideology within these discussions (Anderson-Fye 2004; Becker 2004; Lester 2004; Pike and Borovoy 2004). The proposed research engages with this scholarship.

The three eating disorders relevant to this discussion that are named in Western psychiatry are: *anorexia nervosa, bulimia nervosa, and binge eating disorder. Anorexia nervosa* was first named and conceptualized as a medical disorder in 1873, and the European physicians who first named it considered it to be among other "women's complaints" under the rubric of "hysteria" (Bell 1985, 6-7). In 1952 the *Diagnostic and Statistical Manual of Mental Disorders I* (DSM-I) was published with *anorexia nervosa* listed as a disease category; though the criteria have changed over time, *anorexia nervosa* has been included in all subsequent editions of the DSM. According to the DSM-5, *anorexia nervosa* is characterized by caloric restriction, intense fear of weight gain, and distorted body image. *Bulimia nervosa* was added to the DSM-III, published in 1987. Bulimia nervosa is characterized as involving repeated episodes of binge eating and recurrent purging.

Binge eating disorder was included as an independent diagnosable category in the DSM-5 in 2013. It's defining characteristic is recurrent episodes of binge eating. Psychological explanations for eating disorders have taken various forms from the psychoanalytic theories focused on women's fantasies and fears of oral impregnation of the 1930s, to the behavioral perspectives of the 1960s. Contemporary psychological explanations are dominated by an "addiction frame," discussed in more detail later in this chapter, in which eating behaviors are understood as a complex neurological and psychological addiction process through which people soothe stress and emotional distress (Maté 2010, 244).

In critique of the individualizing psychological explanations of eating disorders, many feminist cultural theorists argue that eating disorders must be understood within the context of culture. From this perspective, eating disorders are not anomalous, but on a continuum with common dieting and beauty regimes in Western cultures (Bordo 1993; Wolf 1994). These theorists argue that eating disorders are *caused* by culture – specifically the female oppression and economic ideals of advanced consumer culture. Theorists in this vein have argued that modern anorexia is a form of resistance to dominant ideas of femininity, the expectations of rigid gender roles, and the ideals of modern consumer culture (Bell 1985; Bordo 1993; Gordon 2000, 205; Malson and Burns 2009; Wolf 1994). Key among their insights is the role of gender, body image, diet/exercise industries, and media imagery in Western culture as causes for eating disorders as in Susan Bordo's (1993) well-known textual analysis of female bodies in American print media. Popular representations of female bodies in advertisements and other media homogenize by minimizing ethnic and class differences within a very narrow standard of beauty and perform a normalizing function by producing the models by which women judge and alter themselves. In other words, these depictions of female bodies aimed to promote consumerism are a mechanism through which

the self-surveillance Foucault theorizes as endemic to modern power occurs (1993, 24-25). Eating disorders are understood to be an extreme reproduction of these practices through which the broad ideals of discipline, obedience, and consumption are reproduced while also rendering bodies unable to produce or consume (Bordo 1993, 27). While women with eating disorders are reproducing the ideals of a consumer capitalist society, they are simultaneously resisting those ideals (Bordo 1993). Other cultural theorists argue that eating disorders are an escape from the pressures of doing everything that women are expected to do (raise families, have a career, be a friend, mother, and wife) and the adverse experiences women routinely face (sexual violence, lower economic opportunities, discrimination) account for the occurrence of eating disorders (Fallon et al. 1994; Malson and Burns 2009).

The above theorists have succeeded in linking eating disorders to power disparities as well as normative body management practices in complex societies, a point confirmed by an anthropological study of American inpatient treatment (Gremillion 2003). However, there are serious limits of the feminist cultural theory of eating disorders which can be grouped into two areas: (1) assumptions about the object and locus of study and (2) assumptions in the underlying theoretical constructs (specifically "Westernization" and "culture").

Problematic assumptions about the object and locus of eating disorders are embedded in the feminist cultural perspective. This vein of theory largely focuses on *anorexia nervosa* (i.e., eating restrictive behaviors) to the neglect of other DSM categories (*bulimia nervosa* and *binge eating disorder*) meanwhile occluding inquiry into localized idioms. Part of the issue is that anorexic bodies provide striking textual images to point to as proof of an unjust society while bulimic bodies, lacking visible difference, are unremarkable (Burns 2009, 127). This focus is narrow and neglects a range of related experiences. Additionally, many scholars note that the focus

on representation and body image: neglects the felt experiences of particular eating practices, promotes an understanding of bodies as static without feelings, and neglects the intersections of race and class with eating disorders (Burns 2009; Probyn 2009).

Additionally, assumptions embedded in the underlying theoretical constructs pose serious limitations to this vein of theorizing. Specifically, "neoliberalism" and "culture" have been loosely utilized. Perhaps most notably, dominant cultural theories assume that women employ eating disordered practices in order to change their bodies into thinner shapes in line with the disciplined characteristics of neoliberal ideology, yet research suggests women employ these practices for a variety of reasons that need further documentation and exploration (Burns 2009, 125). Finally, as anthropologist Rebecca Lester (2004) points out, this theory creates a circular logic. Part of the problem is the limited concept of "culture" employed in this argument; culture is assumed to be static, homogenous, and transportable, at least for "Western" culture (Lester 2004, 608). With such a limited concept of "culture," the dominant model produces a logic in which the appearance of an eating disorder (usually recognizable as *anorexia nervosa*) is used as evidence of enculturation (always the neoliberal ideology associated with Westernization), and neoliberal ideology is then, in turn, used as evidence of the cause of eating disorders (Lester 2004, 609). The result is a mono-causal radical constructionist explanation in which biological factors are assumed to be nonexistent and the neoliberal ideology of Western culture is posited as the only cause.

The Anthropology of Eating Disorders

Ethnographic work by anthropologists on eating disorders offers key insights that address and complicate several assumptions about eating disorders in current feminist cultural theory, and my research builds on this work.

Most extensively, anthropologists have interrogated the assumed connection between Western or neoliberal ideology and eating disorders. Psychiatrist and anthropologist Anne Becker's work in Fiji over two decades has shown that there is tremendous variation in notions of the body. For Fijians the body is a reflection of the community, and there is little interest in cultivating one's own body (Becker 1995, 45-52). Despite this, Becker documents dramatic shifts in some Fijian ideas about body shape after the introduction of television in 1995. After the introduction of television, there was a widespread idea that a body can be reshaped whereas previously there was no concept of cultivating your own body (2004, 540). Women now showed an interest in purchasing exercise equipment for home, and Becker found some eating disordered behaviors matching DSM criteria were now present (2004, 542, 549). Television did influence women's ideas about body shape, but not by increasing an interest in thinness to be desirable. Instead, the women associate thin body shapes with an increase in energy and the ability to be more productive; thinness is seen as a strategy for gaining an upper hand in social competitions, especially for jobs (Becker 2004, 547-544). Additionally, Becker found that television was a medium through which women sometimes found strong female role models to emulate (Becker 2004, 542-3). While Becker's research suggests that the introduction of television correlated with an increase in some Western values (especially social competition), it also shows that equating body cultivation, dieting, and restrictive eating behaviors with a universal desire to be thin is overly simplistic.

Moreover, as transmission of Western ideas to Fiji have continued, Becker (2017) has shown that many women find themselves pulled between two competing cultural systems. Specifically, she notes that the idea that fatness is rooted within individual control and personal agency is naturalized in the West, both through biomedical and folk models of weight, yet there is

a different attitude in Fiji where responsibility for the body and feeding lies with extended family (Becker 2017, 150, 162). The Western idea of "overeating" assumes that individuals have control over dietary choices, and "overeating" represents a loss of that control. Becker suggests that "loss of control" is only pathologized and stigmatized in contexts in which control is valued (2017, 156). Conversely, in Fiji, food is provided by others, privacy is limited, and there is a persistent social obligation to eat until well-sated (Becker 2017, 156). Becker's research shows women in Fiji are particularly challenged because there are both social obligations related to eating as well as increasing pressure to conform to Western ideals of eating (Becker 2017). Critiques of being "too big" are now frequent as self-appraisal and comments from family and peers (Becker 2017, 164). Traditionally in Fiji, social standing was rooted in caste and gender hierarchies, and social mobility was not possible, yet now body weight is increasingly being seen (via Western media) as connected to economic opportunity (Becker 2017).

The cultural specificity of body cultivation and eating disorders is confirmed by other anthropologists. For many women in Japan, the desire to be thin was not associated with achievement, self-control, or desirability, but instead as a strategy for delaying adulthood responsibilities (Pike and Borovoy 2004, 511). The guiding logic, "Never Leave Yourself" in a San Andrés community in Brazil involves continual maintenance such as getting enough sleep and eating when hungry regardless of pre-established meal times is protective against eating disorders in this community (Anderson-Fye 2004, 576). Additionally, numerous researchers have found that the "fear of fatness" assumed to be a driving factor in anorexia and codified in the DSM for decades is not relevant in many cultural contexts including communities documented in Hong Kong, India, and Japan (Khandelwal, Sharan, and Saxena 1995; Lee, Ho, and Hsu 1993; Pike and Borovoy 2004, 512).

The sparse anthropological literature on eating disorders in the United States focuses almost exclusively on *anorexia nervosa* and associated eating restrictive behaviors. In line with Susan Bordo's (1993) work described above, anthropologist Helen Gremillion (2003) has confirmed the regulating role of eating disorders through her ethnography of an eating disorder clinic in which she documents how the social obsession with regulating women's bodies spills into treatment. Already overscheduled women are also required to attend numerous therapy sessions throughout the week, and the very behaviors that are so problematic for anorexic patients such as – scrutiny of dietary intake and hyper focus on weight – are reinforced through therapies in which all calories are accounted for, and weight is constantly monitored. The clinic reproduces the power dynamics common in American society in which women often do not have control over their bodies.

Gremillion's work emphasizes institutional logics and structural factors including gender, class, and race. Her work is ethnographically rich and avoids much of the oversimplification other critical social analyses of eating disorders routinely fall into. Still, much work remains to be done asking questions such as: What do eating disorders (officially diagnosed or alternative distressful eating idioms) mean to women who have them? How do people make meaning of their eating (and/or body cultivation) practices, and how does treatment interface with these meanings? Therefore, some feminist scholars and anthropologists have recently called for a focus on the embodied and subjective experiences of people with distressed eating (Burns 2009, 130; Lester 1997, 482; Probyn 2009, 125).

Megan Warin's (2010) ethnography answers this call. It follows American and Australian women and men who identify as anorexic through a variety of settings including clinics and their homes and illuminates their embodied experiences. Warin repeatedly shows anorexia is about

relationships. For example, as people enter various therapeutic settings, anorexia is symbolic capital through which friendships are often forged (2010, 31). Anorexia, she argues, "is not solely concerned with food and weight but is fundamentally concerned with issues of relatedness: of relationships with oneself, people, and objects in the world" (Warin 2010, 187). Warin's work shows how the meaning of anorexia for many participants varies greatly from that assumed by psychiatric and feminist cultural explanations.

Yet, the anthropological work has still been dominated by discussions of anorexia or a broad notion of "eating disorders" with the emphasis being on food restriction, largely to the neglect of other clinical categories and indigenous illnesses (exceptions being Becker 1995, 82 and Becker et al. 2003). Additionally, because the anthropological studies of eating disorders in post-industrial societies have been focused on clinics, there has been a tendency to frame research and within psychological/biomedical terminology to the neglect of participants' terminology. There has been minimal interrogation of the cultural production of eating disorder categories, including *anorexia nervosa* in anthropology. These concerns are common to any study of an illness or disease category in medical anthropology, but have largely been neglected in socially-oriented research on eating disorders. In addition, no anthropological research on eating disorders has investigated the experiences of people who are not biomedically diagnosed but seek treatment for extreme eating distress through other venues. These gaps are significant because there are people who experience extreme eating distress who are not identified within both biomedical and socially-oriented inquiries into eating disorders. For example, there is evidence that suggests men have been routinely underdiagnosed, perhaps because eating disorders are largely considered a "female" problem (Woodside et al. 2001). This research addresses some of these issues by focusing on a site – Overeaters Anonymous – that is outside of psychiatric and biomedical clinics.

Theorizing Obesity

Discourses on obesity are prevalent both in the broader social context this research takes place in, as well as shaping the experiences of many members Overeater's Anonymous. In biomedical fields, obesity is posited as one element of a broader metabolic syndrome. Metabolic syndrome encompasses several disorders with separate distinct causes, but all involving insulin resistance and high circulating insulin levels. These disorders include: obesity, high blood pressure, high blood sugar, and inflammation. In biomedical discourse, metabolic syndrome is associated with higher risk for cardiovascular disease (John Hopkins University 2022). The standard measurement to delineate healthy weight from unhealthy weight used in biomedicine and associated organizations such as the World Health Organization (WHO) is Body Mass Index (BMI). BMI involves a ratio of weight to height and is calculated as: weight (kg)/height (m)^2 or weight (lbs.)/height (in)^2 x 703 (Wiley and Allen 2017, 103). The current classification of BMI for adults as follows: BMI under 18.5 is underweight; between 18.5 and 24.0 is healthy; 25-29.9 is overweight; and 30 or greater is obese. Since the exact health impacts of weight in the different categories (healthy, overweight, obese, underweight) are not known, the classifications are meant to direct medical professionals to look for possible health problems but are not an official diagnosis (Wiley and Allen 2017, 103). The WHO estimates that in 2014, 13% of adults worldwide were obese. This ranges from 5% in Southeast Asia to 27% in the Americas (Wiley and Allen 2017, 103). Obesity is found in low-, middle-, and high-income countries; in developing countries, it may exist with malnutrition. Notably, there has been a substantial increase in childhood obesity since the 1980s, especially in the U.S. (Wiley and Allen 2017, 103). References to the global obesity epidemic are pervasive enough to be ubiquitous in health discussions. While taken for

granted in many food, health, and nutrition discourses, social scientists point out that "obesity epidemic" is imbued with a variety of cultural meanings and embedded in specific social systems (Anderson-Fye and Brewis 2017). The most robust anthropological frameworks will account for both biological and social factors (Brewis 2017, 8). Both are at play when one analyzes sugar consumption through an anthropological lens, which is the topic of the next section.

Sugar

In his highly influential work, *Sweetness and Power: The Place of Sugar in Modern History,* Sidney Mintz (1985) argues that sugar production played an important role in Britain's shift to industrialism and capitalism in the 19th century. Some areas of the Americas proved environmentally well-suited to growing sugarcane, and colonial sugarcane plantations were controlled by the Spanish, Portuguese, French, and British at various times. By the 1600s, Britain dominated sugarcane production through their colonies in Barbados and Jamaica, with the exploitation of enslaved people being the main driver of wealth through this system. Through trade triangles involving sugar from colonies, enslaved people from Africa, and sugar-related products, three trends occurred during this time: increased wealth of the British elite, increased economic power of Britain over other European countries, and increased circulation and consumption of sugar by the British. Various laws and economic protections were created to protect the profits of sugarcane producers. The 1700s saw shifts in the social meanings associated with sugar. While early on British consumption of sugar was primarily a luxury of the elite, over time the price of sugar decreased, and the shifting economic structure meant an increased consumer market; sugar became ubiquitous among the working classes. As Britain shifted from mercantilism to capitalism, sugar maintained an air of luxury while simultaneously, "embodying both the promise and the fulfillment of capitalism itself" (Mintz 1985, 196). Mintz argues that among working classes,

consumption of sugar marked a break from laboring and a reminder of the possibility of luxury and wealth. When slavery ended in the early 1800s, British sugar plantations were absorbed into European capitalism. The social meanings connected to sugar in the U.S. and Europe are complex, but still remain rooted in the early capitalist idea that, "The good life, the rich life, the full life – was the sweet life" (Mintz 1985, 208).

Sugar Addiction

Overeaters Anonymous uses an addiction framework for describing eating distress, and the primary food named "addictive" is sugar. This framework overlaps in no small way with popular discourses around sugar addiction such as arguments forwarded in a book called *Sugar Blues,* which was published by William Duffy in 1975 and promoted by his wife, actress Gloria Swanson. In *Sugar Blues,* Duffy equates sugar to heroin and argues that sugar is a cause of numerous maladies not limited to: mental illness, cancer, heart disease, tuberculosis, the bubonic plague, and divorce. Multiple research participants discussed the ideas in Duffy's book as corroborating the perspective put forth by Overeaters Anonymous literature, particularly that overeating is caused by food addiction, primarily addiction to sugar.

Debate persists in biomedical and scientific communities as to whether or not sugar is an addictive substance. Arguments that sugar is addictive rely on rodent studies. Researchers James DiNicolantonio, James O'Keefe, and William Wilson (2018) argue that sugar is more addictive than cocaine. They argue that key features of addictive substances: altered mood, seeking out, and biochemical withdrawal have all been observed. In a recent review of the literature, scientists found that the evidence suggests opioids and dopamine are released when sugar is consumed, and that the evidence from animal studies shows that under certain conditions, animals can become addicted, which may have parallels for humans (Avena, Rada, and Hoebel 2016). However,

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detractors have argued that rodent studies are frequently misunderstood; addiction-like behaviors were only seen when animals can access sugar only two hours a day; moreover, the same results are seen with saccharin (Westwater, Fletcher, and Ziauddeen 2016). It's not the substance itself, but intermittent access and the context of extended fasting that causes the behaviors (Westwater, Fletcher, and Ziauddeen 2016). The brain's reward system is involved both in sugar and cocaine use, but with cocaine, the system is hijacked and normal controls are turned off, whereas an altered state of mind does not occur with sugar consumption (Westwater, Fletcher, and Ziauddeen 2016; Hebebrand and Gearhardt 2021). Moreover, researchers taking this stance argue there is no evidence of biochemical or physical withdrawal when people stop consuming sugar (Westwater, Fletcher, and Ziauddeen 2016). They make the distinction that a preference for sweet food can be habit-forming, but not addictive like opiates or cocaine.

Sugar Industry Cover-up

Whether or not sugar is physiologically addicting, one of the things left out of the debate is the explicit attempt on the part of sugar industry players to increase the consumption of sugar within the population despite evidence that sugar consumption contributes to heart disease. In the 1950s, research was coming to light that connected sugar consumption to heart disease (Kearns, Schmidt, and Glantz 2016, 1681). Key players in the sugar industry sought to counteract this research by funding research projects with the goal of shifting the focus from sugar as a culprit to fat (Kearns, Schmidt, and Glantz 2016, 1681). In 1954 president of the Sugar Research Foundation (SRF) Henry Hass stated in a speech that there was a great business opportunity in low-fat diets with a potential "increase in the per capita consumption of sugar more than a third with a tremendous improvement in general health" (Kearns, Schmidt, and Glantz 2016, 1680-1). Eventually SRF approved Project 226; the project involved funding a review article that focused

on fat as the main cause of coronary heart disease (Kearns, Schmidt, and Glantz 2016, 1681). SRF paid 48,000 in today's dollars ($6500 at the time) to scientists Hegsted, McGandy, and Stare to write a review article (Kearns, Schmidt, and Glantz 2016, 1681). Evidence shows that SRF read drafts throughout the process and communicated directly with two Harvard doctors: Stare and Hegsted (Kearns, Schmidt, and Glantz 2016, 1681). In 1967, the doctors published a review article that minimized the significance of the research linking coronary heart disease and sugar consumption by attacking the methods of each study while ignoring the corroborated findings among them (Kearns, Schmidt, and Glantz 2016, 1682); it also did not treat the research presented on fat and coronary heart disease with the same scrutiny on methods as it had with the sugar studies (Kearns, Schmidt, and Glantz 2016, 1682). The research review named fat and cholesterol as the cause of coronary heart disease. SRF funding for the article was not disclosed. SRF was also involved (with other related industries) in pushing a dental-research program at the National Institute of Dental Research to shift focus away from researching the benefits of eating less sugar to things like a vaccine for dental decay in the 1970s (Kearns, Glantz, and Schmidt 2015, 12). The result is that dental guidelines have focused on harm reduction with sugar instead of restricting sugar, which is framed by the NIDR as impractical (Kearns, Glantz, and Schmidt 2015, 12).

Complicating the Causes of Obesity

The ongoing industry influence on nutritional research is one way that scientific information about obesity is limited. That said, body sizes are objectively getting larger throughout the world (Brewis 2017, 1). The conventional explanation for this change has relied on the energy balance model of human weight (Guthman 2011). This model posits that caloric intake combined with energy expenditure results in a person's fat accumulation or loss. In this frame, genetics play a role, but the majority of the rise in body size since the 1980s is understood as a

result of people consuming more calories and moving their bodies less. The intervention that follows this line of thinking is to encourage people to eat less calories and exercise more. While this explanation has dominated thinking on public health and nutrition in the U.S., food systems scholar Julie Guthman argues in *Weighing In: Obesity, Food Justice, and the Limits of Capitalism* (2011) that there is little evidence to support it. First, nutrition is notoriously difficult to research. The only way to reach the highest research standards is to bring people into a lab and control all caloric intake and energy expenditure. Such studies are costly and involve a small number of participants. Instead, self-reporting in food journals is the most common way nutrition is studied, and self-reports on food intake are often underreported (Guthman 2011). Reliable evidence is hard to come by. Similarly, while the idea that Americans are less physically active than in previous generations seems self-evident, it is equally challenging to research. Guthman points out that in the U.S., obesity (as medically defined via BMI) impacts some populations more than others. Latinx and working-class white communities are the two groups with the highest rates of obesity, and both of these groups have higher rates of physical labor (Guthman 2011, 94).

Guthman acknowledges that modern food processing has likely resulted in higher consumption of calories, but argues that a focus on the energy balance model neglects many other factors that may be equally important. For example, there is ample evidence for the impact of stress and inadequate sleep on weight gain as well as evidence that suggests gut bacteria, assortative mating, and some infections are involved (Dhurandhar and Keith 2014). The impact of advertising highly processed foods, especially to children, has been shown to play a role (Powell, Schermbeck and Chaloupka 2013.) Additionally, a relatively recent discovery that body fat – adipose tissue – is an endocrine organ that is involved with hormones in complex ways has major implications for causal models of obesity and has sparked interest in endocrine-disrupting chemicals (EDCs). In a

review of lab-based research looking at the connection between EDCs and obesity, scientists identified the following trends: long-lasting, endocrine disruptors work independently of caloric intake and expenditure, endocrine disruptors can directly precipitate cell creation and cell division, exposure in infancy/childhood may not show impact until adulthood, epigenic effect – changes can be passed down to future generations, many implicated chemicals, and many biological pathways (Grun and Blumberg 2009).

The biological mechanisms leading to larger bodies are not clear. Simultaneously, the categories used to define people as "obese" and "overweight" are imbued with social and cultural meanings. Far from being universal health standards, populations vary in terms of health outcomes at different weights (Popkins 2002). Several factors have been shown to impact height-to-weight ratios: changing patterns in height, patterns of disease, diet, and infectious disease exposure (Henderson 2005). For example, for American men, the ideal BMI in terms of mortality has shifted upwards from 20-26 to 22-28 (Henderson 2005). For women, idealized weights have decreased over decades, creating a cultural shift in which lower weights, especially for women, are perceived as positive (Ritenbaugh 1982). In a social context in which lower weight is perceived as ideal, the label of "overweight" is applied to an increased number of people. Even variance in body types (e.g., short and stocky or tall and slender) within a single population will skew BMI data that is attempting to describe the amount of fat tissue within a population (Hrushka 2017). Moreover, in 1998 the National Institutes of Health (an agency of the U.S. Department of Health and Human Services) decided to shift the criteria for the category of Body Mass Index (BMI), from 27 and 28 for females and males respectively, to 25. The result was that 35 million Americans were deemed overweight overnight (Kuczmarski and Flegal 2000). Thus, the data used to support the notion of an "epidemic" is socially constructed in and of itself, and it is important to point out that moving

the bar for the "obese" category meant more people were now eligible for treatment via health insurance policies (Brown 2015).

The energy balance model has dominated health and biomedical discussions of obesity, but this framing postulates a solution focused on individual consumption and behavior instead of one focused on policies and food processing. The idea forwarded in many health campaigns is that individual effort is the key to preventing and/or recovering from obesity (Brewis 2017). Yet social scientists including Mintz (1985) and Guthman (2011) have shown that cheaply produced food and the prevalence of underpaid workers are intertwined. With so many workers underpaid, the illusion of "choice" to consume healthy foods does not exist in a market flooded with cheap foods (Guthman 2011).

Fat Stigma

While medical and public health scholars have framed obesity as harmful, anthropologists and others have tended to argue against the notion that obesity is a clear biological problem for humans, instead focusing on the harm of stigma (Brewis 2017, 8). As is outlined in this literature review, the causes and impacts of large body weight are complex. Anthropologist Alexandra Brewis argues for frameworks that can account for the negative experiences of fat stigma while not simultaneously denying the health risks observed by medical scholars (Brewis 2017, 8). One key concept for taking this approach is "symbolic body capital." By looking at fat as symbolic, attention is drawn to the meanings a community associates with fat bodies. "Body capital" recognizes that different bodies are perceived as holding different values within a "market" of cultural meanings (Lester and Anderson-Fye 2017). Symbolic body capital can result in different life opportunities for people with the "right" or "wrong" bodies. In the literature, it is well accepted that as wealth increases in a community, BMI increases until the point at which as wealth reaches

a certain threshold, and BMI decreases again, especially for women (Hrushka 2017). There are two proposed explanations for this connection between BMI and wealth. First, the resource access theory states that as people become wealthier, they have resources with which to buy food. Once they reach a certain threshold of wealth, they can buy the right foods to result in the socially desired body type. The theory usually rests on the idea that fresh fruits and veggies and protein are more expensive (Hrushka 2017). Alternatively, the body capital theory proposes that those with the socially desirable body type are able to attract more wealth, so there is high motivation to achieve the desired body type and upon that achievement, more wealth is gained (Hrushka 2017). In an analysis of large-scale population data, anthropologist Daniel Hrushka concludes that the data support the body capital theory more strongly (Hrushka 2017). This implies that symbolic body capital is connected to a number of social outcomes for people, including access to resources.

A worldwide study conducted by anthropologists in 2010 showed that fat stigma is now a global issue (Brewis et al. 2011). Previous anthropological work in Fiji (Becker 1995), Samoa (Brewis et al. 2020), and Belize (Anderson-Fye 2004) found that larger, curvier bodies were generally seen as positive in a variety of cultural systems; fat bodies had been associated with wealth, power, sex appeal, and beauty. The 2010 research revealed that rapid change has occurred; all over the world, people now see fat bodies as negative (Brewis et al. 2011). This globalized fat stigma has occurred simultaneously with the increased body size worldwide. Now being fat is associated with being "lazy, dirty, unsexy, and unlovable" (Brewis 2017, 3). Researchers found another source of the stigma is that fatness is often regarded as self-induced. Anti-obesity campaigns actually increase fat stigma by positing obesity as best countered with individual efforts (Brewis and Wutich 2014; Campos et al. 2006). The result is a high degree of self-blame (Brewis 2017, 3). According to Brewis, "The massive amount of time and energy that millions devote to

weight loss perhaps reflects not so much an urge for health as avoidance of the cost of being socially discredited as 'too fat' or achievement of the relative social advantages of 'thin enough.' Thus, fear of fat sigma seems to be a major motivator for people to work very hard to try to align with body norms as closely as they can" (Brewis 2017, 5). Additionally, global spread of social media is implicated in how new norms spread so quickly and so widely (Brewis 2017, 3).

Theorizing Subjectivity

Debates about the role of consumerism/Westernization/neoliberal ideologies in the literature on eating disorders speak to broader debates surrounding the underlying theoretical construct, "neoliberalism." As "an ideology of governance that shapes subjectivities," neoliberalism is connected to governance and subjectivity, both of which have long been discussed in anthropological research on mental health treatment (Ganti 2014, 89).

The term, "neoliberalism" has been used profusely and sometimes loosely within anthropological research and other disciplines (Ganti 2014). Within anthropology, it has two primary uses: "structural forces affecting people's life chances" and the one being used in the proposed research, "an ideology of governance that shapes subjectivities" (Ganti 2014, 89). This use of the term is echoed by Biehl, Good, and Kleinman, who note that subjectivity can be understood "as both a strategy of existence and a material and means of governance" (2007, 5). Mental health institutions generally, and Western psychiatric therapies specifically, have long been recognized as mechanisms of state power in post-industrial, complex societies (Foucault 1965; Rose 1999). Through these institutions and therapies, people are regulated and processes of self-management are naturalized. While subjects are thinking and feeling their way through the world, their experiences are explicitly social and embedded within webs of power. Notably, Michel Foucault outlined useful concepts for understanding this process. He defines governance broadly

as "…the way in which the conduct of individuals or of groups might be directed… To govern, in this sense, is to structure the possible field of action of others" (Foucault 1982, 790). Foucault shows how the state accomplishes governance in contemporary societies not through coercion, but by producing processes by which people self-regulate their conduct, a form of governance he referred to as governmentality (1993, 203-4).

A primary vehicle for governmentality is subjectivity, the shared inner life of a political subject (Luhrmann 2006, 345-6). Defined by various knowledge systems (e.g., the psychological, political, and scientific discourses that arose in the 19th century regarding sexuality, and the human sciences more generally), different kinds of subjects continually reconstitute themselves as governable through personal motivations, everyday practices, and inner thoughts, feelings, and desires. Subjectivity is a fruitful lens for exploring these processes because of its import for connecting broader political contexts to individuals, and in the case of mental health, for illuminating the effects of governance on individuals (Biehl, Good, and Kleinman 2007). In addition to the state's direct therapeutic intervention into the lives of people experiencing various forms of illness and suffering, therapies often involve the remaking of inner experiences in such a way as to align with contemporary economic and political values. In this way, subjectivity is a vehicle through which diffuse forms of governance, are perpetuated and reinforced (Biehl, Good, and Kleinman 2007; Harris 2015).

Contemporary social scientists have recognized that the medicalization of mental health disperses a form of governance that is particularly concerning as it is "linked to the unmaking of time-honored value systems and occasions novel forms of control" (Biehl, Good, and Kleinman, 2007, 7). Sociologist Nikolas Rose outlines how this works in Western societies arguing that Western psychiatry is a key knowledge system through which contemporary governance occurs:

> …the psy disciplines and psy expertise have had a key role in constructing 'governable subjects'. Psy, here, is not simply a matter of ideas, cultural beliefs or even of a specific kind of practice. I suggest that it has had a very significant role in contemporary forms of political power, making it possible to govern human beings in ways that are compatible with the principles of liberalism and democracy. (1999, vii)

In his investigation of psy expertise in contemporary Western culture, Rose finds that psy knowledge systems are now so integrated into Western society that they appear natural. The knowledge-power field of psy includes techniques, rationales, and vocabularies which are no longer strictly centered in scientific expertise, but are now widespread in contemporary Western culture.

As quoted above, Rose argues that Western psychiatry is implicated in the production of governable subjects. Specifically, he shows how neoliberal subjectivity is produced through psy technologies which facilitate particular techniques of the self, imbuing the subject with a sense of being free to make and remake their own choices, their own lives, "and that it is the legitimate, desirable, indeed healthy to calculate [their] lives in terms of the choices that will fulfill our subjective needs" (1999, 257). The values and rationalities of psy therapies delineate what it is to be a human being. Psy technologies produce governable subjects for whom freedom, self-actualization, and autonomy are central, aligning with liberal and democratic values at the expense of values of mutuality and commitment (1999, xxiv).

Neoliberal Subjects

Ethnographic research on subjectivity in the context of mental health has also focused on how neoliberal ideology is imparted through various therapies. For example, Nickola Pazderic shows that Taiwanese who engage in Heqi, a quasi-religious therapeutic practice through which practitioners both reinforce neoliberal ideologies of individual success and seek to contend with the challenges that a neoliberal economic policy have created for them (2004, 197). Heqi is practiced within the context of a shift to neoliberal economic policies and an increasing

preoccupation with the search for "authentic self." In another salient example, Tomas Matza shows how the efflorescence of "psychological education" in Russia is implicated in the production of liberal subjectivities through a focus on self-management (2012). Moreover, he shows how market forces and the "commercial biopolitical matrix" of state priorities are increasingly implicated in psychological self-work. In both ethnographic examples, therapies that reinforce technologies and ideologies of neoliberalism are involved in practitioners' personal experiences and senses of self; in other words, the therapies operate on the level of subjectivity.

Research in Western contexts has also shown how neoliberal ideologies are imbued through therapies. For example, Philippe Bourgois (2000) shows how methadone treatment for opiate addiction in the United States is permeated with the imperative to discipline and manage economically unproductive bodies, yet the ethnographic data reveals that these attempts to produce economically productive citizens rarely work out for the recipients; the addicts experience effects from methadone that are in many ways stronger than the effects of their former heroin use in addition to ongoing economic challenges (2000, 171, 189). Shana Harris (2015) shows that the office-based buprenorphine treatment for opiate addiction governs through normalizing discourses and activities producing a subject that is "a more normal patient" with a "more normal medication" in a "more normal treatment environment" than patients receiving methadone treatment (526). These normalizing discourses affect how clients understand their bodies and recovery in ways that continue the work of producing self-governance through increased freedom and choice (526). Anthropologists have also shown that migration and translation of therapeutic regimes with institutional imperatives aimed at shaping neoliberal, disciplined subjects from North America blend with local political aims and socioeconomic contexts to produce unique treatment

experiences (Bartlett, Garriott, and Raikhel 2014; Fainzang 1994; Hansen 2005; Hyde 2011; Raikhel 2013).

Neoliberal ideologies pervade various therapies in all kinds of contexts. Yet, there is reason to suspect that only focusing on neoliberal ideologies may be incomplete. Neoliberalism has been broadly applied to explain such a wide range of phenomena that there is concern that it has not been applied carefully (Ganti 2014, 90). Is "neoliberalism" a concept that can account for all sociocultural phenomena in the modern world? If it is so encompassing, what utility does it continue to have as an analytic category? What questions aren't being asked as researchers focus on explaining phenomena through this lens? The dominant cultural theory of eating disorders is a useful example. As previously reviewed, one key argument of the dominant cultural theory has been that eating disorders are a symptom of Western consumer capitalism and the concurrent neoliberal ideology. But this explanatory model contains underlying assumptions that have limited our understanding of the experiences of people who experience severe eating distress. While there are certainly ways that eating disorders are embedded within socio-politico-economic webs of neoliberalism, what other subjectivities are people experiencing? What ideologies are being inculcated through the various therapies people engage in their attempts to relieve their suffering?

Related anthropological research on subjectivity and mental health has shown subjectivities in neoliberal, complex societies are far from monolithic. For example, Allen Young identifies the "self-traumatized perpetrator" subjectivity among a sub-population of American veterans (2007, 155). When Sigal Gooldin (2008) investigated the embodied experiences of hunger for Israeli women with anorexia, she found that the women often experience a "heroic subjectivity." In both cases, the subjectivity identified is embedded within locally specific registers of history, social context, and language, yet provide a salient vehicle through which people

understand themselves and their experiences. These findings are significant because subjectivities aren't innocuous; they affect life-chances, social relations, and ways of being in the world.

Theorizing 12-Step Programs

Overeater's Anonymous (OA) is modeled after Alcoholics Anonymous (AA), and is a non-professional organization. It was founded by 1960 by Rozanne S. According to their website, OA has 6,500 meetings in over eighty countries and welcomes people with any type of problem eating experience stating, "You are not alone anymore! No matter what your problem with food — compulsive overeating, under-eating, food addiction, anorexia, bulimia, binge eating, or over exercising — we have a solution" (Overeater's Anonymous 2018a). Though OA is a rich site for ethnographic research through which the cultural production of extreme eating distress can be traced outside of strictly biomedical terms, it has garnered scant attention in anthropology or other long-term qualitative researchers (Lester, 1999, 158).

While OA has received very little attention, therapeutic regimes in the context of AA and other mutual-aid organizations have been studied. In his frequently cited essay on AA, Gregory Bateson (1971) draws attention to both the sociality of AA and the necessity of recognizing the self as part of a system that includes the environment. While Bateson embraces the potential of AA to help people experiencing distress, others examining AA have been more critical. Similarly, to the literature on therapeutics located in treatment centers, researchers have addressed translation/migration and subject formation as two primary concerns in anthropological work on AA.

Influential insights come from Carole Cain (1991) who offers an in-depth analysis of the transformation of identity into that of an alcoholic that most participants in AA experience. She

argues that through a variety of cultural devices, especially the "AA personal story," participants internalize an alcoholic identity into their sense of selves. Cain shows how people attending AA learn the "AA personal story" through models seen in pamphlets, other participants, and by being encouraged to participate in the storytelling ritual. The AA personal story, Cain shows, is not simply a genre but impacts how people understand their own lives as they reconfigure the meanings of their past experiences within their AA personal story.

Like Cain, much work in medical anthropology has focused on focused on narrative as a primary source of data and inquiry (Frank 1995; Kleinman 1988). This approach has been critiqued for overemphasizing the discursive while neglecting material realities and embodied experiences (Atkinson 1997; Meyers 2013, 12). Kahryn Hughes (2007), for example, has shown that identity work involving a shift from addict to non-addict involves not only narrative identity work, but also specific practices and relational entanglements. Additionally, others have shown that identities produced through methadone treatment are more varied than a simple addict/non-addict dichotomy (Keane 2013; Valentine 2007). It's worth noting here that one critique of the focus on narrative in medical anthropology is that it is often assumed that the narrative reflects some authentic experience or gives entry to the interior of self (Atkinson 1997). However, this tendency is a reflection of a predominant belief about language in the American context – that language reflects interior experience – which was documented by Carr (2010).

Research tracing the translation of AA and the 12-Step paradigm to non-Anglo or non-American communities shows that therapeutic contexts are complex and many issues arise as AA competes with other therapeutic regimes and systems of meaning in most locales. In Russia, for example, AA has not been widely accepted with *khimzashchita* (pharmaceutical therapies meant to prevent the body from processing alcohol) dominating the treatment landscape. In his

ethnographic work, Eugene Raikhel has shown that often *khimzashchita* involves injecting a placebo and practitioners view the efficacy of such treatment to be behavioral (2010; 2013, 189). Raikhel argues that this treatment remains popular precisely because it doesn't require the self-transformation requisite in AA which runs counter to post-Soviet psychiatric reasoning in which the power of suggestion has strong currency and inner emotional states are not considered part of problem drinking (2013, 208-9). Sylvie Fainzang has similarly documented how a French ex-drinker group, *Vie Libre,* uses cultural devices akin to AA. However, the cultural devices of *Vie Libre* are employed with very different goals and meanings revealing a fundamentally different perspective that the problem of alcohol is rooted social factors, not individuals with an illness (1994, 339). With the problem rooted in the social, *La Vie* promotes a collective solution and the possibility of cure (1994, 344). Finally, several scholars have looked at the varying meanings that AA or 12-Step programs hold in Native American communities (Prussing 2008; Slagle and Weibel-Orlando 1986; Spicer 1997). Notably, Prussing (2008) describes how multiple discourses for representing self and self-transformation contribute to debated definitions of substance abuse and sobriety in the Northern Cheyenne Reservation where the only service for problem drinking is a contested 12-Step program. As all of this ethnographic work shows, any therapy (including AA and 12-Step programs) is always situated in particular contexts and resists singular descriptions of what that therapy is and how people experience it.

OA has garnered little attention from eating disorder scholars both in and out of anthropology. Feminist social worker Katherine van Warner argues that OA fails to meet the needs of its participants because it is imbued with the male-oriented perspective of AA, on which it is based. Instead of addressing internalized oppression or promoting social critique, OA reinforces the concept of the individual as the locus of the problem (van Wormer 1994, 289-292). Rebecca

Lester (1999) makes a similar assessment that OA implicitly reinforces harmful, gendered power relations. She documents the transformative process by which OA aims to heal, following the process documented by Cain (1991) and explained in the previous section. However, she finds that OA's attempt to be gender neutral produces a program that neglects bodily concerns specific to women, and often closely related to their eating disorder (Lester 1999, 155). Additionally, Lester is concerned that the costs of this program for the women involved remain unclear, and she calls for in-depth, long-term study of OA (1999, 157-8). There has been no anthropological study that deeply investigates OA and participants' experiences of it.

Religiosity

While participants in OA assert that the program is spiritual, but not religious, central to Overeaters Anonymous and other 12-Step programs is the concept of a *higher power*. OA is historically rooted in American Christianity, and underlying ideas weave through the entire program in various forms. Christianity has been omitted from ethnographic study in anthropology because, in many ways, anthropology was defined as a rational discipline in opposition to religious, mostly Christian, perspectives (Cannell 2006b, 4). Anthropologists who have done research in a variety of global Christian settings have shown that being Christian does not encompass any one set of experiences or expectations. Instead, meanings, rituals, and traditions are localized and diverse (Cannell 2006a). In the American context where 70% of the population identifies as Christian, a major demographic shift has occurred since the 1960s in which Christians have sought spiritual experiences that center "intimate and present experiences of God" (Luhrmann 2017, 128; Pew Research Center 2022; see also Luhrmann 2012). This shift is marked by the increased involvement of many Americans in evangelical, fundamentalist, and charismatic Protestant

denominations with a simultaneous decrease in involvement in mainline Protestant denominations (Pew Research Center 2022).

In OA, participants deliberately construct and cultivate connection to a *higher power* of their choosing as the primary treatment process. In *How God Becomes Real: Kindling the Presence of the Invisible Other* (2020), Tanya Luhrmann argues that faiths around the globe involve processes by which the faithful make invisible others real. Her theories are highly relevant to this research and will be discussed in detail in Chapter 4. I will lay out two central points here. First, Luhrmann shows how belief is not simply a given, it is a process of action that people deliberately choose to participate in. While faith is often characterized as a matter of fact and taken for granted, Luhrmann observes that people don't actually act as if their faith is taken for granted at all. Instead, they put quite a lot of energy into cultivating their faith. Second, invisible others must be filtered through the mind, and people learn how to do that in specific ways through their community of faith. Taken together, we can see that there are social aspects (the boundaries and evidence of the shared, imagined worlds), and highly personal ones (the individual participation and vivid imaginings of the shared world). People learn to interact with invisible others through explicit teachings that occur in their faith communities. If successful, this process changes people – it changes their mental habits, where they focus their attention and adds a new interpretive frame (Luhrmann 2020, xii). This interpretive frame is applied at times, but not at others. In many ways, Luhrmann points out, the faithful acquires a faith frame that parallels a play frame. People signal entry into it and don't employ it in every aspect of their lives, but instead hold the faith frame and other domains of life in separate hands (Luhrmann 2020, 21).

Conclusion

Overeaters Anonymous is a rich site with important connections to literature in anthropology and other disciplines. A central discourse around eating disorders has been a tension between psychiatric frames and feminist ones. In this literature review, I have outlined key points from this debate and elaborated on their discussions by also addressing current research on obesity and addiction. I also discussed relevant work on subjectivity and religion. Several broad theoretical topics emerged including: eating disorders, obesity, subjectivity, and faith-making; this dissertation contributes to all of these areas.

The fact that there has not been a not been a long-term study of OA in anthropology is a gap that this research project addresses. Additionally, the dissertation answers several calls, critiques, and debates raised in the literature. It considers categories of eating distress beyond biomedical eating disorder categories and the scholarly overemphasis on *anorexia nervosa* and food restriction. The dissertation illuminates the experiences of some people who experience extreme eating distress, but are not identified by either biomedical or scholarly spheres of inquiry, and adds to research on the social and cultural meanings of eating and body size. This includes the experience of fat stigma that is on the rise globally and has significant impacts on people's lives.

Additionally, the arguments in this dissertation engage with a major critique of much contemporary theorizing in the social sciences – neoliberal ideology is used as a blanket explanation for a range of issues, often with little work to define what "neoliberal ideology" encompasses. The problem is not that neoliberal ideologies are misidentified as an underlying cause for these issues, but that the explanation is so routinely applied in a singular fashion that other factors may be overlooked. The primary research question of this dissertation explores what other subjectivities may be at play in contexts where neoliberal ideologies are also present. The

result is research that complicates dominant theories of eating disorders that posit culture –
specifically neoliberal ideology as a monocausal explanation.

In the process of collecting data, it quickly became apparent that the Anthropology of
Religion is helpful in understanding several processes observed in Overeaters Anonymous. The
research presented in this dissertation shows how the processes of faith-making and cultivating an
"invisible other" Tanya Luhrmann (2020) has identified play out in a specific setting contributing
to ethnographic knowledge on religion. The research illuminates some practices specific to the OA
community as well as underscores the "work" that goes into developing faith (Luhrmann 2020).
Ultimately, the dissertation helps increase understanding of what some people dealing with severe
eating distress, and often fat stigma, attempt to do to manage their distress.

Chapter 3

***Working the Program*: Constructing the "Selfless Believer" Subjectivity**

In the previous chapter, I reviewed key literature for theorizing eating disorders and subjectivity. In this chapter, I draw participant-observation and interview data to show how subjectivity is remade for many participants in OA through proficiency in specific verbal performances of *shares* and recovery narratives that demonstrate "expertise" in the OA framework (Carr 2010a). Through several practices that configure and authenticate these verbal performances, many OA members develop a new subjectivity. Members describe this as a process of change that influences both their inner worlds and the meaning they ascribe to the world outside of themselves. Char, an OA member who sponsored me, once explained:

> Everybody I've ever talked to came in for the same reasons. They were sick and tired of battling the bulge and their food. When you work the steps, it starts slipping away. I used to say in my prayers, "Thank you for making me more slender; thank you for the weight loss." Over the last six months, I stopped saying that. I lost 20-25 pounds and never had to try. This is not a program of weight loss. It's a spiritual program. My ego was out in front of me casting a shadow all the time so that I couldn't see the path in front of me or the things keeping me from having the life I deserve. I had to I accept that my willpower is not enough, because if it was, I would've been done with this by now. I have an eating disorder. I can't control it. I have to turn it over to a power that is greater than me. This is the thing is what turned it all around for me. Over and over things that I couldn't do for myself were happening. The food I was taking in, the wrong kind of thinking, slipped away. I wake up every day so grateful to be above ground. Higher Power gives me this elation, and I don't have to fear. It's not Pollyanna, not magic. It's a real spiritual feeling and I accept the serenity of that. All I have to think about is the next indicated step. After I finish my phone call with you, I'm going to go into the kitchen and make my breakfast. I don't have to think about anything else. It's really freeing.

As the above quote highlights, themes of ego/will, surrender, belief in a *higher power*, and serenity are central to the subjectivity members of OA often acquire. I call this the "selfless believer"

subjectivity because, above all, members actively construct themselves as believers in a *higher power* who are committed to discarding their self-will. These themes recur in OA practices, and they are the basis on which a "selfless believer" subjectivity is made. As discussed in Chapter 2, subjectivity is the shared inner life of a political subject (Luhrmann 2006, 345-6). Subjectivities are embedded within locally specific registers of history, social context, and language (see Gooldin 2008 and Young 2007). They provide a salient vehicle through which people understand themselves and their experiences. The processes through which people take on a new subjectivity vary from context to context, and will not be experienced the same way by all participants within a given context.[1] At the same time, throughout my participant-observation, a strong pattern of selfhood was apparent for many OA members, and it is imperative to understand the processes through which such a strong shift can occur. According to Foucault, technologies of the self are activities people pursue "on their own bodies and souls, thoughts, conduct, and way of being so as to transform themselves" (1997, 225). In my research, I found that OA members learn several technologies of the self as part of their participation in the OA program. Two key OA practices— *sharing* and developing a recovery narrative—are implicated in the production of "selfless believer" subjects. Furthermore, the production of a "selfless believer" subjectivity is not simply an individualized, psychological experience, but is co-constructed through socially mediated discursive processes, imbued with political and cultural dimensions.

In this chapter, I show that a "selfless believer" subjectivity is produced through two technologies of the self commonly engaged by OA members: *sharing* and performing a recovery narrative. I detail how *sharing* and recovery narratives are each a vehicle through which a "selfless believer" subjectivity develops for many members. In this discussion, I examine both the idealized

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[1] A discussion of those who do not conform to this pattern of selfhood in OA is in Chapter 5.

OA program and some of the tensions that arise for members as they *work the program* to show how these discursive enactments of expertise are key to the practices through which "becoming" occurs (Carr 2010a; Gooldin 2008, 290).

"Sharing" as Enactment of Expertise

Sharing

One of the practices that is immediately visible upon joining OA is *sharing* at meetings. Every meeting I attended had at least one round of sharing, and my weekly *home meetings* always had two - one round in which the meeting leader called on participants, and one round of open sharing where participants volunteered. One particular meeting, I found myself sitting on a metal folding chair in the now familiar, slightly dank, church basement of my *home meeting*. The focus was on Step 11 which reads, "Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for the knowledge of His will for us and the power to carry that out." Following the meeting script, we read through the Step 11 chapter in *The Twelve Steps and Twelve Traditions of Overeaters Anonymous* (Overeaters Anonymous 2018b) had various forms of announcements and the first round of sharing, the donation basket was passed, and finally it was time for open sharing. A number of hands went up in the air. The meeting leader called on Claire. A volunteer, Jan, started the timer for three minutes and Claire shared:

> Hi, I'm Claire, food addict. [Others respond, "Hi Claire."] I started the program back in 1993 because I was completely powerless over food. I was overeating, binging, and undereating. Meditation is hard for me. I can sit there and repeat over and over again what *I* want… [Claire laughs, and many in the room join her]. Meditating, on the other hand, is hard for me. But I heard someone say recently that "should" is playing by someone else's rules. So, what has been working for me is that if I come across something that resonates with me, I write it on a sticky note and put it around my house so that I see it all day. It helps to get me out of my own thoughts. One quote I wrote down is from Step 11: "Ask God to decrease desire for things I shouldn't do" (I changed it from we to I because it's

about *me*) [Claire and others laugh] "and increase my desire for things I should do." Another quote I wrote down was: "Walk in the direction of your dreams, live the life you've imagined. As you simplify your life, the laws of the universe will be simpler." So, these are how I'm doing Step 11 right now, and I'll stop there. Thank you.

Next, the leader called on Sharon, a woman who volunteered to *share* at almost every meeting. Jan set the timer for three minutes. Sharon was visibly eager and began:

> Hi, I'm Sharon, compulsive overeater. [Others respond, "Hi Sharon."] I'm really excited to share this with you. I'm excited. We are building a new house, we have new property and…all of this is happening, and I've gained fifteen pounds. And we went to visit my parents, and I was really worried about their judgment. My kids don't give a fuck what I look like. [Sharon and others in the room laugh.] They just want to roll around on me. And my husband mostly doesn't care. He's not perfect like you guys, but he mostly doesn't care at all. And you guys are at the top. Anyway, I was talking to my sponsor, and we came up with this metaphor, and it was totally Higher Power at work. We were on the phone and it wasn't coming from me and it wasn't coming from her. But the idea is that my disease is like a tumor. It started growing as a little kid. I would think, "Mom's gone all of the time because I'm not good enough. My dad doesn't pay attention to me because I'm not good enough." And then there was bullying at school and teachers who didn't care, and all this time the tumor is growing. And the symptom of the tumor is compulsive overeating.

At this point the timer went off, cutting Sharon off. Not having made her main point, Sharon said, "Already?! I'll share with anyone after the meeting." Some people responded with disappointment to this, and Sharon shrugged her shoulders. The meeting leader called on the next person, and sharing continued.

In most meetings, a variation of the following script is read by the meeting leader prior to a round of sharing:

> Now is the time for sharing. This meeting focuses primarily on our program and on recovery. Please share about the topic [if there has been a speaker] or the reading, your experience with the disease of compulsive eating, the solution offered by OA and how you use the program and the Fellowship in your life. Feedback, cross-talk, and advice-giving are discouraged.

I quickly learned that sharing has two primary rules: 1. Stop speaking when the timer goes off. 2. Do not cross-talk. Sharing is a relatively open practice in that a person can use their sharing time in almost any way that they choose without interruption,[3] and I observed a great range of topics discussed during *shares*. If the member wants to rant about their day or describe a particularly affecting occurrence in their life, they can. If they want to discuss an eating incident that caused them distress, they can. If they want to talk about a particular aspect of the OA program, they can. One *share* I witnessed was a person praying aloud for his entire allotted time. Most meetings have at least one period of sharing which takes a substantial portion of the time, and as in the description above often many people are eager to participate. As described previously, the meeting that I regularly attended, my *home meeting*, had two periods of *sharing*. During the first period, the meeting leader called on members "in order to encourage full participation of everyone" and the second period was *open sharing* in which members volunteered by raising their hands. In some meetings, people just speak up when they want to share without a meeting leader calling on them.

Theorizing Enactments of Expertise and Recovery Narratives

A related practice that emerged repeatedly during fieldwork is the performance of *recovery narratives* – a temporal account of a person's life that highlights their experiences with recovery as defined in the OA program. I will discuss this further in a future section. As noted by linguistic anthropologists, linguistic interactions such as those that occur during *sharing* and *recovery narratives* are not simply an expression of inner thoughts, feelings, and states, but instead imbued with social processes involving beliefs about language, culturally specific ways of using language, production of identity, and more (Duranti 1997). In this chapter, I will analyze the routine kinds

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[3] At some meetings, stating your weight or talking about specific foods is not allowed.

of talk in OA meetings and less formal conversation between OA members through two theoretical lenses: anthropological writing about expertise as performance and the ongoing disciplinary conversation about narrative theory. In the rest of this section, I highlight relevant points from both areas of theory.

Through the practice of *sharing,* OA members perform "enactments of expertise" – a discursive, interactional process through which they demonstrate appropriate knowledge in the OA way of knowing (Carr 2010a). Furthermore, these enactments are evaluated by other members in subtle ways and ultimately produce the "selfless believer" subjectivity. Though OA members profess disdain for expertise, regarding it as a tempting vice that is incompatible with the OA perspective, the process of taking on the "selfless believer" subjectivity can be understood from an anthropological perspective as demonstrating expertise in the realm of OA. Anthropological research has shown that expertise is not repository of knowledge held by special individuals, but instead a social activity that involves processes of verbal performances (Carr 2010a) that are both institutionalized and naturalized. As such, expertise is theorized here as both interactional and tied to hierarchies of authority that control what is accepted as a demonstration of expertise. These processes are inherently social, and involve claims delineating different types of people (Carr 2010a, 23). Complex and specific verbal performances are sanctioned by experts in discursive interactions that both produce and authorize movement from "novice" to "expert," or in the case of OA, from *tourist* to *12-stepper*, and from *newcomer* to *old-timer*. In other words, expertise is not held internally, but instead is performed via interactions like *sharing*.

As I will show in a later section of this chapter, r*ecovery narratives* are another primary vehicle through which the selfless believer subjectivity is conveyed. As was discussed in the previous chapter, the use of narrative as an analytical frame has been criticized for

overemphasizing discursive aspects to the neglect of material and embodied ones. Additionally, narrative has often been assumed to convey something authentic about a person's experience instead of being understood as a performative element that informs us of the expectations within a certain social context (Carr 2010b).

Others have recognized the importance of life stories in 12-Step communities. Anthropologist Carole Cain (1991) argues that AA members acquire the norms of the AA community and an alcoholic identity in no small part through the development of a personal story, which is then internalized – a cognitive process that leads people to understand themselves in new ways (Cain, 1991, 216). However, Cain's analytical approach does not critically account for the political dimensions involved. In my discussion of recovery narratives, I continue to use the theoretical frame of performance of expertise (Carr 2010a). As performances of expertise, recovery narratives are not individualized reflections of internalized cultural frames, but the ultimate result of a person's idiosyncratic life story fashioned into the mold of the authorized trajectory of recovery. This process is guided and authorized by a sponsor, and is a primary vehicle for production of the selfless believer subjectivity. Both *sharing* and *recovery narratives* voice deeply subjective processes that I analyze as socially located speech events. In other words, I analyze them as speech events that are structured by shared norms of talking and listening.

The Inconspicuous Evaluation of Shares

For performances of expertise to be successful, they must pass the watchful eye of experts who evaluate the performance for both their knowledge and authenticity (Carr 2010a, 22). *Shares* ostensibly are not judged in OA meetings, yet I found that enactments of expertise are nonetheless

subtly evaluated for their appropriate demonstration of the OA perspective through the inconspicuous responses of other members.

During a *share*, while some listeners may read silently from *The Twelve Steps and Twelve Traditions of Overeaters Anonymous* (Overeaters Anonymous 2018b), write journal entries, and/or take notes, active listening is common. OA members often refer to witnessing other's stories and experiences as a form of *service* - one of the key principles of the program. Indeed, linguistic anthropologists have long argued that listeners and audience members are active participants, not passive recipients of discursive interaction. It is routine for OA members to show agreement with a *share* by nodding their heads, laughing aloud with the *sharer*, or making small, affirmative, statements under their breath such as, "oh yeah." Responses to *shares* by other participants are a subtle measure of when a person's *share* is: 1) ideal, 2) not-ideal but accepted, and 3) when it is violating group norms. Take for example this *share* by Chloe:

> Hi, I'm Chloe. Sugar addict and compulsive overeater. [Other's respond, "Hi, Chloe."] One day at a time… it took me a long time to understand that it's literally just today. This is all I have. I don't have to beat myself up about what I did or didn't do in the past. And I realized with my higher power that I have closed the door on my higher power. My higher power is still there, and when I slowly open the door again, I see that.

At this point, nearly half of the people in the room were nodding their heads. Chloe continued:

> My wife and I have to sell our car and buy a new car, and we've been going around and around about this. And I finally prayed to my higher power, and Higher Power was like, "maybe think about separating the two; you have to sell your car, and you have to buy a car." And I love that my higher power is always like, "maybe try this…" "maybe think about this…" it's never like, "YOU MUST DO THIS."

As the timer went off, several people were laughing softly, and others were smiling in response to Chloe. While Chloe's *share* was not interrupted or explicitly evaluated, the non-verbal

communication and light laughter convey approval by others in the room. As an enactment of expertise, Chloe's *share* performs key components of the OA philosophy: specified nomenclature (one day at a time, *higher power*), an emphasis on connection with spiritual entity, and the application of OA concepts to an everyday life problem. The tacit approval she receives is an essential aspect of how OA members are socialized into the OA ways of knowing as well as how OA expertise is maintained; it recognizes her *share* as in line with OA philosophy as well as certifies her acceptance into the group. I experienced this process firsthand. I was called on to *share* on multiple occasions, and I tried with varied success to make my *shares* fit the group norms while also being grounded in my experiences. Many times, my *shares* were accepted, but did not receive positive feedback. I knew that I had reached a new stage in my understanding the expected scripts when one of my *shares* received enthusiastic nods of agreement from around the room.

One of the clearest ways to observe the subtle process of evaluation that occurs during sharing is through instances that violated group norms. Since explicit evaluation is not permitted, the active listening practices described above were key to distinguishing accepted *shares* from those that defied norms in some way. The biggest violation of sharing norms occurs if direct negative critiques of the OA program are made during a *share*. Direct negative appraisals are so uncommon that I only observed one instance that broached critique. A woman I'll call Libby asked to *share* before the open *share* time. I had never seen this occur before, but the leader agreed and Libby began in an animated and annoyed tone:

> I'm sixty years old, and I've only had an issue with food for the last four years. I will binge and purge. I never had a problem like this before. I knew I needed help when I threw up four times in one day after eating multiple pints of ice cream. I've been coming to meetings, but I'm having problems finding a sponsor. I had one lady who was practically yelling at me that there was something behind the food, but there's nothing behind the food. I just really like ice cream. Will someone *please* step up and sponsor me?

At this point Libby stopped talking and the meeting leader moved on to the next part of the meeting script. Libby's *share* immediately stood out to me because the reactions of other people in the room were unlike what I had observed before. Instead of showing active listening and moments of non-verbal agreement or encouragement, most averted their eyes by looking at their hands and remained unusually still throughout the *share*. Libby's *share* was also remarkable in that it was the first and only time I heard anyone make a direct negative comment about their sponsor or any element of the program. One common saying in OA is, "To stop overeating, you have to find out what you are eating over." There is a variation on this expression: "To find out what you are eating over, stop overeating." Both versions of the saying express the notion that hidden or denied emotions underly overeating, something OA members do much work to uncover. Libby's rejection of her sponsor's inquiry into finding out what was "behind the food" was an outright rejection of that aspect of the program. Her hope that someone would sponsor her without her accepting an exploration of her feelings "behind the food" was unlikely to be fulfilled because the program is based on the idea that a high degree of self-exploration focused on feelings can lead to healing. This self-exploration is guided and cultivated in particular ways in alignment with the ideals of the doctrine, and the subtle responses to *shares* described in this section are one way that self-exploration is guided. Libby's *share* did not align with this philosophy, and in fact, outright rejected it. The indirect and unspoken negative evaluation of Libby's performance both conveyed disapproval as well as a lack of acceptance in the group. While anyone is welcome to join an open OA meeting, acceptance only occurs through successful enactments of expertise. I never saw Libby at my *home meeting* or any other OA meeting again.

As described above, *sharing* has two explicit rules: 1. Stop speaking when the timer goes off. 2. Do not cross-talk. The first rule is almost universally followed. *Sharers* either immediately

stopped talking (as in Sharon's share above) or acknowledged the time was up by saying, "and I'll wrap up" and finished in one more sentence. The second rule is fuzzier. Cross-talking occurs when a member refers directly to something a previous person said in their share. Despite the explicit no cross-talk rule, there is nuance to its interpretation and enforcement that reveals the underlying logic and values. People often express inspiration in a previous *share* and refer to it directly. For example, it is very common for people sharing to say, "I really identify with what was said about…" and go on to describe their own experience. From what I observed, the no cross-talk rule is only enforced when the reference is critical or negative as in the following tense exchange. We were in the midst of the first round of *sharing* when, as part of her *share,* Nancy commented:

> I have this thing when people use the share to talk about a bad day they had or their bad week. I feel like that's not really what meetings are for. We have the Fifth Tradition,[4] so meetings are for newcomers, and shares should focus on sharing experience, hope, and strength with newcomers. You can complain about your day to your sponsor, but not at meetings. Meetings are for sharing experience, strength, and hope and should be related to recovery.

Nancy's rebuke of some types of *shares* (bad day *shares*) set off a bit of discomfort in the room, and the people who *shared* after Nancy seemed on guard about their *shares*. One person who was called on voiced his discomfort saying, "I'm feeling triggered by the comment about not *sharing* about a bad day, so I am going to pass today." Next, Tina *shared*, seemingly unaffected by the previous *shares*:

> Hi, I'm Tina. I'm a compulsive overeater. I'm part of the crumb group. I would come in, but I would have crumbs all over my shirt because I was eating in my car before coming in. Then after the meeting I'd go out to my car, drive home and still have crumbs all over my shirt. When people come in, and they say, you know, "I entered the program, and I work the steps and I've been sober ever since. And this gave me serenity and was such a

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[4] The Fifth Tradition states, "Each group has but one primary purpose-to carry its message to the compulsive eater who still suffers."

miracle in my life and blah, blah, blah." That's not me. I'm part of the crumb group. And I'm still coming to meetings.

Later, Colleen was called on. She was very animated and cursed throughout. Midway through her *share*, with an irritated tone she stated, "If someone comes in and immediately works the program and gets sober, *what's wrong with that*?" And, "If I want to share about my bad day or bad week, that's fine. It still has experience, strength, and hope in it and it's about my recovery."

When her *share* was finished, an old-timer spoke up without being called on and said, "I want to intervene and remind everyone about the rule of cross-talk. No one means to say anything about you in their *share*. It's about them, not anyone else in the room." People around the room nodded to show agreement. The meeting leader reminded everyone that cross-talk is responding to someone else's share. At that point, much of the tension was relieved and *sharing* continued as usual, though Colleen went outside for a period of time before returning to the meeting.

Struggles Shares

As Carr (2010a) points out, sometimes performances that express naiveté or uncertainty are involved in an enactment of expertise. While direct negative critique as the one Libby made is uncommon and a bold violation of the group norms, describing struggles and ambivalence with the program is common and embraced; I call this genre of *share* "struggles" *shares*. An example of a typical share in this vein was given by Tim, a young man in his late twenties:

> Hi, I'm Tim. I'm a food addict. I am really struggling with Step Three. Like, *really* struggling. The first line in Step 3 says, "I can't. God can. Let God." But then the next page there is a line that says, "Step 3 is simple, but it's not easy." I'm really not finding Step 3 very easy right now. And my sponsor said one thing and a fellow said something different, so I'm really confused about who to listen to. But I got myself to the meeting, and I'm grateful to be here.

Expression of "struggle" like Tim's is common during *sharing.* However, there are notable differences between Tim's struggles *share* and Libby's negative *share.* First, other members responded to Tim with eye contact and nods. A member talked about her own experience distinguishing who to listen to during a subsequent share, and people came up to Tim after the meeting. These all indicate that Tim's *share* was successful as a performance of expertise. What makes it different from Libby's *share* lies in subtle differences in how Tim's negative experience was communicated. Tim's struggles are all described using "I-statements." In interpersonal communication, I-statements are used to focus on the speaker's actions instead of placing blame on other people or circumstances. Like at the end Tim's share in which he described his meeting attendance and gratitude, most struggles *shares* end with the sharer saying something positive that is aligned with *working the program*. I saw this pattern over and over again during sharing. A person would describe an aspect of the program they were struggling with, always couched in I-phrases, and always ending on a note of alignment with the program: "I'll keep coming back," "I made it to the meeting today," "I have a meeting with my sponsor tomorrow," or "I need to work on being willing." Struggles *shares* are accepted as a performance of expertise because they display mastery of an interpretive frame that is specific to OA. Through this frame, inconsistencies such as being told different things by different members are subordinate to the values of personal responsibility (through use of I-phrases) and *willingness* (as "I got myself to a meeting, and I'm grateful to be here") in Tim's share. These are repeated themes throughout all aspects of OA experience.

Tenets from OA Texts and Testifying Shares

Crafting a share is both a relatively open experience and one structured by specific ideals of the program. Many times, people sharing make an explicit connection between their topic and

an aspect of the OA program as in the *shares* quoted above, but it is also common that the connection is implicit. Tension during sharing can arise when a person *shares* something particularly poignant about their experience or becomes emotional during their share. (As will be discussed in future sections, since OA members consider the program to be a guide for living, most aspects of life can have a connection to the program and may be discussed during a share.) What is not said is revealing, and some topics are never the focus of a share. Politics and social issues are rarely addressed, and receive only passing mention if they are. Struggles with working the steps, acknowledgment of challenges in the program are common, but to be successful, must be couched in terms congruent with the OA interpretive frame. The values and beliefs embedded in the enactments of expertise described above are not random, but instead institutionally authorized primarily through a vast collection of texts I will refer to as the OA canon (Carr 2010a, 24).

People who have been in program long enough to be introduced to Step Twelve and/or Tradition Five will learn that the doctrine of OA delineates what a share should be in the primary texts. One OA *old-timer* I interviewed, Josh, summarized the tenets:

> I believe the ideal share is sharing my experiences, especially my experience when I shifted into recovery, as opposed to my experience in my disease. Also, the strength and hope kind of shares are when you say, I had a challenging moment and I overcame it. I welcome you to share the celebration of me in my recovery or had an opportunity to support somebody in their recovery. I felt good about it, and it was a lot easier than I thought it was going to be. Or I struggled with this for so long, and it sucked, and I had some slips, and I kept, you know, being drawn back in by bacon. And that's my real weak point. There is hope you know, to someday not feel that bacon is on my food plan. And so, I'm not there yet. Guys pray for me please. Whatever hope looks like.

Josh's explanation of an ideal share draws on key ideas from Step Twelve and Tradition Five which state that meetings are to spread the message recovery to people who are still suffering through sharing experience, strength, and hope, and they are reflected by many members. These

ideas are not unique to Josh; members state them regularly, referencing passages from Step Twelve and Tradition Five. They are also reflected in a genre of sharing I call, "testifying" *shares*. Testifying *shares* follow the pattern outlined by Josh, and are widely accepted as successful performances of expertise. Here is an example I observed, given by Mary during a share:

> All I know is that this *works*. When I came into the program, I had tried *everything*. Weight loss programs, every diet out there. None of them worked. This was the last house on the block. The only solution that works consistently is to surrender to God's will. It is *the* solution. And now I have peace. When I started, I was where you are now, but keep coming back because this *works*.

While not all testifying *shares* are as direct in expressing experience, strength and hope as this, they are all characterized by an admission of struggle and desperation followed by an assertion of the efficacy of the program as evidenced by the changes in the speaker's own life. Details about the speaker's life help make the story relatable to others at the meeting while being inserted in the institutionalized norms for describing illness and recovery. Testifying *shares* demonstrate to *newcomers* that some members are believers of the OA program and have found it to be beneficial to their lives. They also emphasize the overall primary belief in "surrender to God's will" as the remedy for eating distress. This belief will be explored further in future sections; the main point for now is to highlight the role of testifying *shares* in putting a focus on believers. Whether or not the speaker fully believes the tenets in the share (faith-making in OA is an ongoing process, a point that will be discussed in the next chapter), during a testifying share the speaker is discursively reproducing the core and idealized beliefs to other participants at the meeting via their own personal story. Thus, the institutionalized values are perpetuated in interaction.

Whether it falls into the two genres I identified above or not, a *share* is bound to be successful if the speaker makes direct reference to an OA text, or in other words, to the

institutionally sanctioned knowledge. In fact, the first *share* I made that was fully accepted in the group employed this strategy. Following what I noticed others doing, I picked a sentence from the reading and read it aloud. The sentence was from Step 2 and discussed how people have to be willing to have faith. I went on to explain that I thought I needed to work on that. I came to understand that this point received positive evaluation from others in the room primarily because of its focus on the institutionally authorized value of *willingness*.

Fashioning the Selfless Believer Subjectivity

Enactments of expertise involved in the practice of *sharing* do several kinds of social work for the group simultaneously. They promote idealized beliefs, ratify performances that are in line with expectations, and tangibly accept someone as belonging in the group. Additionally, such enactments are implicated in moments of producing the "selfless believer" subjectivity. As described earlier, during *sharing*, participants often refer to previous *shares* saying, "I really relate to what was said about X earlier." In such moments, participants both replicate the institutionally sanctioned and *old-timer* authorized ideals of the program as well as tie them to their own lives and identities. Take for example, this *share* by Sara:

> Hi, I'm Sara. I'm a compulsive overeater, and I am three years free from recreational white sugar. Thank you, I really connected with what was said about relying on a higher power. Most of the time in sponsoring, I say, "I don't know. What does your higher power say?" I just know if I keep continue doing this, I'll stay abstinent.

In this share, Sara not only reproduces the ritualized performance of identity in her introduction, "Hi, I'm Sara. I'm a compulsive overeater," and forwards the ideal of referring to a *higher power* in decision-making, but also describes herself as a believer in a *higher power* that will keep her abstinent, thus representing herself as aligned with the selfless believer subjectivity which was also forwarded by Dave in the previous share. This process of repetition works to distinguish

appropriate aspects of a *share* from parts that are not (Cain 1991, 230). After a *share*, subsequent *sharers* will refer to the appropriate parts of the share, the parts that align with the OA perspective, and ignore other parts. As has been theorized by others, such talk during 12-step meetings are salient moments in which new forms of identity occur for many participants (Cain 1991; Linde 1993; Ochs and Capps 2002). Such moments of self-fashioning are better understood not as the development of an individualized and apolitical identity, but as a performance of subjectivity. The selfless believer subjectivity entails specific institutional imperatives that must be authorized to be successful.

Like any practice, sharing means different things to different members; there are mixed motivations underlying *sharing* including a desire to encourage newcomers to embrace the OA program, a need for community and empathy, or even stress relief in expressing emotions. What constitutes an ideal share can be a point of contention and continual negotiation, and many *shares* demonstrate the place of support meetings provide for the ups and downs of life and tensions between working the program and everyday life. At the same time there are patterns of sharing that reveal important aspects of the OA program. The discursive patterns involved in *sharing* entail enactments of expertise through which institutionally sanctioned normative beliefs (i.e., willingness, personal responsibility, belief in a *higher power*) are perpetuated. Additionally, through performances of expertise, moments of self-fashioning occur in which the selfless believer subjectivity is performed by participants. Another practice that emerges in *sharing* as well as other facets of OA is the production and performance of a recovery narrative. Arguably the most intensive self-fashioning occurs through the crafting of a recovery narrative with a sponsor, which will be the focus of the next section.

Sponsorship: Authenticating the Recovery Narrative

Introducing Sponsorship

When I first joined OA, I attended weekly meetings. Between meetings, I read the explanation for each step in *The Twelve Steps and Twelve Traditions of Overeaters Anonymous* (Overeaters Anonymous 2018b), known as the *OA 12x12* by OA members, and reflected on it. At my fourth meeting, I was called on to share. Feeling the familiar flutter of nerves and uncertainty, I shared that I had been reading Step One and that I realized that, "I am powerless over food. My life has become unmanageable," parroting the words of Step One the way I had heard others do during their *shares*. I went on to explain how my life felt unmanageable through the rest of my share. I relied on one passage in the *OA 12x12* Step One description that prompts members to question if their lives were really manageable by considering the following:

> Were we really excelling at our jobs, or just getting by? Were our homes pleasant places to be, or had we been living in an atmosphere of depression or anger? Had our chronic unhappiness over our eating problems affected our relationships? Were we truly in touch with our feelings, or had we buried our anger and fear in false cheerfulness? (Overeaters Anonymous 2018b, 5-6).

I related to these questions, and discussed them candidly. My share ended as usual with attention simply turning to the next person called on. Having performed an earnest statement of Step One, I thought I had completed it, so after the meeting I turned my attention to Step Two. I continued attending meetings and reading the Step Two in between. During my weekly meetings, sponsors and sponsorship were mentioned frequently. Eventually I learned that *working the steps* primarily involves three activities: reading OA literature, individual reflection, and one-on-one work with a sponsor. While I had previously thought meetings were the heart of 12-Step programs, I learned that sponsorship was an essential, if not the primary, activity. In fact, a subgroup of participants who only do the first two parts are considered to "not really be working the program" as Julie told me in an interview. I realized that not only would I not be seen as an OA member by most

participants, but my understanding of OA would be greatly limited without getting a sponsor myself. I could read the steps and attend meetings, but to understand much of what it meant to be an OA member, I needed to work with a sponsor. Attempting to go about finding a sponsor the way any *newcomer* would, I considered the advice I heard repeatedly from OA members to "find someone who has the recovery you want and ask them to sponsor you." I noted several people I thought would be interesting to work with. Most were not currently accepting sponsees. Finally, I reached out to Char.

Char seemed to be a true believer of the program, and I thought that working with her would help me learn a lot about the idealized program. She also radiated a positivity that I found attractive. Our initial phone calls focused on my own interest in *working the steps* and introductory information about OA, most of which I had already heard in meetings. As described in a previous chapter, as an act of participant-observation, just before beginning my field work I had increased my sugar consumption to more closely approximate eating distress. During these initial calls, I talked a lot about my own eating as I gleaned others did in conversations with their sponsors. This always led to commiseration such as in this exchange:

> Me: One of the things that is really bothering me is that I will eat in the car as a way of hiding what I am eating from my husband.
>
> Char: Oh Abby, I get it! I used to do that too.
>
> Me: And I drive all over to buy treats. The other day I found out about a new bakery. [Laughter.] I consider myself somewhat of an expert on chocolate cake in this city.
>
> Char: [Loud laughter.]
>
> Me: And I felt that I just had to try the cake at this new bakery so that I could compare it to all of the others in the city.
>
> Char: There wasn't a bakery I could pass without stopping. There would be food boxes piled up in my car from everything I had secretly eaten. I used to feel the same way, and all of the secrecy… I relate to everything you are saying.

During this kind of disclosure, Char would empathize, but did not offer advice or guidance. While her empathetic responses felt comforting, I found the lack of advice confusing because I thought I was being clear that I had contacted her because I was interested in her sponsoring me, and I had expected her to be leading me in some way. However, each discussion ended abruptly without a commitment to sponsoring me or any direction about what the next steps could be. Finally, at the end of the third call, I asked as explicitly as possible if Char would be my sponsor. Her reply was, "Let's have a phone call tomorrow and talk about what that would look like." The next day, we talked on the phone, and Char explained that she could be my 12-Day Sponsor. "The 12-Day Program is structured and easy going. It originated in Australia because many newcomers felt it was challenging to begin the program because the vocabulary is confusing," she explained. The 12-Day Program involves:

- Talking for 12 Days in a row.
- The sponsor calls the sponsee. (In ordinary sponsorship, the sponsee is responsible for reaching out to the sponsor.)
- A script of readings from the newcomer packet and questions for the sponsor to assign the sponsee.
- Many sponsees continue with the same sponsor after the 12-Day program is completed.

The 12-Day program was described as a response to the confusing vocabulary of OA, and I was hopeful it would address my lack of clarity around how to get started working with someone. Char and I agreed to begin on the following Monday. I felt like I was finally getting somewhere with sponsorship. However, the Monday phone call (Day 1 of the 12-Day Program) ended up being more of the same introductory discussion about OA and Char's experiences with it. I wrote the following in my field notes: "I found the conversation to be redundant, which was frustrating. I felt like we've already talked about most of the stuff we talked about today, and that all I've been wanting to do for over a week is get started with the program, and yet it's still more time to wait

to get to that point. More than anything, I've been wanting to start working on quitting sugar, and it still seems unclear to me about when that will be or how I get to that point. It's unclear of how I get from where I am right now to the point of working on being abstinent." Many OA members are aware of the ambiguity that newcomers can experience when they enter the program, so much so that some developed the 12-Day program, and shared it worldwide. Presented to me as an answer to this confusion, in my case, the 12-Day program contributed more to it. Day 2 was more focused. I had completed my assigned reading, a section from the newcomer packet called, "What are the Requirements for OA Membership?" which, like AA is very broad: the only requirement for membership is a desire to stop eating compulsively (Overeaters Anonymous 2012). Char had also given me the following questions to discuss:

1. What brought you to OA?
2. What does compulsive eating mean to you?
3. Do you have a desire to stop?

These were all questions we had already discussed in phone calls earlier in the week and topics I had addressed at meetings, but I understood this as a formalized discussion of them. At the end of our conversation, I said, "I know I can make it one day, but to do it day after day? I don't see how I'll ever do it. But *desire*? YES! I have the desire to quit." Char responded, "Well it sounds like you are well on your way to Step One."

A few things stand out about my experience getting started with a sponsor. There was ambiguity surrounding what my relationship with Char was in the beginning. Once we were clearly in a sponsorship-sponsee relationship, there was ongoing ambiguity around when I had completed a step. When Char stated that it "sounds like you are well on your way to Step One," I realized that, though I had thought I had completed Step One more than a month previously, there was no opportunity in our conversations to talk about what *working the steps* had looked like for me

already. As my experience demonstrates, sponsorship in OA is the primary mechanism for the authorization of expertise. Anthropologists have shown that moving from novice to expert in a given community occurs through socialization (Carr 2010a). This is demonstrated explicitly in OA; members expressed negative attitudes about "tourists" who gain knowledge through meetings and reading literature, but don't work the steps with a sponsor. The only way to change status from *tourist* to *newcomer* to *old-timer* is through sustained and appropriate social interaction with other members, and especially a sponsor. Without *working the steps* with a sponsor, a member is not considered to be someone who is on a path to full recovery, and steps are not considered complete until a sponsor ratifies them.

When we completed the 12-Day program, I asked Char to be my regular sponsor, and we agreed to start meeting once a week with phone calls in between as necessary. My sponsor would say something like, "Read Step Two for our next meeting," and I would know that she had considered Step One to be completed.[6] I continued to work the steps as part of my ethnographic research, but I never felt certain about when I was completing a step or where I was in *working the program*.

Performing Recovery Narratives

The import of sponsorship goes beyond certifying step completion. While *sharing* involved subtle authorization of sanctioned expertise in OA, working with a sponsor involved direct authorization. The same themes of faith, personal responsibility, and willingness that I identified

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[6] Chips and chip ceremonies are part of 12-Step groups, but I only ever heard them mentioned once in my OA community, and I never once saw them distributed. (There was one included in my Newcomer Packet, but no one ever referred to it.) Instead, the Milestone Shout-out part of my weekly home meeting was the closest thing I observed to a ritual marking completion of a step.

in sharing practices are reiterated through the one-on-one discussions between sponsor and sponsee. A key vehicle for producing the selfless believer subjectivity is the performance of a recovery narrative.

Throughout my time with OA participants, I heard recovery narratives reiterated in part or in full during *shares,* speaker meetings, casual conversation, and interviews. I use the term recovery narrative to refer to a temporal account of a participant's life that highlights their experiences with recovery while participating in a 12-step program. While there is a range of what members consider to be recovery, all members consider it an ongoing process of continually working to decreasing eating distress and the impact of compulsive eating on other areas of their lives. Moreover, when a member is asked to be a speaker at a meeting or speaker event, they follow this direction from the *AA Big Book*, "Our stories disclose in a general way what we used to be like, what happened, and what we are like now. If you have decided you want what we have and are willing to go to any length to get it — then you are ready to take certain steps" (Alcoholics Anonymous 2001, 58). Invited speakers routinely reference these three parts and in this way structure the details of their recovery experiences into a temporal structure, or recovery narrative.

As my sponsor, Char shared different parts of her recovery narrative in response to my inquiries about various aspects of the steps we were working on together. Char's story followed a pattern similar to those I heard in other OA settings. For example, a frequent theme in sharing is that participants quit and rejoin OA repeatedly before "truly *working the program."* Char had joined OA and quit several times over fifteen years. She explained:

> It's a process. I went to different meetings, read all of the materials, but I never committed; I never thought about what a commitment meant. I was taking from all of the meetings. It was feeling good to me. I could trust that the people who were there who had done the same things I had done. They were abusing their bodies with and about food. It was soothing to be there, but I never took steps.

Then, after learning that her good friend had joined OA after years in AA, Char decided to join

OA again saying:

> I think what happened this time I saw and heard someone I really loved being different in a way that made it possible for me to imagine that I could have that kind of sobriety and peace for myself... I took it just today, just one day at a time. At the end of the day, "oh wow, that happened" and that wouldn't have happened before…
>
> I had to find a higher power, and I kept acting as if I believed that Higher Power was up there somewhere. It just started happening. It was my experience, but I hear others have other feelings. It took a few weeks for me for the urge for sugar to leave. But when it happened, I couldn't believe it. I couldn't believe it. I kept thinking the other shoe would drop. This wouldn't last. But it didn't, and I accepted that I hadn't done it myself. I higher greater than myself was helping me.
>
> And it's continued for 21 months. My life had become so much fuller. And I looked back and there were behaviors that I thought were a part of me. I don't use them anymore and I don't miss them at all. They are behaviors I didn't even know I needed to lose. The program begins with change, but what am I going to change into? You are going to gain access to things that you don't even know you have in you. I get to be a better me than I ever thought was possible.

The trajectory of becoming open to OA, "finding" a *higher power*, and then experiencing

miraculous abstinence and other life benefits echoes the trajectory of recovery narratives I heard

repeatedly from others in *shares* and at speaker meetings. OA members tell different parts of their

story at different times in *shares* and with sponsees. However, when speaking at a speaker meeting,

a more extensive narrative is told. While a frequently stated adage in OA that "everyone's story is

different; no one takes the same path to recovery," recovery narratives follow a predictable pattern:

- trouble with food and/or weight growing up
- progression of eating distress
- trying dieting and weight loss programs only to experience continual eating distress
- finding OA
- denial that working the program will work – involves humorous explanation of old, erroneous ways of thinking
- acting as if + getting a sponsor
- eventually finding the *higher power*

- miraculous end to compulsive eating (may be struck abstinent or slow change over time)
- description of new life beyond anything previously imagined
- optional: occasional relapse is sometimes discussed, but not usually when the full story is being told

A key part of constructing a recovery narrative is looking back at ways of thinking from before OA as humorous due to the extent they are considered erroneous within the OA perspective (Cain 1991 made the same observation of AA personal stories). See the following examples:

> Mary during a *share*, "When I think about coming into my first OA meeting, I'd hear people talk about being abstinent for sugar for a decade or even more, and I was like BULLSHIT. There's no fucking way. It's physically impossible. I just thought it was complete bullshit. Like, there's no way that somebody could physically live without sugar that long. [Loud laughter.] But now I'm at this place where I'm feeling like I can. I've been abstinent for much longer than I ever thought that I would be. That is a miracle. I'm just really grateful to be able to continue to be in this program."

> Pete during a speaker event, "I came into the program with my wife. I was like Mr. Magoo. He is blind and wears these big glasses, and sort of stumbles around not realizing what's around him. He didn't know what he wasn't seeing about himself. That was me… I used to fall asleep at night with euphoria about getting to eat in the morning. I thought everyone was like that. But going to OA, it turns out, this isn't normal!" [Laughter.]

> Natalie during a speaker event, "The first time I went to meeting, someone was handing me a CD of the 12 by 12, and I was refusing it because I was like *they're trying to suck me into this.* I'm just coming to this one thing, and I'm checking off that box. And that is it. I'm not doing any more than just this." [Laughter.]

In all of the above, a previous way of thinking is reframed as a naïve approach by someone who did not know what they have since learned in OA. The impossibility of avoiding sugar, thinking about food when falling asleep, and the fear that OA is a cultish organization are recast as unenlightened, abnormal, and a misconception of what OA was all about.

Through such reinterpretations of past events, people perform new meanings regarding their life experiences (Garro and Mattingly 2000a). Far from being a new vision of one's authentic self, recovery narratives are socially positioned and culturally grounded (Garro and Mattingly

2000b, 260). The interactions in which such narratives are co-constructed have wider implications for maintaining norms of morality (Ochs and Capps 2002). Recovery narratives are not just a vehicle of identity that is internalized as others have theorized, but part of a subjective process through which an institutionalized way of knowing is inculcated (Carr 2010a, 24). In performances of OA recovery narratives, participants routinely describe their life stories both in terms of the unique happenings of their own lives and in terms of the institutionalized trajectory of recovery.

Conclusion

The practices outlined in this chapter involve social processes that encourage a particular way of understandings oneself and others and one's role in the world, producing a new subjectivity for many members. Analyzed as enactments of expertise, I have shown how two OA practices—*sharing* and developing a recovery narrative—are primary vehicles for the production of the "selfless believer" subjectivity. The analytical lens "enactments of expertise" highlights how practices like sharing and recovery narratives are tied to institutionalized norms and imperatives through socially situated performances. Performances of expertise demonstrate how people pick up authorized "scripts" and relay them in specific, culturally appropriate settings (Carr 2010b). A theme that emerges in the analysis is that many people undergo changes to the interpretive frames they use to make sense of the world. This is most salient in the development of a *higher power,* an "invisible other" that people actively seek relationships with (Luhrmann 2020). The practices involved in introducing and solidifying new frames of interpretation will be the focus of the next chapter.

Chapter 4

*Spiritual, Not Religious***: Real-Making**

In the previous chapter I showed how enactments of expertise produce the selfless believer subjectivity for many OA members. As described previously, perhaps the most striking and observable aspect of OA is the focus on developing a *higher power* – the believer part of the selfless believer subjectivity. In this chapter, I interrogate the process many members undergo as they develop a *higher power* in OA. While interpretations and experiences vary, for many members, developing a *higher power* involves conscious effort and results in a major change from their previous ways of interpreting the world. Consider the following statements from Char, the OA member who agreed to be my sponsor during my research:

> It used to be that if I had to choose between my children, my husband, or my higher power, I would have chosen my kids or husband. But now it's my higher power. I went through something a couple of weeks ago. Something bad happened. I don't remember exactly what. Maybe a bad dream? Anyway, I was feeling like Higher Power didn't exist anymore. I was just distraught, crying, saying, "She's gone! I've lost her." My husband just held me and said, "It's going to be all right." And then eventually I felt her again. The good thing that came out of that was I realized what it would feel like not to have a higher power. I don't ever want to feel that in my life again.

For Char, the role of her *higher power* was akin to that of another person and one that she characterized as the most important relationship in her life. Before she entered OA, and for some time in OA, Char did not have any connection to an invisible other. Throughout my research, a point that came up repeatedly was the primacy of the relationship with a *higher power* for members of OA. During meetings and in one-on-one conversations, people in OA described intentionally connecting with their *higher power*, especially in moments of distress. These moments of distress could be related to eating or could be related to other happenings in a member's life. For Char, her

relationship with her *higher power* was so salient in her life, that the idea of losing it caused anguish.

I did not anticipate the degree to which the OA system involves religious concepts, but after several months in the field, it became clear to me that I had to grapple with questions of faith and belief. As a participant-observer, I could not make it through the first three OA *Steps* without asserting a desire to become faithful, and I repeatedly heard people talking about their *higher power* in every OA meeting. Thus, an emergent research question became: How do some members, most of whom have no previous belief in a supernatural power, come to communicate daily with a *higher power*? This process is deeply embedded in the dogma of the OA program, so a subsequent research question is: What tensions arise for people who do not follow the idealized trajectory of recovery? In this chapter, I focus on these questions elucidating the process many members undergo as they develop a *higher power* in OA using anthropologist Tanya Luhrmann's theories of "real-making" (2020). I show that specific practices in OA - including *acting as if* and *willingness* - help explain how people can go from not having any belief in an "invisible other" to hearing and feeling the presence of a *higher power* in daily life (2020). Last, I show how this process can multiply distress for some people who enter OA, participate in the practices, yet do not end up following the idealized trajectory of recovery. Finally, I argue that members who follow the normative trajectory of faith-making in OA experience interpretive drift, the consequences of which will be elaborated on in the next chapter.

Theoretical Overview: Real-Making

OA members firmly assert that OA is "spiritual, not religious." Members explain this distinction by stating that spirituality can be anything you find on your own path while religion

sets forth a specific path. From an anthropological point of view theories of religion offer strong explanatory frameworks to understand what is happening for many OA members. In the academic world, beliefs such as those described by Char in the introduction of this chapter are often treated as if they are false. As anthropologist Tanya Luhrmann states, "…most theories of religion begin by treating belief in an invisible other both as taken for granted as a cognitive mistake. They assume that a prayer for rain is actually a prayer for rain and that it fails. Then these theories go on to explain why apparently foolish beliefs can be held by sensible people" (2020, ix). Far from being a taken-for-granted process, OA members put much work into establishing their *higher power* and relating with it once they do. The theoretical concepts I utilize in this chapter to understand this process, in other words, the process by which some OA members come to interact daily with a *higher power,* come from the work of Tanya Luhrmann. Luhrmann's (2020) book *How God Becomes Real: Kindling the Presence of Others,* elucidates several hypotheses regarding the process of experiencing and connecting to invisible others such as gods and spirits. In this section, I outline some key points from her work.

As I discussed briefly in Chapter 2, Luhrmann's key insight is that people of faith all over the globe do not just take their beliefs for granted; instead, "a god must be made real again and again" through a number of distinct processes (2020, xi). People of numerous faiths put a lot of work into cultivating their faith – specifically cultivating a connection to invisible others, a process she calls "real-making" (Luhrmann 2020, x). Luhrmann makes clear that her theory does not attempt to assert if spirits or gods are real or not; instead, she argues that people of faith have to use their minds to perceive spirits and gods, and they do this within social groups and cultural contexts. Therefore, processes of "real-making" are involved. The processes the faithful undergo actually change them; they learn to focus their attention in different ways and they adopt new

interpretive frames (Luhrmann 2020). Luhrmann makes several arguments about perception based on years of ethnographic research and numerous lab studies. I don't have the data to grapple with questions of cognition but instead, I focus on the part of her argument involving observable practices that lead to changes for participants. To that end, Luhrmann identifies two related analytical objects I will introduce here: the faith frame and kindling.

Luhrmann argues that people adopt a faith frame, much like a play frame. This insight emerges from the observation that people of faith do not consistently act as though invisible others are real. Despite espousing the belief that invisible others are real, when observed, people of faith do not behave as if invisible others and ordinary objects are real in the same way (Luhrmann 2020, 13). In other words, people do not find it necessary to assert, "I believe my car will start in the morning" or "I believe my cat is alive." Instead, people employ a faith frame at some times, and a frame for the ordinary, everyday world at others (2020, 21). The faith frame is "a mode of thinking in which gods and spirits really matter," and it is one frame, but not the only frame, people of faith use to interpret events in their lives (2020, 21). An ongoing challenge for the faithful is how to employ the faith frame in the face of distractions and contradictions in everyday life (Luhrmann 2020). In other words, rather than being straightforwardly real for believers, faith involves ongoing work and struggle.

The other key analytical object in Luhrmann's work is kindling. Kindling involves "the felt realness of gods and spirits" (2020, 136). Luhrmann's theorizing is more focused on the mind than religion, so a key question for her is how invisible others come to *feel* real to people. Like most anthropologists, she does not assume that gods and spirits exist or don't exist, but that humans must use their minds to experience them because they cannot be seen. In her years-long research with evangelical Christians in the U.S. and Wiccans in England, Luhrmann saw that connection

with the supernatural is fostered by a training process through the church community. For example, during her time with Wiccans in England, Luhrmann was told to complete lessons/exercise that involved intense, vivid visualization for fifteen minutes a day. The concept was that mental images "could become the vehicle for supernatural power to enter the mundane world" (2020, 63). Luhrmann found that after a year of this kind of training, she noticed changes in her own perceptions. Mental images were clearer and longer-lasting while her "concentration states were deeper and more sharply distinct from the everyday" (2020, 63). She also experienced a higher frequency of what she calls "anomalous experiences" meaning "events that are unusual in the everyday world: visions, voices, a sense of presence, out-of-body experiences" (2020, 63). While the training looks different in different communities, the aim is what Luhrmann calls *inner sense cultivation* or "the deliberate, repeated use of inner visual representation and other inner sensory experience" (Luhrmann 2020, 72). Three features of inner sense cultivation include interaction between the practitioner and an imagined object, the interweaving of scripts with personal reflection, and sensory enhancement in which inner senses are used to engage with the imagined object (Luhrmann 2020, 74). In other words, being able to sense and experience gods and spirits as real is "kindled" through community experiences and practice.

Moving into cross-cultural research, Luhrmann shows how the interplay between physiology and culture is intertwined with how people come to sense invisible others. For example, sleep paralysis is a complex phenomenon that can be explained in biological terms as a mixture of wakefulness and REM sleep. Research comparing Thai Buddhists and American Christians shows that culture impacts both the frequency with which people experience sleep paralysis and the way they interpret the experience; 58% of Thai Buddhists report experiencing sleep paralysis whereas only 27% of U.S. charismatic Christians do (compared to 25-30% of the general American

population) (Luhrmann 2020, 126-32). What explains these differences is the cultural salience of sleep paralysis in each community. For Thai Buddhists, sleep paralysis was discussed at length and associated with a visitation from a spirit, whereas for American charismatic Christians, it was not named, associated with invisible others, or given much significance (Luhrmann 2020, 127). Furthermore, 10-15% of the American general population report experiencing visions and voices compared to 60% of American charismatic Christians (Luhrmann 2020, 126). Luhrmann argues this is because hearing God's voice or seeing God's plan is salient for charismatic Christians. In fact, Luhrmann outlines a theory of spiritual kindling that can predict the frequency that a phenomenon will be experienced within a community.

She argues the following:

> 1. a sensation that has a name and meaning in a specific cultural context will be noticed more by people in that context
> 2. when the sensation is tied to a certain pattern of complex phenomenology, the frequency of the sensation for individuals will be constrained by that person's "vulnerability to these experiences" (ex: goosebumps or sleep paralysis)
> 3. when the sensation is less tied to a certain pattern of phenomenology, people will experience it more in a community where it has cultural importance
> 4. when a pathway is established for an individual, that person is more likely to experience it again in the future, albeit at a lower intensity" (Luhrmann 2020, 117-8)

The key point is that the process of kindling via culture will increase the frequency by which it will be experienced in that cultural context. What counts as direct evidence of interaction with gods and spirits is both specific to their faith community and "depends on the ways people learn to pay attention to the everyday experience of their senses and to the in-between [a domain understood as neither one's inner awareness nor part of the everyday world], the domain between mind and world…" (Luhrmann 2020, 134).

Different social worlds involve different concepts of "inner awareness and an outer world," and these differences impact the way that invisible others are experienced (2020, 76). Luhrmann

compares neo-Pentecostal church communities in three different countries: the United States, India, and Ghana. Luhrmann identifies key differences in how inner awareness and the outer world are conceptualized. Briefly, in the Indian church community, God is experienced through the actions of others; in the Ghanian church, there is an emphasis on actions and bodies, not thoughts; and finally, in the American church, God is experienced as in their minds, but not in the world (2020, 107). She argues that these ways of experiencing God for these three different neo-Pentecostal communities are rooted in culturally specific ways of thinking about inner awareness and the outer world. In other words, the way people feel God as real is shaped by their cultural context.

Practices of Real-Making in OA

Higher Power in 12-Step

Participants in OA follow a similar real-making process as that identified by Luhrmann; the concepts of the faith frame and kindling are both fruitful for understanding that process. There is one key difference between Luhrmann's ethnographic data and the OA context. In most religious contexts, there is a shared notion of what the invisible realm and being, or beings, are like, and people in the faith community seek to participate in that same world with that same being or beings. Using a term from literary theory, Luhrmann calls this a paracosm – "a private-but-shared imagined world, typically created by children, like the pretend lands of Angria and Gondal that the Bronte siblings dreamed up together" (2020, 25). While a paracosm always ends up being a private (or internalized) endeavor, a religious community is involved in the social rules around it such as the expectations for engagement, signs of interaction, specialized knowledge, ritualized behaviors, guiding texts, etc. (Luhrmann 2020, 52). In OA, there is not a shared paracosm; the

shared imagery and common signs of interaction are not an overt part of OA. Instead, participants

undergo a real-making process through which they seek out their own *higher power*, which differs

from individual to individual. Here is a list of *higher powers* I noted during my observations and

interviews:

- God of the Great Out Doors (GGOD)
- God of My Own Understanding (GOMU)
- The Group/The Room (this one is common; people describe hearing and speaking to their *higher power* through the group during meetings)
- A mystery that's bigger than me that is positive and wants to help me
- The parent I wish I had, but didn't have.
- Energy
- Gaia
- (Judeo-Christian) God
- The voice I hear in my head that says "you should do this," but the source of that voice is always shifting.

One participant told me that it did not matter at all what my *higher power* was; it could be a door

knob. It is also not uncommon for individuals' concepts of a *higher power* to change over time as

the following quotes demonstrate:

> It started out with the rooms – that was a power greater than myself. I was in those rooms for an hour. I could breathe. I could hear honesty. I could be honest. It was all stuff I couldn't do on my own, so that was my higher power. It evolved. Then I prayed to the ocean. I could not control the waves; I could not control the tide. So that was a power greater than me. And now it's become "anything and anyone that makes up the universe." So, there you have it! You are all my higher power.

> I had a spiritual awakening seven years into the program when I started putting some serious thought into it. When I came into program, I made up a God of My Own Understanding. But after years of being in the program, I told my sponsor that I had been praying, but it was like I was praying to the wind. I didn't really believe it. I had a spiritual awakening on the way home from visiting friends. I felt a presence; it had always been there, but I never recognized it before.

While the imagery of a *higher power* was highly fluid in OA, the conceptualizations of a *higher*

power all have a few things in common – a *higher power* is a force outside of oneself, and it is

gentle and supportive. Many also all strike me as culturally rooted in Christian and New Age

Animism beliefs, which is largely a reflection of the cultural backgrounds of people who attended the meetings I observed. For example, no one in the group I observed said that their deceased ancestors were their *higher power*, as I suspect a 12-Step participant of other cultural backgrounds might. And while some draw on a Judeo-Christian concept of God, who is understood to be omniscient and omnipresent, it is common in OA to conceptualize a *higher power* as a spiritual guide. As my sponsor Char explained, "God is not all powerful, in control of who lives and who dies, etc. Life is what it is. Humans are human. They do good things and bad things; humans are just doing what they do. God is there to help you navigate life. God is a spiritual guide to help me get through when bad things happen." I heard similar sentiments reflected in many shares at meetings:

> I love that my higher power is always like, "maybe try this…" or "maybe think about this…" It's never like, "YOU MUST DO THIS."

> My higher power is like a mom with a toddler who's just learning to walk. You know, the mom is always like, "Come on. Come on, honey. You can do it. Oh, you fell down? Oh, that's okay. You can get up. I'll help you. If you want to help. Oh, you don't want to get up right now? That's okay, too." Just like really gentle and really helpful and encouraging.

> I was expecting my young son to sit through an activity, and I heard this little tiny voice in my head say, "Could it be possible that your expectations of your five-year-old are a tad high right now?" This is how my higher power comes to me– really gentle, small comments, otherwise, I would just punch the higher power in the face and not listen.

As the above quotes highlight, many OA members conceptualize their *higher power* as a gentle and supportive guide. The other striking aspect apparent in the above quotes is that many members also routinely hear the voice of their *higher power* directly in their mind. In this section, I argue that people who join OA or other 12-Step groups are invited to participate in a series of practices aimed to identify a *higher power* and kindle interactions with it. Moreover, this process is not straightforward, but instead involves a number of mechanisms that counter the contradictions that inevitably arise.

Kindling the Presence of a Higher Power

One day early in my sponsorship I was talking with Char about my resistance to the idea that a *higher power* exists. This was a major issue that participants of OA discussed repeatedly. As one participant said, "The spiritual part of the program has been really challenging for me. I had to really lean into that. I'm not the kind of person who wants a spiritual program." In one meeting a member shared that she "was trying to have this idea of a higher power" but that she "didn't believe it." Others after the meeting thanked her for "putting it out there." Even Char also told me that she "used to have big problem with the higher power idea." Knowing this was something many members discussed, I intentionally raised the same concern with Char. I wanted to see how she would respond. She said: "You have an eating disorder. You can't control it. You have to turn it over to a power that is greater than you . This is the thing is that turned it all around for me. I couldn't do it. I had to *act as if… act as if* I have a higher power. Eventually, I came to believe it. You don't have to know how or why… They say that in AA all the time." The idea of *acting as if* was emphasized at various points in my conversations with Char, and I found its origins in Step Two of *The Twelve Steps and Twelve Traditions of Overeaters Anonymous,* which outlines *acting as if* as a strategy for some OA members as they search for a *higher power*:

> …we learned we could "act as if." This didn't mean we were to be dishonestly pious or pretend we believed in God when we didn't. It meant we were free to set aside theological arguments and examine the idea of spiritual power in light of our own desperate need for help with our lives. Some us began by asking ourselves: "What do I need from a Higher Power? What would I like such a Power to be and do in my life?" Once we identified this Power for ourselves, we found we felt at ease with it. Then we began to act as if such a Power existed, and we found good things happening to us as a result. Little by little, as we experienced changes for the better in our lives, we came to believe in a Power greater than ourselves that could restore us to sanity. (Overeaters Anonymous 2018b, 13)

Following this process, Char told me, "I had to *act as if…* act as if I had a *higher power*. I did that for nine months. Then I realized I believed it." *Acting as if* is one of many practices unique to 12-

Step ideology. It involves going through the motions as if you believe a *higher power* exists in your life, even if you don't really believe it. Char began the process by brainstorming features she wanted in a *higher power* and then focusing on an image that embodied those features: Glinda the Good Witch from *The Wizard of Oz*. For five months she had the image of Glinda the Good Witch on her refrigerator door, and she would wink at her as she passed by the kitchen. Then one day she realized she hadn't noticed her in a while. As she described, "God of My Understanding (GOMU) had evolved to be within me; I didn't need to look at something outside of myself. It was such a revelation." Anna told me in an interview that "I had a sponsor who offered me to loan me her *higher power*. And I borrowed her *higher power* for a while I used to pray to her *higher power*. I know that sounds ridiculous, but it really seemed clear that her *higher power* was working for her. So, I thought, 'well, maybe it'll work for me.' And in a way that was useful." Anna went on to describe how she now gets information from her *higher power* through her thoughts that, "left to her own devices," she "would have never thought of."

What Char and Anna describe is a form of "inner sense cultivation" which Luhrmann defines as, "the deliberate, repeated use of inner visual representation and inner sensory experience" (2020, 72). By drawing on the image of Glinda the Good Witch, Char deliberately chose a visual representation that reinforced feelings of warmth, caring, and protection – the features she told me she wanted in a *higher power*. Furthermore, Char interacted with the image of Glinda on a daily basis, amplifying her feelings of sensing her GOMU's presence. This process began with winking at the image on her refrigerator door every time she passed the kitchen. Despite this process being completely explicit, a consciously created concept of an invisible other, over time, Char describes internalizing her GOMU and feeling her as a real presence in her daily life. Interaction that began as a wink at the Glinda image every time she passed the kitchen became

ongoing conversations in her mind. Char described regular conversation with her *higher power*, saying "I talk to my higher power every day. I use it for just about everything anymore. I just say to my higher power, 'I need a Plan of Eating. Can you help me figure it out?' Or, 'Help me give Abby something she needs.'" Anna's experience followed a similar trajectory from an external concept (someone else's *higher power*) to an internalized concept, though with less sensory vividness. Following Luhrmann, this ongoing, deliberate interaction with an "invisible other" such as her *higher power*, works to produce vividness (for example, the voice of a *higher power* in one's mind) by bringing one's attention fully to a mind's object (2020, 71). She says, "[W]hen you get absorbed in something, it seems more real to you, and you and your world seem different than before." (Luhrmann 2020, 70).

Char's experience is not unique. Many others shared how they talk with their *higher power* or hear comments from their *higher power*. Here are some representative examples:

> I didn't used to do this, but I have whole conversations with God. I look over my shoulder to be sure no one is around, and I have whole conversations about anything – problems in my life, my food. One thing I recently started doing is thanking God whenever I have problems, and the reason I started doing that is because usually when I have problems, the last thing I want to do is get in touch with a higher power. I want to deal with it myself. But when I thank God for the problem, then I start inviting God into the solution.

> This morning I was running late, and I grabbed my kids' cereal. I saw that sugar was listed in the ingredients, but then I was thinking, "well, if I just have a banana with this, it'll be healthy, and it'll be fine. And this way, it won't be late." But then I had a whole conversation with my higher power. My higher power asked me questions: "But do you really mean that? And can you think of something else? And you know, what if we try this?" And I went back and forth with my higher power, and in the end, came to the realization that it'd be better to be late and abstinent than to be on time and then relapse.

> I did a lot of yelling to God. I didn't lose my connection to God, but sometimes it was very volatile. And there were some nights I was just crying and yelling to my higher power and my higher power, the way I've created Higher Power, can take it if I yell and scream. I didn't always hear anything back! [Laughter] But I got through it.

I went to the nail salon the other day, and the TV was off, and I freaked out. [Laughter] Then the woman doing my nails said she works better if she doesn't talk, and I was like, "OKAY, I'll close my eyes and talk to God." [More laughter]

These ongoing conversations with a *higher power* by Char and other OA members are a primary method of inner sense cultivation because they focus a member's attention on whatever image or description of a *higher power* they have created. *Acting as if* initiates this process of focusing one's attention in a certain way, but in the action of doing it, some members find that they start to experience their *higher power* as a being that interacts with them through their inner senses. Another OA member shared in a meeting, "I always rolled my eyes about *acting as if*. But I'm working on being willing, so I tried it and I realized that *acting as if* gave me a glimmer of what could be."

Managing Uncertainty- Denial and the Disease Frame

Uncertainty and struggle to hold onto faith is a persistent part of being a person of faith because everyday life is full of tensions and inconsistencies. People of faith find that their spiritual quests bump up against the contingencies of life (Luhrmann 2020). OA members demonstrated this struggle during sharing at meetings as I discussed in Chapter 3. Struggle and uncertainty also come up during one-on-one interactions with sponsors and other members. One way that sponsorship differs from other practices in OA is that, in the sponsee role, OA members receive immediate and relatively consistent feedback in regards to any questions or tensions that arise between the ideals of the OA program and the day-to-day circumstances of life. Sponsors experience their own ruptures with the OA program, but they bring those to *their* sponsors. When in the sponsor role, they are representing the idealized OA program. For example, they do not share current struggles they are having with the program, only ones that they have reconciled and integrated into their recovery narrative. So, while sponsors do provide a response to the tensions

that arise between the tenets of OA and the realities of adhering to those tenets, the responses are focused in very specific, *in-program,* ways. I found that answers to particular types of questions - questions expressing skepticism about the existence of a *higher power*, for example, are framed through the sponsor relationship as the "denial" or "resistance" of someone who is not yet open to the spiritual realities recognized by OA devotees. Recovery narratives shared by sponsors in one-on-one communication with sponsees are a primary vehicle for this framing. *Willingness,* in particular, is cultivated in sponsorship as a response to the tensions that arise. Additionally, sponsors routinely share practical wisdom in the form of tips for dealing with daily struggles with eating.

As has been described, OA members routinely describe their struggles with conceptualizing, accepting, and relating to a *higher power*. In my own experience *working the steps*, I was surprised to find that questions of faith and the supernatural emerged right at the beginning. In meetings, I would hear people share about their early struggles with faith, but it was only when I started working the steps with a sponsor that I realized that an OA member cannot get through the first few steps without navigating questions about faith and a *higher power*. Steps Two and Three are centered on these topics:

> Step Two: Came to believe that a power greater than ourselves could restore us to sanity.
> Step Three: Made a decision to turn our will and our lives over to God *as we understood him. (Twelve Steps of Overeaters Anonymous*, 169; emphasis in original)

While some newcomers come into OA with a religious framework through which they can align their work on steps one and two, most OA members name their struggle with the *higher power* concept in OA as their biggest early barrier to the program. Newcomers routinely question their beliefs about a *higher power* and believers routinely talk about their early attitudes and ongoing struggle with belief in a *higher power*. In the remainder of this section, my focus is on how

sponsors respond to questions about OA in daily life and what those responses demonstrate about the logic of OA and sponsorship as a practice. As demonstrated by my own experience, newcomers' questioning of faith in a *higher power* is considered a normal part of the process.

After the initial meeting with my sponsor, Char, we fell into a rhythm with our relationship. We would meet once a week face-to-face. Between our meetings, we held phone calls or wrote text messages to each other resulting in about 2-3 interactions per week. At our first official sponsor meeting (our first meeting as sponsor and sponsee after finishing the 12-Day Program), Char took my hands and said she wanted to do a saying with me at the beginning of our meeting. Eyes closed, she began: "I put my hand in yours, and together we can do what we could never do alone." I later learned that this is the first line of the Unity Prayer, a commonly referenced prayer in 12-Step programs. During my research, I found this first line printed on various 12-Step materials, including the chip that was in my *Newcomer Packet*.

During our meetings, Char always began by asking me, "How are you doing?" I talked about stressful things that were happening in my life (baby not sleeping well, an argument with my partner, work stress), and Char listened and offered sympathetic responses. Some meetings were mainly focused on how I was doing, but most would move into talking about a specific aspect of the OA program - usually a step. I used this time as an opportunity to talk about things that I related to in an OA reading, podcast, or a share I heard in a meeting. Since I had heard so many struggles shares, I knew that working through questions and concerns about the program with a sponsor was common, so I shared many different concerns I had throughout our relationship. Through this, I learned a lot about *in-program* responses and patterns of response to conflict with the program. See the following exchange at one of my phone calls with my sponsor in which we were discussing "Chapter 5: How it Works" in the *Big Book* (*Alcoholics Anonymous* 2001).

Abby: The chapter really helped me see how the first few steps are connected with each other. And the thing that stood out to me was the idea of letting go so completely. On page fifty-eight it says, "Some of us have tried to hold on to our old ideas and the result was nil until we let go absolutely."

Char: Does that scare you?

Abby: Yes, but also it annoys me. I'm an academic. I have all kinds of ideas!

Char: [Loud laughter.] Oh Abby, you sound exactly like me. In 2003 I started coming. It took until 2018 to get there… It's a process. I went to different meetings, read all of the materials, but I never committed; I never thought about what a commitment meant. I was taking from all of the meetings. It was feeling good to me. I could trust that the people who were there who had done the same things I had done. They were abusing their bodies with and about food. It was soothing to be there, but I never took steps. Step Four scared the bloody blue blazes out of me. I'm never doing that! Not a chance in hell. I couldn't. It was almost like there was a wall between me and understanding that the program is so much more than the sum of its parts. It's about what happens when you open yourself to another idea than you have always lived with.

Char continued for several minutes describing her early days with OA. Then she wrapped up the phone call. She said she had something "to leave [me] with" from her own sponsor. It was a list of things to be "willing." It included:

Being open
Always growing
Always changing
Being teachable
Being willing

Char's response to my expression of annoyance at the idea of letting go completely of all of my former ideas followed a pattern that was familiar at this point in my sponsorship journey. First, she included an expression of empathy when she said, "you sound exactly like me." Next, she shared her own past experience struggling with OA. Finally, she suggested specific OA activities with a list of things for being willing. Throughout our sponsorship relationship, Char employed her recovery narrative in much the way many believers do during shares; she used her experience to both connect to me and guide me to think about life in a new way when she said, "It's about what

happens when you open yourself to another idea than you have always lived with." Using experience in this way provides guidance without explicitly stating what a person should do. Recommendations to participate in specific OA activities are couched in terms of "here is something to think about" or "this is what has worked for me" while the implication is that the sponsee should try it, too. While guidance is conveyed indirectly, the idea of *willingness* is also a pervasive theme. The message that one must be open, teachable, and willing echoes passages in *Alcoholics Anonymous* (*The Big Book*) and *The Twelve Steps and Twelve Traditions of Overeaters Anonymous*, and it was one that I heard repeatedly at meetings. Each OA Step has a principle associated with it. The principles, as one member said during a share, "provide a guide for living" and members refer to them often. *Willingness* is the Step Six principle, and the corresponding chapter in *The Twelve Steps and Twelve Traditions of Overeaters Anonymous* reads:

> Being entirely ready means we are completely willing to recognize and let go of our defective behavior patterns, and to let God change us as God will. We don't set the timetable for these changes. When and how our defects are removed is entirely up to God. Our work is to do what we can to make ourselves ready, by actively reaching for recovery and putting ourselves in the frame of mind to receive God's help. (*Twelve Steps of Overeaters Anonymous* 2018, 169)

Since *willingness* was such a frequent theme, I wanted to understand its role in the OA system of belief. Throughout my fieldwork, I paid particular attention to when and how *willingness* surfaced. As I worked the steps, I found that *willingness* is a particularly important principle within the OA because it is key to moving through the steps and accepting other tenets of the belief system. As described previously, wrestling with issues of faith and the *higher power* concept is work that all newcomers, regardless of previous religious experience, must negotiate beginning with Step Two. As in my exchange above, my sponsor repeatedly responded to my questions and concerns about the ideals of the OA program with the message that openness and willingness were needed to allay my concerns.

Willingness also ties into the concept of disease at the heart of OA. As I will elaborate in the following paragraphs, denial of a problem is understood to be a symptom of the disease of compulsive eating, and cultivating *willingness* is a practice aimed at overcoming this denial. Eating that causes distress can be conceptualized in many ways, but in the OA program, it is framed as a disease the same way that alcoholism is framed as a disease in Alcoholics Anonymous. In the Step One Chapter of *The Twelve Steps and Twelve Traditions of Overeaters Anonymous,* it says:

> None of us decided to have this disorder, any more than we would have decided to have any other disease. We can now cease blaming ourselves or others for our compulsive overeating. The disease of compulsive eating is threefold in nature: physical, emotional, and spiritual. Compulsive eating does not stem simply from bad eating habits learned in childhood, nor just from adjustment problems, nor merely from a love of food, though all three of these may be factors in its development. It may be that many of us were born with a physical or emotional predisposition to eat compulsively. Whatever the cause, today we are not like normal people when it comes to food and eating behaviors… What all compulsive eaters have in common is that our bodies and minds seem to send us signals about food that are quite different from those the normal eater receives. (2018, 4)

Employing a disease frame, whether it be in terms of addiction, an eating disorder listed in the DSM, or broader "disordered eating" as referenced in popular writing, shifts the locus of the problem from individual moral character to a biological mechanism and thus shifts blame from individuals to biology. This shift is particularly important for experiences like eating distress that carry a lot of stigma (Campbell 2012). At the same time, the disease frame in OA carries with it specific ideas that imply certain solutions. For example, OA members describe their disease (following AA) as, "an allergy of the body and obsession of the mind." While eating distress takes many forms (binging, purging, restricting, sugar addiction, food addiction), in the OA program, there are "many symptoms, one disease" (*Introducing Overeaters Anonymous: To the Newcomer* 2012). As quoted above, some people are thought to eat normally while others are perceived as

having a physical allergy to certain foods that cause them to react abnormally to eating them.[1] Abstinence from these foods is emphasized as a key component of recovery. Unlike AA in which the substance to abstain from is clearly alcohol, each OA participant must individually define what abstinence is for them by identifying "allergic" foods - foods that one cannot eat without an abnormal reaction such as overeating, binging, purging, or restricting. Commonly identified substances are sugar and white flour and a common food plan is three meals and 1-2 snacks with nothing in between. Often sponsees arrange to "be honest about their food" or "commit their food" by sharing everything they ate each day with their sponsor.

In addition to the physical "allergy,' the OA disease concept involves *mental obsession* in which the mind is also thought to have an abnormal response of obsessing about food. This phenomenon is described in *The Twelve Steps and Twelve Traditions of Overeaters Anonymous*: "Because of this obsession, the day always came when the excess food looked so inviting to us we couldn't resist, and our firm resolutions were forgotten... This mental obsession was something we couldn't be rid of by our unaided human will..." (2018, 5). In OA, the mental obsession of the disease is discussed frequently, and various ways of thinking are interrogated in the process of *working the steps* and addressing this obsession of the mind. Notably, denial is understood to be a major barrier rooted in the disease that needs to be overcome. Later the chapter reads, "Most of us have tried to deny to ourselves that we have this disease.... Once we honestly examine our histories, we can deny it no longer: Our eating and our attitudes are not normal; we have this disease" (5). Newcomers' early attitudes about the OA program and their ideas of self and the

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[1]   While this disease frame shifts away stigmatizing individuals, it also obscures the ways in which our social structure actively works to produce a mental obsession in people to buy and consume, especially food, and especially certain kinds of food - those high in salt, sugar, and fat. More on that will be discussed in Chapter 6. For now, the focus is on how *willingness* fits in with the notion of disease perpetuated in OA.

world before coming into OA are seen, through this frame, as evidence of denial. Char explained

it in one of our meetings saying:

> People like us who are compulsive have these tendencies – it comes out in different ways in our brains. You can balance your life by choice – you can go down into the rabbit hole and make everything worse fumbling around in the dark or you can stay in the light of day where you can see some things. Then there's self-will, we know that we want to have things the way we want them. We have to remember that we're not running the show. Once we ask our higher power for directions, then there's a lot less energy towards foolish pursuits – trying to arrange life to suit us. It's really hard that the answers are not from you. It's hard for many of us to accept that. All of the principles and all of the tenets – they're all in Step Twelve; sit down and read Step Twelve when you are in a high state of anxiety because it's all there.

Char's comment emphasizes the notion that people in OA are different from "normal eaters," and

she metaphorically describes this difficulty accepting a *higher power's* guidance as "fumbling

around in the dark." Many other OA members echo similar sentiments about denial when starting

the OA program. Consider the following excerpts from speaker meetings:

> I was looking for a sponsor, looking for as sponsor, looking for a sponsor, and I had an excuse for why every single person I came across wouldn't be an appropriate sponsor. No one else but Bill W. [founder of AA] himself could have been my sponsor!

> The first time I went to meeting, I remember someone was handing me a CD of the 12 steps, and I was refusing it because I thought, they're trying to suck me in this is it. I'm just coming to this one thing, and I'm checking off that box. And that is it. I'm not doing *any more* than just this.

> I came into the program with my wife. I was like Mr. Magoo [a fictional character]. He is blind and wears these big glasses, and sort of stumbles around not realizing what's around him. He didn't know what he wasn't seeing about himself. That was me. I came with my wife who is very overweight… I kept trying to support her, but actually, it was me that had the problem… I used to fall asleep at night with euphoria about getting to eat in the morning. I thought everyone was like that, but going to OA, turns out, this isn't normal.

Various ways that the OA program does not meet a person's initial expectations become framed

through the OA disease concept as denial. Since denial is considered a symptom of the disease that

has to be overcome through deep honesty, it is frequently discussed. In fact, one OA member,

Sam, shared in a meeting, "I don't think that OA is really for people who want to quit compulsively

eating. It is more like it's for people who think that maybe, someday, they *might* want to quit compulsively eating," a quip that was met with laughter from around the room. Newcomers are expected to be in denial about the extent and nature of their problem, and *willingness* is continually emphasized to counter this. The message I heard repeatedly in meetings and directly from my sponsor is that: your disease may be telling you that you don't really have a problem, or that this program has all of these flaws, so you must focus on your own recovery by working on your own *willingness*. *Willingness* for OA members requires ongoing work, so while newcomers must work to become willing in the early steps, old-timers continually work on willingness for different aspects of their lives as well. For example, sponsors often expressed complaints about the burdens of sponsoring. Sponsoring takes a lot of time and energy for sponsors with the potential for multiple phone calls and a one-on-one meeting with sponsees each week. While there is no official OA position on when an OA member can start sponsoring other members, in my *home group*, the majority of sponsors had completed all twelve steps. Sponsorship is a main way many fulfill their Step Twelve commitment to do service. This resulted in a higher number of sponsees than sponsors, so the demand for sponsors in my home group was high, and most sponsors worked with more than one sponsee. One speaker who was in multiple 12-Step programs described fielding more than twenty phone calls a day from sponsees and fellows. Cara explained her own feelings during a share:

> Recently some resentment has come up for me about all of my sponsees. I reframed it to think about how much I've learned from my sponsees. When I'm going through the steps, I'm focused on each part of the process, but when I'm sponsoring, I can step back and look at the process itself. I've learned so much from that. I keep thinking about how I don't *have to* do all of the service that I'm doing, but instead thinking that I'm being *given* the opportunity to do all of this service and how it really benefits it. I also knows that if I continue to do service, it really benefits me in recovery.

And thus, sponsors also end up reframing their feelings and thoughts to align with the program norms. Reframing negative feelings about the program as a need to be willing and open is a first step many newcomers encounter in an ongoing process; throughout all stages of their experience with OA, members ostensibly reframe negative experiences with the program into positives. The result is a cultural system in which it is hard to express counter narratives or dissent from within the system.

When Real-Making Fails – Bea's Story (The role of talent and absorption)

Much of what I have been talking about so far throughout this dissertation pertains to people who interpreted their overall experience with OA as a constructive one. This is a reflection of the data I was able to collect. Since the research design centered on participant-observation in OA meetings, most of the people I met were people who were still attending OA. I reached out to several people who were attending meetings, but seemed more ambivalent about their experience; however, none were willing to talk with me. Many of the people I was able to interview had been attending OA for an extended period of time – years or even decades. Despite the struggles of faith that are considered part of the program, there was enough that these participants found to be beneficial about attending OA, and many of the interviewees were eager to share their appreciation for OA with me and may have considered the interview an opportunity to share the message of recovery as required by Step Twelve. However, it was much harder to hear from people who interpreted their experience with OA as negative. In meetings participants would sometimes mention that they had left the program for a series of years and then returned, or that a sponsee had abruptly stopped attending, but no one who shared these experiences was willing to talk with me. Through some connections in my personal life, I was able to contact three people who had

attended OA, but quit with no intention of returning: Kate, Julie, and Bea. Kate participated only briefly and felt that the idea of being powerless just did not ring true for her so she has not pursued it since. Julie had previously completed a 12-step program (*Al-Anon*) when she first tried attending an OA meeting. As a slightly overweight, middle-aged white woman, she was looking for help with overeating. After trying a few OA different meetings, Julie came to the conclusion that "some meetings were for skinny girls, and other meetings were for very heavy girls, and none of them were for me." It was interesting to hear this because the meeting I attended had participants of all sizes. However, newcomers of very large size were embraced in the group in ways that I never was, as an average-sized person. Julie's story suggests a certain exclusivity that she was never able to navigate, and she sought out other ways of dealing with her eating distress. Bea had a very different experience, and her story provides insight into the consequences of program failure.

Bea's Story

Bea is a thirty-six-year-old white woman with a devastating background. Raised by a drug-addicted parent, Bea experienced abuse, neglect, and instability throughout her childhood. As a child, she would often feed herself and her younger sister. She described eating six slices of cinnamon toast coated in several teaspoons of sugar for breakfast. She entered the foster system as a teen, and began experiencing symptoms of eating disorders while living with a foster mom. This foster mom made disparaging comments about Bea's weight, at times describing her as "fat" and "gross" and suggested Bea would be "so pretty" if she lost weight. Bea described this as the catalyst for "anorexia, bulimia, and compulsive exercising." Bea began to see a therapist for help with her eating disorder, who recommended that she attend OA meetings. Bea attended OA meetings regularly, often multiple a week, for ten years. At the time of our interview, Bea described eating

distress that she characterized as compulsive overeating. She also regularly experienced stigma from medical professionals regarding her body size and diabetes.

When she began participating in OA, Bea was immediately put off by the idea that she was powerless in Step 1. But encouraged by her therapist, she continued to work the steps, and found some positive experiences, "I do think there's a lot to it. Like the fourth step where we have to make a moral inventory of our life and look at the ways that we've harmed people, and then try to make amends to those people in the fifth step. That's a huge thing for a human being to do. I don't think it's going to make you stop overeating or I don't think it's going to make you get clean from drugs, but it's going to take away a lot of the shame that perpetuates some of the behavior." However, she never found solace from her eating distress through working on the steps. In fact, she suggests that some of the steps actually amplified her underlying distress from all of the trauma she had experienced because as she continued to try to work the steps, but wasn't having the types of spiritual experiences other members described she ended up feeling worse:

> I would leave the meetings and think, why is this working for everyone else? And why isn't anyone else going, "wait, what does it mean even to say I'm powerless, I turn it over to God." What does that even mean? Like, you guys are all going just turn it over to God. Let go and let God, and I'm going what the fuck? *How*? I would love to do that. I would love to think there's a higher power going, "Bea, I got you." But it ain't happenin'!

> You end up feeling like you're not right. You know, you're not doing it right. Then something is wrong with you. It works for people who do it right. Always I felt sorry for myself, and it didn't change my behaviors. So, you know, I got to a point when I said goodbye to that therapist and OA and everything. That was really the point in my life where I started saying, I don't care how much I weigh. I'm gonna just like myself for who I am. Because I can hate myself and be fat, or I can like myself and be fat. Those are my options. And I'm not going to do the first one anymore. *It's exhausting*.

> I'm at this point in my life, but I believe I'm powerless to a great degree, only because of my body chemistry, but not because of God, or any kind of power that I need to you know, give my will over to.

Bea's experience demonstrates that for some people, not being able to follow the normal trajectory of recovery in OA can amplify feelings of self-loathing and failure.

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As an adult, Bea frequently encountered 12-Step in her work as a licensed Marriage and Family Therapist. For years after quitting OA, Bea describes feeling frustrated and angry about her experience saying, "I remember being very angry and just pissed at my time had been wasted." At first, Bea completely rejected any aspect of 12-Step programs, but over time her negative feelings faded, and she came to feel that "there are many paths to the top of the mountain, and it's one of them." At the time of interviewing, Bea incorporated 12-step concepts into her work as a therapist:

> In my groups for drugs and alcohol, I teach that there are 12 Steps. And these are what the 12 Steps are. And we talked about people's cynicism around them and people's beliefs around them. And I talked about, you know, ways that you could incorporate certain aspects of all the steps in your life without making it a dogma.

For example, she found a way of conceptualizing a *higher power* that she felt was more supportive of her clients:

> Clients tend to like my concept of a higher power: a version of ourselves that is in the future that has made it through all of this stuff. They like that concept. Because a lot of them don't believe in God. They've been through a lot of shit. And they're not thinking some guy's up there looking out for them. They like the fact that when we sit down, we talk about it honestly. We can look at the ways that their lives have become unmanageable. And the ways that life is just unmanageable.

Bea's observation about her clients "not thinking some guy's up there looking out for them" suggests that for some people who have experienced extreme harm in their lives, the work of faith that Luhrmann discusses, that is the work of maintaining faith despite contradictions to that faith appearing in everyday life, can look very different, or even be impossible. At the same time that Bea encourages her clients to consider incorporating some aspects of the steps in their lives, she still feels that some aspects of 12-Step can cause harm:

> While it makes me a better person to admit what I've done wrong in Step Four, there are also ways that that can harm a person. If a person's not yet in the right mindset, where they can actually sit with that stuff. That can be really difficult.

And then Step Six is like asking God to remove all the defects of character. That one I'm not as happy about. Because that one I feel like is more… I don't think that we have necessarily as many black or white defects, you know, pluses or minuses as people say. I think human beings and most people who are newly in recovery aren't going to want to talk about all the ways they suck as a person and it's not going to help them to do so. Most of us are beating the shit out of ourselves already.

Bea suggests that for people dealing with trauma and other challenges in life, a focus on personal defects can exacerbate pre-existing feelings of self-loathing.

Over the course of the interview, it became clear that, while Bea felt some aspects of 12-Step programs can be useful for all people, overall she felt any insights she gained from those processes "had nothing to do with whether or not [she] was going to binge eat." Bea also wished she could achieve the peace that people describe with a spiritual awakening, but it never happened for her. After a decade of struggle, she decided it was time to let it go. Bea's story has parallels to the experiences of some charismatic Christians that Luhrmann documented (2020). Some participants would engage in all of the inner sense cultivation and other processes encouraged at their church, but would not ever experience God's presence the way others in their community described. In fact, Luhrmann has found that some people can feel gods and spirits better and more quickly than others. Luhrmann argues that *training*, or the processes of kindling guided by a religious institution or community, is not the only element required for an invisible other to become real, *talent* matters, too (2020). In other words, some people are born better able to have these inner sensory experiences than others. Following psychologist Auke Tellegen, Luhrmann calls this absorption. Absorption is "a disposition for having moments of total attention that somehow fully engage all of one's attentional capacities – imaginative, perceptual, even the way one holds and moves one's body" (Luhrmann 2020, 70). Luhrmann researched the connection between absorption and experiences with the supernatural, finding that they are indeed connected (2020,

70). The higher capacity people had for absorption (as demonstrated by the absorption scale), the higher probability that they reported experiences with the supernatural.

While it is possible that Bea's attempts at experiencing an invisible other were unsuccessful because she did not have the capacity for absorption as needed to achieve that goal, I did not have the ability to test Bea's absorption abilities. Nonetheless, her story highlights how much anguish can come to people who are trying for years to experience what others are experiencing but are unsuccessful. Luhrmann reports that among evangelical Christians, not being able to sense God's presence brings a sense of loss and exclusion from the social group of the church. The stakes for people who are struggling with eating distress can be very high; for Bea, and perhaps others like her, not following the normative trajectory of recovery resulted in amplifying pre-existing feelings of self-loathing.

Conclusion: Interpretive Drift

A key part of Luhrmann's theory is that the process of adopting a faith frame and kindling the presence of an invisible other results in tangible changes. Through inner sense cultivation, people learn to focus their attention in different ways and they adopt new interpretive frames (Luhrmann 2020). As we saw from Bea's experience, this process does not result in changes for everyone, but for people who follow the normative trajectory of recovery in OA, interpretive drift occurs. Interpretive drift is, "the slow, often unacknowledged shift in someone's matter of interpreting events as they become involved in a particular activity" (Luhrmann 1989, 312). Char's realization one day that she believed in her own, internalized *higher power*, and no longer needed the Glinda image is an example of this. Char didn't have a striking moment in which everything changed, but over time came to realize that a change occurred. OA members frequently describe

having shifted their ways of viewing the world as in these quotes collected at different times from

Char:

> It's about what happens when you open yourself to another idea than you have always lived with.

> I have thought about my feelings and myself in a different light. And I realized I don't need different things in my life. I don't need that anymore. I'm so glad to be rid of that.

> I have been able to reimagine my life every day.

> All we really know is change. The telescopes we now have compared to the ones we used to have… who would have known we would have that. It's shocking.

The quotes above indicate shifts in thoughts and interpretations. Whether being encouraged to cultivate willingness or *act as if*, newcomers to OA are encouraged to adopt new ways of thinking, understanding ourselves, and experiencing the world.

Tanya Luhrmann (2020) invites readers to consider how her hypotheses play out in a variety of religious traditions. In this chapter, I take up that invitation and apply several of Luhrmann's theoretical ideas to the OA context. I have argued that OA fellows participate in real-making activities through which many come to interact with an "invisible other." Bea's story suggests that others experience increased distress when they do not align with the normative modes of the program, especially if they never end up interacting with a *higher power*. For those who do follow the normative trajectory of recovery in OA, interpretive drift occurs. The consequences of this interpretive drift – that is the new frames for interpretation that OA members slowly adopt – are explored in the next chapter.

Chapter 5

Life on Life's Terms: **Interpretive Drift**

In the last chapter, I used Tanya Luhrmann's (2020) theory of kindling invisible others to discuss the process through which many OA members develop a connection with a *higher power*. When successful, a result of this process is that members experience interpretive drift. That is from the time someone enters OA as a newcomer to the time they work all of the steps, many members experience a slow, gradual change in how they understand the world and the frames they use to interpret their lives. This does not occur in a single, pivotal moment, but instead is a slow process that can be observed, and sometimes acknowledged, after a change has occurred (Luhrmann 1989). This process can be understood as adopting a selfless believer subjectivity. Far from being contained within institutions, subjectivities can have far-reaching repercussions that affect interpersonal relationships, options available, and ways of being in the world. Much like faith involves ongoing work, OA members put a lot of energy and effort into, as stated by an OA member, "applying the principles in all aspects of [our] lives." OA members who follow the normative trajectory of recovery involving the selfless believer subjectivity adopt new frames of interpretation that they use in other areas of their lives. However, these frames of interpretation can bump up against other expectations, other frames of interpretation, and various aspects of one's life. Reconciling these tensions is a topic of much discussion among members.

As discussed in the previous chapter, supernatural belief has often been approached in academic scholarship as a problem of false belief that practitioners take for granted (Luhrmann 2020, p. ix). Upon close observation though, people of faith actively work to make their experiences with invisible others real on an ongoing basis. While researchers cannot delineate what is real or not real when it comes to invisible others, there are cognitive and social processes

involved that we can identify and analyze (Luhrmann 2020). In many ways, 12-Step programs are uniquely suited to this kind of analysis as many members intentionally engage themselves in both creating an invisible other and kindling a connection to it despite whatever beliefs a member may have regarding the existence or presence of an invisible other. As demonstrated in the previous chapter, many OA members demonstrate a metacognitive awareness of this process through such practices as "acting as if." Moreover, kindling an invisible other changes people; they experience interpretive drift and begin to interpret the world in new ways (Luhrmann 2020).

Luhrmann's theories are useful in explaining how new interpretive frames lead to changes in how people interpret occurrences in their lives to be evidence of the involvement of an invisible other or others (2020). However, she largely neglects some of the broader consequences of adopting specific interpretive frames as an outcome of a distinct faith-making process. In this chapter, I approach this topic by asking, what are some of the consequences of the interpretive drift many members experience via the process of subjectification many OA members undergo? OA members describe the program as being "a guide for living," so what values are embedded and perpetuated in the ways that this program guides a person in their lives? Specifically, I argue that as an interpretive framework, OA structures many zones of life in ways that perpetuate broader cultural values of personal responsibility and self-regulation while simultaneously promoting adherence to values of surrender and acceptance. I describe how OA discourse is embraced as "a guide for living," examine daily eating management practices promoted through the program, and identify the broader theory of agency embedded in OA dogma as primarily an other-directed discourse. I also identify a few areas in which individual agency is recognized. Throughout the chapter, I employ a phenomenological approach in order to avoid the "false belief" bias prevalent in anthropological studies of religion by focusing on participants' meaings (Luhrmann 2020).

Theoretical Overview

Much theorizing on various therapies focuses on what happens in a treatment setting. Helen Gremillion (2003), for example, conducted an in-depth, ethnographic study of an in-patient eating disorder treatment center. Her work showed how the clinic ultimately reproduces broader power dynamics through a multitude of practices aimed at controlling women and their bodies. In another example, Summerson Carr demonstrated that participants in *Fresh Beginnings,* a drug treatment program for female addicts, quickly become skilled at performing particular institutionally authorized scripts (2010, 19). Americans hold a belief that language can represent and express inner states. This both reifies the idea of inner states and naturalizes certain scripts as normal human psychology (Carr 2010b). As she points out, anthropologists cannot know how people change internally, but instead can observe the performances required in different institutional contexts.

My observations of people participating in OA convinced me that the previous approaches did not adequately capture what was going on for many members of OA. At times, anthropologists can observe how a person enters a group, performs the scripts, and then over time, we can see that interpretive drift has occurred (Luhrmann 1989). While we can't know how people change internally, changes in how people interpret the events around them and behave in the world can be observed. In line with Luhrmann's work, I found that changes occur for many people who immerse themselves in OA practices. Anthropologists can observe the practices involved in introducing and solidifying new frames of interpretation as I have done in the previous chapters. When people are adopting new interpretive frames, as is apparent in OA and other 12-Step settings, the connection between the formal treatment method and life outside of the treatment setting is worth exploring.

In his ethnography, *In the Clinic and Elsewhere* (2013), Todd Meyers traces the therapeutic careers (instead of clinics or specific therapies) of twelve adolescents treated at various points with buprenorphine opiate replacement therapy. Meyers gives particular attention to the "afterlife of therapy" and follows how individuals uniquely take up this therapy in the various aspects of their lives outside the clinic (2013). Meyers argues that this approach allows him to avoid an account that defines and generalizes the "adolescent addict" as a universal experience (2013, 5). Instead, Meyers shows how competing criteria for judging a therapy, and the contingencies of life outside the clinic, both contribute to the mutual shaping of the therapy by many different actors including researchers, the public, clinicians, families, and the patients themselves (2013, 17).

Since therapies are not neutral but instead involve the goal of remaking inner experience in particular ways, they can produce subjectivities that reinforce cultural values aligning with a political and economic agenda (a diffuse form of governance). Relevant to the central research question of this dissertation are cultural values embedded in neoliberal ideology. In this chapter, I discuss how neoliberal values of autonomy/self-management and freedom are implicated in OA discourse (Harris 2015; Matza 2012; Rose 1999). (See Chapter 6 for an extended discussion of neoliberal values and OA.)

OA as "A Guide for Living"

As discussed in the previous chapter, many OA members experience significant interpretive drift through the process of developing a connection to a *higher power*. This process of *spiritual awakening* is important, but not the only mechanism through which interpretive drift occurs. Truly *working the program* in OA involves a substantial time commitment and immersion into OA groups, social relationships, literature, and practices. In fact, on multiple occasions, OA

members came up to me and said that they were impressed I was attempting the program while parenting a small child. In this section, I discuss the way that OA membership becomes all-encompassing for many members. Specifically, I consider how immersion in a social network of *12 Steppers,* program discourse as "a guide for living," and the daily practice of prayer and meditation are all mechanisms through which interpretive drift occurs.

Once I started meeting my sponsor Char, I understood why so many members commented on my attempt to participate in OA while caring for a small child. The daily and weekly practices members often engage in as part of the normalized trajectory of recovery take a significant amount of time. Char encouraged me to be involved in the following minimum program activities for a newcomer: attend two meetings a week, call another fellow once a day, meet with a sponsor weekly, and journal daily. This was in addition to reading OA *literature* to prepare for meetings with her as my sponsor. This was just the starting recommendation. Long-term members often add a daily prayer or meditation practice, meeting with sponsees, and various service activities in addition to their previous OA commitments. I once heard a speaker outline her daily practices as:

> I get up and do the serenity prayer, the third step prayer, and the seventh step prayer. And the way I do the seventh step prayer is in the middle I say whatever is up, or it's not even whatever is up; it's my big stuff. I say, "Please take away my: fear and replace it with peace. Please take away my anger and replace it with peace. Please take away my hatred and replace it with love. Please take away my pride and replace it with humility. Please take away my need to control and replace it with acceptance. Please take away my sloth and replace it with directed action. Please take away my perfection and replace it with acceptance. Please take away my vanity and replace it with sanity. If anything else is up, I'll add that too. Then I end it "Please grant me strength so I can go out and do thy bidding." Then I say "Lord let me a blessing, let me be a beacon of light" which I learned from a sponsee. And another one I learn from a fellow "God please guide my words, thought, and actions. Divorce them from selfishness, self-pity, negativity, and dishonesty. God give me the words. You take care of the quality; I'll take care of the quantity. Little things that I got…
>
> Then I start my day. I eat three meals at regular times. I don't eat late at night in front of the TV by myself. All the stuff I used to do.

During holidays there's lots of food around that I don't normally have. I call my sponsor before if I'm going to have it (not text). She doesn't care; it's just that it becomes conscious. I do everything in moderation, but there are certain times when this is *way* too sexy, and I want all of it.

The rest of my day… I get to two-three meetings a week. I check in with my sponsor once a week and fellows as needed. I have three sponsees. One I need to check in with because I haven't heard from her.

At the end of the night, if I need to do a 10-step, I do it like a mini-4 step, and I turn it over [to Higher Power]. And invariably the one thing that will come back that I won't have known will be "World according to Melinda." Like there's always something that I thought should be going a certain way.

And then at the end of the night I do a gratitude list and I say it aloud, and it's 10 things I'm grateful for that day.

That's about it for the daily routine.

Another speaker who is involved in multiple programs said he had twenty to thirty 12-Step phone calls a day with sponsees and fellows. Becoming a believer in OA involves a number of practices that consume much of a person's daily activities. In the spirit of being the consummate ethnographer, I attempted the schedule of OA activities Char encouraged and found it impossible to manage all of them while also working and taking care of a small child. I lasted about two weeks before I gave up. (I learned that most people in the OA home group I attended had less commitments than I did. For example, only a few had small children; most either did not have children, or their children were grown. Many did not work outside the home or were retired.) In my experience as a *newcomer,* I was gradually being guided to do more and more OA practices to the point where the only way to sustain them was to let go of other social commitments in my life. On the other hand, I heard from many OA members who felt they had been extremely isolated until they became members of OA. Within OA, they found community and social connections that had been absent prior. No matter what circumstances of social connection a person experienced prior to becoming an OA member, following the normative trajectory of recovery involves

immersion in a large social network that reinforces practices and interpretive frames promoted by the OA discourse so much so that many members came to understand *normies* as a distinctly different type of people from *12 Steppers*.

In addition to the immersive quality of OA participation, many components of OA such as the *Steps* are focused on aspects of behavior that are not directly related to food and eating. One of the more startling aspects of my participant-observations of OA was precisely how little of the talk in meetings or in sponsorship was related to food. In fact, in some of my earlier shares, I didn't know how much I should talk about my own concerns around food and eating because I heard so few others share about anything food or eating-related. As discussed in Chapter 3, sharing about daily troubles with work, family, finances, housing, etc. were frequent topics of sharing during meetings. For one member, even the decision to quit her job without having another job lined up was because of her work with OA: "I need boundaries; I learned them here. With my sponsor's help, I learned I needed to leave my job, so with my sponsor's help, I did." More frequently though, relationship struggles dominated discussion. And while I was vaguely familiar with the 12 Steps when I began working with OA, I had never heard of the *Traditions* or the *Principles*. I learned that each OA Step has a *Principle* associated with it. OA members referred to the *Principles* frequently, and one member stated that they, "provide a guide for living." Much of the work people do related to OA filters into other areas of their lives. I heard OA program discourse and ideals applied to the following areas of people's lives:

- Work
- Online dating
- New job/going to college
- Buying a car
- Buying a house
- Quitting a job
- Loss of a loved one
- Relationships – family of origin, family of procreation, co-workers, friendships

- Parenting
- Insomnia – wake up at 3am and ask, "what do you want?" to H.P.

Faith-making and the subsequent interpretive drift have implications for many aspects of people's everyday lives outside of official meetings and conversations with fellows.

Prayer and Meditation

When considering the types of everyday OA activities that contribute to interpretive drift, prayer and meditation emerge as important components. As stated previously, prayer and meditation are daily activities for most OA members. Directed by Step 11: "Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out, many OA members have a daily prayer and/or meditation practice," may members develop a daily practice involving prayer and meditation. As one member put it, "Prayer and meditation are about communicating with my HP on a regular basis. 'Thy will, not mine, be done' again and again on repeat." Tanya Luhrmann analyzes the practice of prayer – ubiquitous among faith communities of all kinds. Prayer is often viewed by outsiders as being a transactional experience in which a person of faith asks something of an invisible other and then waits to receive that thing. Luhrmann argues that this is fundamentally incorrect. Prayer, she says, is a metacognitive practice that involves examining one's thoughts and often an attempt to change them (2020, 139). She states:

> When people pray, they attend to the way they pay attention. They think about what they are thinking. They respond to their emotions. And often they try to change the way they think, feel, and attend so that those mental acts are in line with the way they would rather be – with the world as it should be, understood within a faith frame, as if gods and spirits matter. (Luhrmann, 2020 p. 140)

Key features of prayer found in many faith traditions include: asking, gratitude, and confession. Each of these involves identifying thoughts and shifting them in specific ways. In this process, people attend to their own mental processes. Having direct feedback that a recipient has heard the

prayer is not necessary for the metacognitive effects of the practice (Luhrmann 2020, 140). Additionally, interacting with an invisible other in this way involves a social relationship that can counter loneliness (Luhrmann 2020, 155).

In OA, people pray and meditate in various ways including scripted prayers, singing, spontaneous prayers, etc. Char recounted:

> This morning I was making my coffee and suddenly I was brought back to a memory from… maybe two years ago… and it was someone's birthday party. Maybe my husband's. And my adult kids were coming over, and my son brought his kids – my grandkids. And I hadn't planned on them coming. And I said things that [Char starts to cry] that I don't mean and don't think. Like "I thought this was going to be adults only…" And… Higher Power brought that to my mind. And BAM. I was slammed to my knees. And I talked to my higher power, and it was over. I got up and everything was fine. My husband didn't even know anything had happened.

Char's experience highlights the role of prayer in dealing with interpersonal conflict and emotions. Char remembered something that she had done that she regretted very deeply. Following Luhrmann's insights into the metacognitive impacts of prayer, Char processed the experience and managed the overwhelming emotion of regret through her prayer practice. As one woman stated, "I learned to pray when I can't handle something. The biggest change from this program is a spiritual awakening."

The elements of OA participation I have discussed in this section – immersion in a social network of *12 Steppers,* program discourse as "a guide for living," and the daily practice of prayer and meditation all highlight the extent to which OA members employ program frameworks to areas of their life outside of OA meetings or meetings with fellows. During fieldwork, OA proved to be more about living life a certain way than about food or eating. There is an OA saying, "I came for the vanity and stayed for the sanity," which emphasizes a frequently expressed notion that everything members thought about their problem with eating previously was wrong. Instead, people learn that they need to find a new perspective on their lives to get to the root of the problem

with compulsive eating. In this way, members are cognizant of the interpretive drift that occurs for many members of OA. In my observation, the process that many members of OA undergo not only creates interpretive drift, but that interpretive drift promotes specific values and frameworks as "a guide for living" which will be the focus of the rest of this chapter.

Eating Management, Self-Regulation, and Faith

While OA program discourse promotes frameworks that many members apply to a variety of areas of their lives, and in many ways, more of what is discussed in OA meetings and between fellows involves life outside of OA than anything related to food and eating, there is a part of the program devoted to eating management. In this section, I argue that OA discourse related to eating management produces self-regulatory practices aligned with neoliberal ideology while simultaneously producing a contradictory notion of surrender and commitment to an external invisible other.

As discussed in Chapter 2 of this dissertation, many theorists analyzing eating disorders from a critical and social perspective have argued that beauty standards and eating management practices such as diets, healthism, and exercise are promoted through advertising, media, and broader consumer culture (Bordo 1993). Moreover, they have shown that these practices can be understood as mechanisms that produce consumer capitalist ideals such as discipline, self-surveillance, and self-regulation (Bordo 1993 24-25, 27). Self-surveillance and self-regulation, in particular, are not neutral economic values but have been theorized by Foucault as key features of contemporary power formations where people learn to regulate themselves in such a way as to become more easily governed, instead of being governed by force. Anthropological research on in-patient eating disorder treatment has shown that therapies continually survey women's bodies via frequent measurement of vital signs, weight, caloric intake, and urine output (Gremillion 2003).

One goal of treatment is for women to move from having these measurements taken for them, to tracking them on their own, thus treatment promotes notions of self-regulation (Gremillion 2003). The discourse of Overeater's Anonymous suggests different values; there is almost no discussion of beauty standards or weight loss, and the notion of dieting is outwardly rejected as ineffective. Yet, I found that OA members do put significant time and energy into managing behavior, exercise, and especially eating. As shown in the previous chapter, the process of faith-making is central to the experiences of many OA participants who follow the normative trajectory of recovery. Thus, a relevant question is: how is eating management impacted by a treatment plan centered on developing a relationship with an invisible other and surrendering to their will? I argued in the previous chapter that people of faith put ongoing work into maintaining their faith in the face of ongoing contradictions that arise in everyday life. In this section I explore the connection between the practical, daily issues regarding eating management and the work involved in maintaining faith through those issues. I trace the conflicting values that emerge from that intersection.

Eating management involves any activity that a person takes part in that is related to feeding themselves. Every human has to eat, so everyone is involved in some form of eating management activities. This includes choosing foods, preparing foods, buying foods, consuming foods, etc. However, these activities exist on a continuum of extreme (self-starvation, purging) to mundane (choosing food from available options). For eating disorders diagnosable in biomedical terms, which many (but not all) participants in OA have, eating management can be quite extreme – obsessive calorie counting, extreme exercising, use of diuretics and laxatives, etc. Eating management often becomes a primary preoccupation of one's thoughts and behaviors. These activities can have major health consequences including low pulse, low blood pressure, electrolyte imbalance, pancreatitis, gastrointestinal disorders, heart failure, and death (National Eating

Disorders Association 2022). For people who experience overeating or binging, eating *management* can feel non-existent. Instead, eating feels out of control and unmanaged. Anna described it in the following way:

> I might go down and discover that my mother had left a container of cookies in the freezer, and I would take as many as I thought I could get away with that she wouldn't notice out of the freezer and eat them. And she worked at least two days a week. And so I would come home from school, nobody would be there. I would get my book and I would make repeated trips back and forth to the kitchen, eating whatever I felt like eating, rummaging around to see whether there was any candy. I could eat a spoonful of peanut butter. Those are the things that I remember at the moment, just making repeated trips back and forth between the living room where I would be sitting and reading my book and the kitchen where the food was... I was just kind of mindlessly numbing out. I think it's really what I was doing. I knew that I would feel better if I had something to eat. And, you know, I'm sure that that the craving that they talked about set in that once I started then I wanted to do more of it.

Like Anna, many participants I spoke with described being alone and dulling emotions through eating. In addition to the eating behavior, OA participants described endlessly thinking about food – what to have, when to have it, and how to manage their eating. Many attempted diets and various behavioral deterrents. One participant described hanging a bikini swimsuit on the front of her refrigerator with the thought that it would serve as a reminder to "act accordingly." Most members try Weight Watchers before coming to OA. Anna expressed a common criticism of Weight Watchers among OA members:

> Well, I feel that Weight Watchers didn't really get into what it was that led me to eat in the first place? So I could get to my goal weight, which I have had gotten to my goal weight on more than one occasion. But I think I had magical thinking but you know, if I got there, I'd stay there. Well, that doesn't happen. If you go back to eating, eating before I had joined Weight Watchers, and I just wasn't able to prevent myself from returning to food as a way to deal with life. It felt like it only took care of part of the issue of, you know, well, what would be a reasonable amount to eat? It took care of showing me what that would be. But it didn't take care of: Why do I want to put food in my mouth when I'm not hungry just because I feel upset about something? Or because I'm jubilant about something?

This criticism, which I heard echoed by many participants in OA, reflects the value OA places on various life experiences beyond eating. One common popular saying is, "To stop overeating, I had

to find out what I was eating over." Members spend considerable time reflecting on their experiences and employing new interpretive frames to make meaning of them, including, but not only, related to eating.

As examined in the last chapter, the process of developing a connection with a *higher power* is a slow one, if it happens at all for a member. OA program literature states:

> One of the results of working the Steps is that our obsession with food is lifted. We learn to refrain from compulsive eating and compulsive food behaviors, which we call abstinence. However, this usually takes time and action. The nine tools of the program – a plan of eating, writing, literature, the telephone, sponsorship, anonymity, action plan, meetings, and service – are everyday, minute-to-minute actions that keep us focused and abstinent as we work the Twelve Steps. (Overeaters Anonymous 2001)

Since working the steps and achieving connection with a *higher power* takes time, OA members are encouraged to engage with the nine "tools" stated above. Sponsorship and meetings are two that have been discussed elsewhere in this dissertation. I turn now to the plan of eating. As an explicit eating management tool, the *plan of eating* involves creating an individualized plan with the aid of some "general guidance" in the form of two pamphlets. Members who are undergoing biomedical treatment in addition to attending OA often work with a nutritionist for this process. Developing a p*lan of eating* involves identifying trigger foods to abstain from and/or trigger behaviors to abstain from. The trigger food identified with the greatest frequency is white sugar (sometimes "refined sugar" or "recreational sugar" are terms used). White flour is a close second and many people abstain from both. Many members follow a version of the 3-0-1 plan: three meals a day with nothing in between. The "1" represents "One Day at a Time" (Overeaters Anonymous 2004)**.** This plan is codified in an OA pamphlet, and is commonly modified to add two snacks. Char described her initial *plan of eating* as: "No white sugar. Three meals a day, only eating one plate of food. Two snacks. And I would eat food I liked. After a while, I realized I didn't need the second snack, so I went down to just one." Many people also, "commit their food to their sponsor"

which means that they share what they ate, and/or what they plan to eat, with their sponsor on a daily basis. My sponsor, Char, emphasized that the plan of eating can be adjusted saying, "you can try different things and see if it works for you." The kind of flexibility in the plan that Char spoke of highlights the ongoing work many members are involved in to manage their food plans. However, some members find the flexibility to be a challenge, and they choose to participate in HOW-OA program. HOW-OA is one of many specialized subgroups that aim to meet the needs of particular participants. HOW stands for Honesty, Open-mindedness, and Willingness, and its distinguishing feature is that it has a defined food plan in which food is weighed and measured and abstinence from sugar and white flour is standard. Members told me that HOW-OA was established because some members of OA felt that their problem required more structure around food and eating than a general OA food plan.

Avoiding sugar is an ongoing challenge for many members. Char, my sponsor, and Josh, an interview participant, both used a common strategy in OA - substituting sugar with artificial sweeteners. Most members I spoke with had done this at the beginning of their OA participation, and many, such as Josh, continued to do so over years of membership. One speaker, Matt, shared:

> At first, I just switched to sugar-free stuff that had artificial sweeteners in it. Then I read about all of the problems with artificial sweeteners, so I switched to honey, and then I started having a problem with that. Then I started eating fruit. I have an orange tree in my backyard and I would squeeze all of these oranges to make fresh juice, and I started looking at the calorie count on that… so I've had lots of problems with sweeteners, but it was substitution, especially in the beginning.

Indeed, artificial sweeteners such as saccharin (Sweet'N Low, Sweet Twin), acesulfame-K (Sunett, Sweet One), or aspartame (NutraSweet, Equal) have been associated with a number of health issues. As I discussed in Chapter 2, research on nutrition is notoriously difficult, and scientific study of artificial sweeteners. Some studies have shown links between artificial sweeteners and cancer (Soffritti et al. 2006), cardiovascular disease (Cohen et al. 2012; de Koning et al. 2012;

Fung et al. 2009), dementia, and stroke (Pace et al. 2017). Yet a review of studies spanning 2003-2014 showed that the relationship between artificial sweeteners and cancer is inconclusive (Mishra et al. 2015). Similarly, the authors of a recent review of thirty-five observational studies and twenty-one controlled trials of artificial sweeteners concluded that the existing evidence does not demonstrate harm caused by these sweeteners, nor rule out the possibility that they do in fact have negative health impacts (Toews et al. 2019). Others raise the concern that noncaloric sweet foods and beverages interfere with metabolic controls and body weight regulation, leading to an increased risk of weight gain (see Swithers 2013 for an overview). While OA members, such as Matt quoted above, on occasion share concerns about the health impacts of substituting sugar with artificial sweeteners, that remains a secondary concern to the overall issue of remaining abstinent from trigger foods and problem behaviors and such concerns about artificial sweeteners are not addressed in the OA program literature or nutrition guidance.

With a Plan of Eating as a target establishing both trigger foods and compulsive behaviors, a person's individual definition of abstinence is codified. However, living in the United States, and in an urban area replete with fast food restaurants, coffee shops, and specialty grocers, many members of OA that I worked with encounter the temptation to break their abstinence on a daily basis. As I was working to follow my own eating plan during participant-observation, I found myself often diverging from it. For example, I found myself getting ice cream at my favorite ice cream shop one evening when I was out running an errand at a nearby store. I asked Char for guidance:

> In a situation like that, I follow the 1-minute rule. I think about the reality. What is it I feel I want? Is this an instance of self-will? Or is this my higher power saying, "this is what you need to do to take care of yourself?" Sometimes writing down helps: this is what I need, that is something I want. I'll also sometimes get something to drink and ruminate around it. Gives you a pause, like children. It's like a redirect. All kinds of things happen in that time you drink the drink – you can become disenchanted with the thing you wanted.

Most of the strategies Char described here are aimed at giving time between the desire and the action. Delaying behavior for a set, small, and manageable amount of time, such as in the 1-minute rule, is a persistent strategy appearing in many iterations in OA. The common saying, "One Day at A Time" (ODAT) is heard in meetings and literature. One member told me she decided to abstain from sugar one day at a time over and over again and before she knew it, it had been a month. A speaker once described her entry into OA as:

> I had an excuse for why every single person I came across wasn't an appropriate sponsor. And finally, I asked someone and that person was just like, "Are you willing to not eat sugar today?" And in my mind, I was like, "What the fuck? No way. There's no way I'm not eating sugar today. I'm not ready." But I said, "Oh, yeah, sure, I'm willing." And that's how I started the program.

By asking for a small commitment – just one day, the sponsor decreased the commitment the speaker would be making. (The speaker also used the notion of willingness, despite feeling quite unwilling, which was discussed in the last chapter as a key way that the OA program is structured to minimize people's resistance.) Char expressed a similar experience:

> Trust is a big issue, but I can trust for one day. And see what happens and see how it comes out when I go to bed. One day turned into two days, and then a week, and a week turned into a month. I kept getting more a sense that I could do it as each day went by. At the end of the day, "oh wow, that happened" and that wouldn't have happened before… A power greater than myself was helping me. And it's continued for twenty-one months.

For Char, having each day pass by successfully led to a feeling that the new eating management strategies she was finding were possible over a longer term. Grocery stores, restaurants, and social events with family or friends were also other common places that OA members discussed using explicit eating management strategies. As Char described, using a grocery list app on her phone was helpful. It contained everything they would ever buy, and then she would check off the things that they need that time and uncheck them as she put them in the basket. As she described, "It takes the mental energy out of it." The strategies shared with me included:

- grocery app
- buying the same things every time
- bringing their own food to social events
- having a spouse follow the same eating pattern/support in social situations
- having a spouse hide food so it was out of sight
- using a food scale to weigh food portions
- making a short-term commitment, then repeating that commitment ("One Day at a Time", the 1-minute rule)
- getting a drink instead of food
- substituting (ex. Artificial sweeteners for sugar, whole wheat flour for white flour)
- calling or emailing a sponsor each day with a list of all foods eaten that day
- calling an OA member during a moment of craving

Members employ a number of eating management strategies. Of the above list, the last two are ubiquitous in OA. Members refer to calling or emailing a sponsor each day with a list of all foods eaten that day "committing my food to my sponsor." Since I heard a lot about this, I asked Char about doing this with her, but she said not to do it at this point for reasons I never understood. Anna, however, expressed that "committing her food to her sponsor," was essential to her recovery:

> I need the kind of accountability of knowing what it is I'm doing with food. And you know, and so there were times I didn't, I certainly didn't want to tell her that I had eaten stuff that wasn't on my food plan. But then I would find myself doing it. And it eventually became kind of a joke. Every time I would have that thought, I would say to myself, "Oh, come on, Anna, you just know you're going to tell her that," because I needed that kind of accountability. And she was great. She would say, "No, don't beat yourself up about this." And I would say, "I get what you're saying. But I need to tell you. I need to admit it to myself, and tell you that I've done it, and then I can let it go." So we kind of left it with that. That was very helpful to me.

This kind of peer-to-peer accountability is an important strategy many OA members use in their attempts to manage their eating. Not beating oneself up for shortcomings with food management or other aspects of the OA program is strongly emphasized. In fact, it is one of the biggest things people refer to as a benefit for them in attending OA. There is a lack of judgment about things they often feel stigmatized for in the broader society: their appearance, weight, struggles with food, etc.

The data presented above demonstrate a number of practices that can be understood as self-regulation. The fifteen-minute rule, weighing food, substituting something else for a trigger food, etc. are all forms of self-regulation. Every *Plan of Eating* is focused on a notion of "healthy," non-compulsive, controlled eating practices, and all management practices are aimed at that target. Notions of "health" are not objective concepts, but instead culturally and historically constructed. In this case, "health" seems to be equated with specifications for portion sizes and frequency of eating as well as the elimination of white sugar and white flour. Research on weight loss has shown that restriction of dietary intake results in future overeating, so it is not a surprise that many OA members find themselves in an ongoing struggle with maintaining their eating plan (Mann 2015).

While everyday behavior around eating indicates a strong commitment to self-regulation, a relationship with a *higher power* is at the center of eating management for most members of OA, at least after the initial phases of involvement. Char explained:

> I had to find a higher power, and I kept acting as if I believed that Higher Power was up there somewhere. It just started happening. It was my experience…It took a few weeks for me to leave the urge for sugar. But when it happened, I couldn't believe it. I couldn't believe it. I kept thinking the other shoe would drop. This wouldn't last. But it didn't, and I accepted that I hadn't done it myself.

Since people are usually not involved with a *higher power* when they are initially setting up their *Plan of Eating,* members did not have much to say about the role of their *higher power* in the initial plan until reflecting on their experience much later. However, *changing* the plan involved a *higher power* indefinitely. Char explained:

> First thing to do, if I keep having this thought [about changing my Plan of Eating] give it to Higher Power and ask, "If this is your will for me, then bring it into my mind more often. If it's my ego, take it away." If it goes away for no apparent reason, then you know you don't need to keep following that thought. It's really useful. I know that I can't just eat one piece. It's so addictive in my life. But for others, they can. I went through this recently. I stopped using artificial sweeteners because it was causing stomach problems. I replaced it with real maple syrup. I'm having a tablespoon in my morning coffee. It's natural, doesn't

have chemicals, doesn't trigger cravings. I'm trying it out, so you can try different things and see if it works for you.

Similarly, when I asked a question about how you know if you should change your food plan, Char said what she does is: "Talk to higher power. Maybe that's not what I'm supposed to be doing. I'm just trying to control this, aren't I? Then I wait for messages from my higher power. You can see yourself in the mirror of your own mind. You need to stop and ask for help. Worrying makes it worse – ALWAYS." Throughout these quotes, a theme emerges repeatedly: surrender. Additionally, there are the concepts of self-will/ego versus *Higher Power's* will. The discourse and experiences of many members of OA espouse contradicting values. On the one hand, there is ongoing work to manage one's eating through various strategies, on the other hand there are values of: acceptance, imperfection ("progress, not perfection"), and surrender. OA members are encouraged to let go of control and to "turn it over." So, while OA members put considerable thought and energy into regulating their intake, the interpretive frames they use – that their *higher power* is guiding them in this process – produces values that contradict those aligned with *self*-regulation.

Through the process of faith-making discussed in the previous chapter and elaborated here, the experiences of many people in OA who follow the normative trajectory of recovery demonstrate production not only of eating management practices aligned with a value of self-regulation, but also new interpretive frames that reinforce an explicit relinquishing of self-regulation when it comes to eating and other areas of life. So, while personal eating management is encouraged through OA food plans, OA discourse promotes an antithetical idea of relinquishing self- control and a commitment to an external, but personal, invisible other. In the next section, I explore some of the larger consequences of this distinction.

Agency and Social Critique

Meta-agentive Discourse

A theme that emerges when considering the new interpretive frames that many OA members adopt is agency. Much of OA discourse is involved with one's power and the purview of a *higher power*. Anthropologists have long used the term agency as an analytical frame, and I utilize Laura Ahearn's definition, "Agency refers to the sociocultural mediated capacity to act" (2001b, 112). Ahearn goes on to emphasize that anthropologists, particularly practice theorists, underscore how social structures influence human actions. In other words, human agency is always understood as situated within a broader context of social structures. A related concept that is relevant to much of the data I collected is *meta-agentive discourse.* Meta-agentive discourse is a term created by anthropologist Laura Ahearn which refers to, "how people *talk about agency* – how they talk about their own actions and others' actions, how they attribute responsibility for events, how they describe their own and others' decision-making processes" (2010, 41). This focus can illuminate people's theories of agency within their own lives and as governed by the broader cultural frames they engage with. As several anthropologists have shown theories of agency are both culturally mediated and embedded in broader social structures that contain inherent contradictions (Ahearn 2001b; Ortner 1989). Therefore, people do not simply reproduce the social order, but instead "accept, accommodate, ignore, resist, or protest – sometimes all at the same time" (MacLeaod 1992, 534 qtd. in Ahearn 2001b, 116). Researchers using meta-agentive discourse as an analytical lens can illuminate the different ways that people theorize agency, not only across cultural contexts but in different areas of their lives (Ahearn 2001a). In this section, I will analyze the meta-agentive discourse of OA members who have followed the normative trajectory of recovery through the program and thus adopted interpretive frames aligning with the

stated values and objectives of the OA program. I show that not only does the theory of agency promoted in the program focus on the limited power of individuals and an almighty *higher power*, but subsequently promotes a theory of agency that only recognizes individual agency ("self-will") and detached agency (a *higher power's* will). This theory of agency, once adopted, is applied to other areas of life.

During one of my early meetings with Char, she decided to initiate a ritual at the beginning of our meetings. We closed our eyes, held hands, and said aloud, "I put my hand in yours, and together we can do what we could never do alone." The next day, I was cleaning my desk and an OA chip rolled out of the newcomer's packet I had received years before. Looking closely, I saw it had the same line on it: I put my hand in yours, and together we do what we could never do alone. I texted a picture of it to Char, and she wrote back, "Oh Abby… What a sweet blessing! I'm… well I guess I'm not surprised. Higher Power. Mysterious ways. [prayer hands emoji, rainbow emoji]." This brief exchange highlights something that is central to the new interpretive frames that many OA members adopt: a *higher power*, no matter how defined by each member, is understood to be the primary cause of many experiences in life. Note the following examples from the data in which participants attribute thoughts to an invisible other:

> Laura: You know, this program… I'm telling you. This would have not come up for me if I wasn't doing this program. That was Higher Power all the way.

> Anna: There are times when a thought will come into my head, and I think that did not come from me. Left to my own devices, I would never have thought of this.

> Matt: I'll wait for my higher power to weigh in, and I'll wait a little bit, and my higher power will suggest an idea, and it may not be what I would have thought of, but I can see the sense in it.

> Elizabeth: And I was talking to my sponsor, and we came up with this metaphor, and it was totally Higher Power at work. It wasn't coming from me and it wasn't coming from her.

Char: When I'm talking to a sponsee, I'll hear myself say something and think, "where did those words come from?" I've just been talking – it's my higher power.

In these statements, we see a theory of agency in which novel ideas, ones a person identifies as not being ideas they would think of "on their own," are attributed to a *higher power* acting on them or through them. These are thoughts, ideas, and words that *happen to* them instead of something they have responsibility for. It is also common for participants to identify sensations as a message from their *higher power* as in the following experience described by Char:

Char: Sending it to my higher power. This is one of many things I don't have any control over. I can only do the things that I can do. Big meetings – not a good idea. A thought that came out of fear – maybe go to a smaller meeting – I have no intuition about this – checked in with my higher power, "Higher Power, if I should go, give me a sign I should go." Suddenly I had an overwhelming feeling of going. We sat three feet apart and said the Serenity Prayer from our chairs...

In this case, Char felt a strong feeling that she understood to be a sign from her *higher power*. Under this theory of agency, a challenging decision can be guided, not by Char's own idea, but instead by a force outside of herself. In addition to affecting thoughts and feelings, a *higher power* is often described as acting upon life's circumstances in support of someone's recovery:

Sara: I had a party to go to. Normally, I would call ahead to find out what was going to be available so I would bring her own food. But this time I didn't call so that I could binge if I wanted to on whatever they had. I showed up and all they had was two salads! [Laughter.] This is God taking care of me.

Sara espouses a concept of agency in which God was involved in the menu available for a party she was attending. Signs from a *higher power* can sometimes be so remarkable that they are considered to be miracles, as in the following examples:

Char: I had an audition. I thought I was perfect for the part, but I prayed in my car before going in. As I walked in, I felt like I was being embraced… surrounded. It was this incredible feeling of peace and repose. And I gave the best audition I had ever given. Even the man I was reading with was in awe. The casting director gave me all kinds of feedback and asked me if I wanted anything. That never happens in an audition. When I got back out

to my car, I just burst into tears. And I did get the part. I had never had an audition like that before and I knew that my higher power had integrated into me.

Kate: I had a higher power miracle this morning that I wanted to share. As many of you know, I had a family trip that did not go well. My partner and I wrote a letter to our relatives. It was compassionate, but very direct. We didn't know if we'd ever hear from them again after that. This was weeks ago, and we hadn't heard back. This morning I was thinking about it, and I realized I had to just let it go – put it in God's hands. And a few minutes later I got a text from my sister-in-law that just said, "Thank you. Love you." [Crying] This just meant so much to me. Everything is going to be okay. I surrendered and let something good in.

Trey: I started a new job working with homeless youth. I have a lot of trauma in my background, but I've never experienced what these kids have. I'm learning a lot and they are showing me. Higher Power has wiggled its way into my life. I'm compartmentalizing in a way I have never in my life. It's a miracle.

In the above accounts, we see that an overall theory of agency promoted in OA involves attributing the cause of particularly remarkable occurrences in people's lives to the agency of a *higher power*. Taken together, we can see that for many OA members, the action of an invisible other, a *higher power*, is thought to be taking action all around: in party food, in a work environment, in words spoken, and in thoughts. I call this a "detached agency," one which is understood to be outside of oneself and operating of its own accord. Adopting a theory of agency that involves detached agency is not simple for many participants, but instead is part of the ongoing work of faith, specifically the persistent challenge of surrendering to a *higher power*'s will. The process of discerning messages from a *higher power* from one's own "self-will" echoes the process Evangelical Christians use as identified by Tanya Luhrmann (2020). In OA, the training process is not as centralized but instead is guided by a sponsor in a one-on-one relationship. The main guidance, in my observation, involves the conceptions of a *higher power* people are encouraged to formulate (see Chapter 4 of this dissertation). While participants describe having their own unique experiences, messages from a *higher power* have some commonalities: they are positive and in support of one's recovery. The ongoing work for participants is accepting their *higher*

power's messages, signs, and will and "surrendering" their own. Yet there are certain lines drawn between what one has power over – moments of agency – and what one does not. The Serenity Prayer, the quintessential prayer of 12-Step said at the closing of every meeting, highlights this. It reads, "God grant me the serenity to accept the things I cannot change. Courage to change the things I can, and wisdom to know the difference." This Christian prayer credited to theologian Reinhold Niebuhr, who composed a version of it in the 1930s, has become a ubiquitous 12-step mantra. It is fitting since a major element in 12-Step is the ongoing work of distinguishing one's own agency from the detached agency of a *higher power.* While discernment is a moving target for participants, one pattern stood out to me, which I will discuss in the next set of examples.

At one meeting, Tom was the speaker, and he was talking about his self-deception and how that is one of the hardest things to work on, but he has gone through a process of radical self-acceptance. He said:

> I hit my wife, and I'm not ashamed. Whenever I say that people get really uncomfortable. I'm a wife beater. No one wants to talk about it, but half of people have done it or received it. I did it because I couldn't control my emotions. I had no framework. My wife loves me, and I accept myself. "Cling to the thought that, in God's hands, the dark path is the best gift you'll ever have…" (*Alcoholics Anonymous* 2001, 124).

Tom's admission that he had physically assaulted his own wife is extreme, but not out of the bounds of what is discussed by OA members. Admissions of past flawed behavior (*character defects* run amok without the OA framework) are common, but the quote demonstrates how even the most extreme behavior is met with acceptance. This idea of acceptance was also promoted by my sponsor. After a meeting, I was chatting with Char and another one of her sponsees. The sponsee, Jean, was discussing how she had a hard conversation with her mom about her childhood with her abusive father.

> Jean: It was just so hard because my mom was sharing about how she realized she missed out on so much because she was so busy when we were little, but now she gets to enjoy it

with her granddaughter. I just feel so resentful towards my dad for the physical abuse he inflicted on me, but even more, what he did to my mom and how she picked up all of the slack caused by his untreated mental illness. My mom would say she just loved my dad unconditionally, but I think when it comes to abuse and neglect, that's not unconditional; it's enabling.

Char: Or you can have a different way of looking at it. I learned that my mom had reasons behind the choices she made. I was able to forgive her and understand my own role. Even my husband was able to make amends with his dad, and forgive him. He was able to acknowledge that there were good things he got from him – his work ethic, for example.

The conversation continued with Jean saying she was going to continue to work on acceptance and that she knew she had a lot to work on in terms of making amends with her parents. As a sponsee, Jean has not fully adopted the interpretive frames that are common for many OA members. However, her shift from expressing feelings of resentment of her father and criticism of her mother to stating she would work on acceptance and amends is exactly what is promoted by the normative trajectory of recovery in OA. The new interpretive frames many members adopt involve reframing criticisms or other negative evaluations of people's behavior. Within the range of interpersonal issues that members applied OA interpretive frames to, physical violence was one of the more extreme and rare issues discussed, yet it was treated with the same notions as other, less extreme, interpersonal issues like getting into a fight with a spouse or feeling angry towards one's child. As I continued with my data collection phase, I watched for moments in which an action was identified as unacceptable within program discourse. The closest I ever heard was along the lines of, "I figured out that my friend's behavior doesn't work for me, so I stopped interacting with her."

Moving into a final, lengthy example, requires some context. At the beginning of the COVID19 Pandemic in 2020, OA meetings occurred online for many months. While the move to online meetings created several challenges (including the inability to collect donations), one unforeseen benefit is that it opened access to people who would have a difficult time getting to a face-to-face meeting. The space to interact after the meeting was also limited, but some people did

linger after the meetings to chat. During one of those online meetings, I observed the following

interaction in which three people talked online (using the chat feature) after the meeting:

> Robin: I have a dilemma. I know I need to be the one to change, but I react so fast I forget to even consider the serenity prayer. I actually live in a nursing home - a very nice one, and I share a table with a 100-year-old woman. She's sweet most of the time, but boy can she throw zingers. She was very rich, had servants and was queen of her world. This is a big change, and I understand that.

Robin goes on to describe how the woman will make rude and racist comments such as, "'oh well,

I don't expect good service around here anyway," "Indian giver!" and "using the N-word."

> Robin: I get upset when she makes unkind or hateful remarks about the people who work so hard to take good care of us, and I said to her - an instant response on my part, 'that was an unkind and hurtful thing to say - our staff work very hard to give us the best care and service they can.' She just patted her ear - her signal for 'I can't hear you' (she wears hearing aids, but could hear other things I said, so her hearing seems a bit… selective). So, I leaned over to her and said it again. She said, 'Oh did I say that?'

> I realize this is me talking about her. My problem is how to deal with my reactions. I can't change her. I can't change tables. But I can't keep getting after her for what she says. It's inappropriate and certainly not in program, but at the same time, I see the damage her remarks cause and try to let her know they are hurtful. Trouble is I usually tell her that in frustration because it's a knee-jerk reaction to her comment and its result. I don't know how to interject the Serenity Prayer or anything else between her comment and my reaction. I want to change - she's not going to - and I don't know what to do. I am open to suggestions if anyone has one or more.

> Sarah: She sounds like a very difficult person to have to share space with! Does it help to remember that all we are required to do in program is keep our side of the street clean? We are not responsible for anyone but ourselves. You are gaining awareness, and that is the first step toward change.

> Robin: Thank you, I've told myself that. But leaving her comments unchallenged seems like leaving her trash on my side of the street if that makes any sense.

> Sarah: Yes, I understand that!!! You can mentally sweep it back to her side without saying or doing anything. I'm glad you are here and able to share your frustrations in a safe place.

> Nancy: I would say "accept the things you cannot change". Unfortunately, she sounds like someone that will not change, no matter what is said to her.

> Sarah: Don't give up hope Robin! I really do understand.

Robin: To accept the things I cannot change would mean to allow her to continue to make these hurtful remarks that I see hurt other people?

Sarah: I believe we find freedom when we know other people are not our responsibility. At least it did for me, after quite a bit of expressing frustration, being aware, and finally accepting.

Nancy: Perhaps just continue to let the staff and other people she hurts know that you feel bad for the comments she makes.

Robin: The acceptance means let her say whatever she says at whatever cost to others and stay silent?

Sarah: Not sure I'm being helpful here. Remember, progress, not perfection. And yes, letting the staff know is a great idea.

Robin: That I could do - I usually do. So, bite my tongue and speak with staff later to recognize and validate their feelings? Boy the staying silent part isn't going to be easy, but nobody promised easy, just progress.

Sarah: Be kind to yourself Robin, and continue to show kindness that you obviously feel towards your fellow residents and staff. I think you have figured it out Robin. Not easy, but possible?

Robin's question, "The acceptance means let her say whatever she says at whatever cost to others and stay silent?" asked multiple times with slight variation, is not answered explicitly, but the guidance from Sarah and Nancy forwards notions of agency that align with the OA agentive theory identified previously: people can only control their own actions and therefore should only focus on those despite the potential cost to those around them. Notably, there is no explicit reference to a *higher power* in this conversation; the only agent of concern here is the individual, Robin. Robin expresses how the OA agentive theory bumps up against other notions she has about how to respond when hearing someone harmed by another person. I did not have the opportunity to follow up with Robin to learn what she chose to do in actual practice; nonetheless, the above incident demonstrates the challenges many OA participants experience as they attempt to use new interpretive frames in everyday situations.

This final ethnographic episode stood out to me because it demonstrates the relentless degree to which the idea of personal responsibility threads through OA discourse. The OA theory of agency involves a bifurcation of agency into individual agency ("self-will") and detached agency (a *higher power's* will). No other forms of agency are recognized. Instances like those described in this section highlight how concepts relating to collective responsibility, social power, or structural mediations are absent in OA logic. As discussed in Chapter 2, the OA program establishes an expectation that people not blame others for their problems with eating; in the above examples, that expectation is embedded in the interpretive frames people then apply to other areas of their lives.

Conclusion

This chapter has taken up the question: what impact does the process of subjectification undergone by many participants in the OA program have on other areas of life? As many OA members grow their faith, some of the interpretive frames they use to make sense of their lives shift. My focus in this chapter has been how those new interpretive frames take a particular approach to life experiences. I have shown that OA discourse is conceptualized as a "guide for living," and thus the values it promotes are applied to many areas of people's lives. I have looked at how the program promotes values of self-regulation and personal responsibility by structuring daily eating management practices for many members. Simultaneously, and contradictorily, program discourse encourages notions of surrender and acceptance. I have identified that the broader theory of agency embedded in OA suggests limited individual agency and unbounded detached agency in the concept of a *higher power*.

Members of OA work to take "Life on Life's Terms" instead of trying to change life to meet their needs. This is part of the ongoing work of faith for OA believers, who posit that trying

to control things around you is futile and instead focus on working to surrender to a *higher power's* will. The observation frequently stated by OA members and in OA literature that trying to change life leads to endless frustration makes a lot of sense; it can feel futile to attempt to make changes within broader social structures. Acceptance and surrender in this regard can be understood as ways of dealing with an intractable social system. The tensions and overlaps between neoliberal ideology and OA discourse will be discussed further in the next chapter.

Chapter 6

Conclusion: The Selfless Believer Subjectivity as Response to Neoliberalism

The primary research question at the heart of this dissertation is: What is the relationship between extreme eating distress, Overeaters Anonymous, and participants' experiences of subjectivity? This question emerged from a concern that scholarly discussions of eating disorders and subjectivity were limited by a focus on food restriction and clinical experience. While much of the literature on eating disorders focuses on *anorexia nervosa* and food restriction, this dissertation considers a range of experiences beyond biomedical categories. I call these experiences "eating distress" in order to avoid reifying biomedical categories. With this framing, the research presented here accounts for the experiences of some people who have not been identified by either biomedical or scholarly terms, yet experience extreme eating distress. I sought to understand the experiences of a group of people seeking to alleviate their distress outside of formal clinical settings and who were experiencing a myriad of symptoms related to eating. Overeaters Anonymous is precisely such a group and has been the focus of this dissertation. This dissertation is relevant to a number of broad theoretical topics such as eating disorders, obesity, subjectivity, and faith-making. I will discuss the key findings related to these topic below.

Summary

In exploring my primary research question by way of ethnographic research, I found that the experiences of members of Overeater's Anonymous varied. However, the participants who were most willing to share with me followed a normative trajectory of recovery. Even for participants who were struggling with this prescribed path of recovery, I could see that the dogma of OA had ways of reframing that struggle back into terms of that normative trajectory during meetings. As I documented previously, this did not work for all participants, sometimes to the

detriment of a participant's well-being. However, much of the work in the preceding chapters has to do with making sense of that normative trajectory primarily because that is what the majority of the data I could collect pertained to.

In Chapter 3, I identified subjectivities promoted by OA (Research Objective 1) when I argued that many OA participants adopt a "selfless believer subjectivity." Salient themes of ego versus will, surrender, belief, serenity, and a *higher power* coalesce in the selfless believer subjectivity. I showed how members actively construct themselves as believers in a *higher power* who are working to replace their self-will with the will of their *higher power*. "Sharing" and "developing a recovery narrative" are two technologies of the self that OA members engage in. Analyzed as "enactments of expertise," I demonstrated how members employ these socially mediated discursive practices to co-construct the selfless believer subjectivity. Moreover, I described how these practices are tied to institutionalized norms and imperatives.

Throughout my research, what emerged as a key question was how people who entered OA with no sense of an invisible supernatural figure ended up communing with one regularly. During the initial phases of coding, I found that the term "higher power" was ubiquitous in my data. Members I spoke with were highly concerned with the role of a *higher power* in their lives and they placed a great deal of value on "finding" a *higher power* as a mode of healing. I was struck by the paramount position that a *higher power* held for many members whom I spoke with. Char even stated that her *higher power* ranked higher than any other person in her life. In Chapter 4, I described one of the most substantial processes by which the selfless believer subjectivity is produced (Research Objective 2) by showing that members of OA participate in faith-making activities akin to those that anthropologist Tanya Luhrmann (2020) has identified. The process many OA members undergo demonstrates how real-making activities like "acting as if" and

"willingness" engage the senses in such a way as to render an invisible other for many members. Moreover, when this process does not work, it can exacerbate feelings of despair and "brokenness" for members. In considering the religiosity of Overeaters Anonymous, my research lead me to understand that 12-Step programs are rooted in a specific brand of Christianity – the Oxford School whose values and central practices are all mirrored in OA.

In Chapter 5, I discussed the tensions involved in the everyday application of interpretive frameworks embedded in the selfless believer subjectivity (Research Objective 3). Members explicitly understand OA discourse to be "a guide for living," and many members experience interpretive drift as a direct result of their participation in OA. The result is that members apply new interpretive frames to things that happen in their everyday lives. I showed that OA discourse maintains a staunch individualist perspective while simultaneously promoting notions of surrender and acceptance. On the one hand, individuals are only responsible for their own behavior, while on the other, one must turn everything over to their *higher power*. I analyzed the meta-agentive discourse of OA members and argued that the broader theory of agency embedded in OA involves limited individual agency and unbounded "higher power" agency. A consequence of this perspective is that other social forces like economic systems and social hierarchies are not recognized as causes of life events, nor openly critiqued within the system.

Of the numerous questions and themes that emerged within the research process, two were particularly conspicuous and enduring. These were: 1) the connections between the dogma of Overeaters' Anonymous and American Christianity and 2) the selfless believer subjectivity. This research also contributes broadly to theories of eating disorders and the cultural meanings of eating and body size. Key findings are discussed within these three areas below.

Contributions to Studies of Religion and 12-Step

After several months in the field, it became clear to me that I could not understand Overeater's Anonymous without theoretical tools from the anthropology of religion. A major focus in OA is on the development of a *higher power*, and the maintenance of connection with that *higher power*. In an effort to understand this better, I sought to answer: How do some members, most of whom have no previous belief in a supernatural power, come to communicate daily with a *higher power*? I found that the process many members follow as they develop a *higher power* follows the process identified by anthropologist Tanya Luhrmann in her research on charismatic Christian groups in the United States (2020). As demonstrated in the preceding chapters, "finding your higher power" involves kindling and inner sense cultivation (Luhrmann 2020).

An additional key finding is that 12-Step is firmly rooted in the Oxford School, a Protestant evangelical movement that emerged in the 1920s and 1930s. The co-founders and early key players were all participants in the Oxford School. While they broke from the Oxford School by 1939, the values and the solution offered by that perspective are deeply embedded in 12-Step. The activities promoted by the Oxford group include: confessing sins and temptations to peers; surrendering to God; restitution to those you have wronged; and listening to and relying on God's guidance in all areas of your life (*What is the Oxford Group?* 1933, 9). These are all central tenets of the OA dogma. They are also all aspects of participation in OA, in my observation, that members spent a great deal of energy thinking about. This finding suggests that 12-Step programs, which are frequented by numerous people in the U.S. and around the globe, may have more in common with religious systems of belief than psychotherapeutic contexts.

12-Step

One of the areas that anthropologists have looked at regarding American 12-Step programs is the transformation of identity many members experience. While initially theorized as a narrative process by Carol Cain (1991), others have followed with research recognizing the role of specific practices and relationships in this process and complicating notions of simple dichotomies of identity (Hughes 2007; Keane 2013; Valentine 2007). The research presented in this dissertation builds on this work to a degree; many members describe changes in both how they understand themselves and how they interpret the world around them. However, the analytical terms I have applied – enactments of expertise, subjectivity, faith frames, etc. – emphasize the social production and cultural contexts involved in this change.

12-Step is quite pervasive in the United States as both a recommendation in conjunction with other forms of treatment (e.g., attend three meetings a week as part of an outpatient program) and as an alternative that is accessible to many people regardless of engagement with biomedical treatment programs. In both cases, it is a therapeutic avenue many people are taking to deal with various forms of addiction and/or distress. For people who are seeking biomedical treatment for eating distress, being told to attend OA meetings could potentially increase their distress if they are people for whom the kindling process does not work or someone who has experienced trauma. In general, people for whom 12-Step does not work to alleviate distress can be left with the feeling that there is something even more broken about them.

Contributions to Studies of Eating Disorders, Food Addiction, and Obesity

While much of the data I discussed previously pertained to questions of faith and therapeutics, the nature of Overeater's Anonymous raises issues relevant to socially situated studies of eating disorders and obesity. This research makes broad contributions to the study of

eating disorders by expanding the focus beyond people diagnosed with *anorexia nervosa* to give voice to the experiences of a group of people dealing with a myriad of concerns for whom eating involves a high degree of distress. The research in this dissertation is also in conversation with anthropological research on obesity and fat stigma. The previous chapters highlight how subjectivity shapes up for many people dealing with eating distress by attending Overeaters Anonymous.

Anthropologists have also shown obesity is a complex social and biological phenomenon. Cultural meanings, social processes, and human biology are all involved. By objective measures, human bodies around the globe have been getting bigger since the 1980s by objective measures. As described in detail in Chapter 2, discussions of a "global obesity epidemic" are imbued with a variety of cultural meanings that are embedded in specific social systems (Anderson-Fye and Brewis 2017). For example, Body Mass Index (BMI) is not an objective measure and anthropologists have shown that health campaigns addressing obesity often promote self-blame (Brewis and Wutich 2014). While in the past anthropologists documented a range of body norm ideals worldwide, recent research has found that fat stigma is now prevalent all over the world (Brewis et al. 2011). Moreover, fat stigma produces social costs that many people seek to avoid by working to align with dominant body norms (Brewis 2017, 5). Health campaigns aimed at reducing obesity promote the idea that individual behavior is the solution and inadvertently increase fat stigma. These campaigns propagate the popular energy balance model which posits that the underlying cause of this increase in body size is that people are simply eating more and moving less (Brewis and Wutich 2014). As reviewed in detail in Chapter 2, this claim is not backed up by clear evidence, and other factors could play a role including poor sleep quality, stress, endocrine-disrupting chemicals, and more. Yet the energy balance model is a widespread

explanation used in various health discourses promoting the idea that individuals are in control of their own behavior when it comes to eating, and thus, they are the root cause of overeating.

In some ways, Overeaters Anonymous does little to counter this dominant explanation of obesity. A key finding of this dissertation is that OA dogma promotes individualism to such a degree that social entities are rarely seen as agents in any discussions whether they be about eating or other life issues. At the same time, OA is a site in which people engage in a discourse that pathologizes eating distress as an individual brain chemistry issue – something is different about the brain of a person who suffers from overeating. Members told me repeatedly that this brought them a sense of relief because they no longer felt that overeating was a problem that they should be able to control. The brain disease explanation removes self-blame from their interpretive frameworks around overeating. This point is especially important when one understands the degree to which stigma and shame factor into so many members' experiences. Nonetheless, the "brain disease" explanation belies any social factors.

As was discussed in detail in Chapter 2, feminist theorists have posited that neoliberal ideology is the primary cause of eating disorders while focusing almost exclusively on *anorexia nervosa*. Women are thought to be disciplining their bodies in attempts to match an idealized body image. In contrast, many anthropologists have argued against a monocausal explanation while pointing out that "neoliberalism" has often been applied in an oversimplified manner. Instead, anthropological research has shown that concepts of body cultivation and eating distress are culturally specific calling into question both the psychological categories and a sweeping cultural theory of causality (Anderson-Fye 2004; Becker 2017; Khandelwal, Sharan, and Saxena 1995; Lee, Ho, and Hsu 1993; Pike and Borovoy 2004). As anthropologists continue to research the complicated biological and social factors involved in weight and eating, it is becoming clear that

symbolic body capital is an important facet (Brewis 2017). Bodies are not seen as neutral within the complex of symbolic meanings humans create, and some body types are more valued than others. This matters because body type is connected to specific social outcomes. People who match the desirable body type are more likely to attract more wealth while those who do not can experience stigma (Brewis 2017; Hrushka 2017). For OA participants, the goal of achieving a thinner body and the elusive control over eating is reframed into the *higher power* -oriented framework of OA.

The arguments in the preceding chapters are meant to highlight the experiences of some people with a variety of forms of eating distress outside of formal clinical spaces, and they show how different forms of subjectivity can emerge in therapeutic spaces; neoliberal subjectivity is not the only subjectivity people with eating distress experience. To be clear, I am not arguing that neoliberal ideology has no role in this complex issue when it comes to causality. Instead, what emerged in the data is that while neoliberal ideology is pervasive in the lives of people in Overeaters Anonymous, it is not simply reinforced through every therapeutic avenue. The data I collected in this dissertation shows that many people in OA are constructing an alternative to a neoliberal subjectivity in the form of the selfless believer subjectivity. I will elaborate this point in the next section.

Contributions to Theories of Subjectivity

Subjectivity is an important analytical lens that has been utilized throughout all stages of this dissertation. Insights from Foucault (1982) and others have shown how subjects are continually recreated through everyday practices and inner experiences. These are both shaped by broader knowledge systems. In the case of mental health, various therapies can result in changes

to individuals' frameworks for understanding the world so that they align with broader economic and political values. In other words, subjectivity can involve the perpetuation or reinforcement of diffuse forms of governance (Biehl, Good, and Kleinman 2007; Harris 2015). It is within this context that I have used subjectivity in this dissertation. At the start of this research, I hypothesized that OA offers an alternative subjectivity to the neoliberal subjectivity pervasive in biomedical addiction treatment. In this section, I will discuss the key findings related to neoliberal subjectivity and consider this initial hypothesis in light of them.

Nikolas Rose has argued that psy technologies, "the heterogenous knowledges, forms of authority and practical techniques that constitute psychological expertise" that instill in participants various values and framings that align with neoliberal values including notions of freedom, self-actualization, and autonomy (1999, vii, xxiv). Like Rose, many scholars have paid particular attention to neoliberal subjectivity and its underlying ideology. Scholars have identified the following values as exemplars of neoliberal ideology: individuality, freedom, choice, self-actualization, autonomy/self-management, economic productivity, and discipline (Bourgois 2000; Harris 2015; Matza 2012; Pazderic 2004; Rose 1999). These values are central to the belief that a person is not restrained by external control, but instead has the power to act as desired. At the same time, "neoliberal ideology" has become a predominant explanation, being applied so broadly, and frequently without careful definition, as to lead others to question its utility (Ganti 2014, 90). While certainly neoliberal subjectivity is ubiquitous in the large-scale, Western, industrialized contexts he is focused on, and it can be seen in many eating disorder treatment contexts as Gremillion's (2003) work suggests, this dissertation shows it is not the only subjectivity being inculcated through psy technologies in such settings.

The context in which the participants in OA live their lives is rooted in neoliberal economic policy with all of the ideologies and values connected to it. Yet when it comes to subjectivity, a key finding of this dissertation research has been that OA participants are encouraged to adopt an alternative subjectivity that I call the "selfless believer subjectivity." While not all OA participants take on this subjectivity, many do adopt it. The selfless believer subjectivity prioritizes the values of surrendering one's self-will and believing in a *higher power*. This subjectivity is disseminated through several OA practices discussed in the previous chapters including specific verbal performances involved in *sharing* and *recovery narratives*. These are both performances of expertise that are co-constructed through socially mediated processes discussed in detail in Chapter 3. Additionally, participants are involved in the work of real-making that Tanya Luhrmann (2020) has identified as an important element through which many people of various faiths kindle invisible others. For some participants of OA, real-making activities and the ongoing work of faith are implicated in the development of the selfless believer subjectivity. As described in the preceding chapters, the selfless believer subjectivity has real-world consequences for many OA members who adopt it as they also use the corresponding interpretive frames to understand day-to-day happenings in all areas of their lives.

The selfless believer subjectivity is a primary vehicle through which OA participants who follow the idealized trajectory of recovery understand themselves and interpret events in the world around them. This includes: emotional experiences, interpersonal interactions, the behavior of others, life events, and a myriad of other circumstances understood as the work of a *higher power* in support of an individual's recovery. The key components of this subjectivity are selflessness and belief. Selflessness is a value in which one's ego or self-will is considered a problem to be overcome and instead one is to surrender to the will of their *higher power*. Belief in a *higher power*

is the other key element of the selfless believer subjectivity. A person cannot be considered a "true" OA member if they are not working on belief in a *higher power*. Embedded in the belief in a *higher power* is a theory of agency in which a *higher power* is understood to be the primary source of action and responsibility for events while individual power is framed as limited. In other words, the only two forms of agency recognized detached agency and, to a limited degree, individual agency. These are the main values that people are working to achieve in OA, and they run counter to the values associated with neoliberal subjectivity described above.

Moreover, I found that the selfless believer subjectivity and broader OA discourse and practice do not always align in how these values are treated. While the selfless believer subjectivity that people are constantly working towards runs counter to a neoliberal subjectivity, there are some areas in which the discourse and practices of OA promote values aligned with neoliberal values. I have summarized how the neoliberal values identified previously (individuality, freedom, choice, self-actualization, autonomy/self-management, economic productivity, and discipline) are conceptualized in OA in Table 1.

Table 1: Comparing Neoliberal Values to OA Values

Neoliberal Value	Selfless Believer Subjectivity	Broader OA Discourse and Practice
individuality	Not valued.	Often framed as ego, yet moments of tension with everyday life are sometimes resolved by a focus on the individual.
freedom (individual freedom from external constraint)	Not valued.	Not valued.
choice	Valued.	Valued.
self-actualization (deep discovery of the self)	Not valued.	Not valued.

autonomy/self-management	Not valued. The goal of surrender is in direct opposition.	Not valued in discourse, but eating management practices contradict this.
economic productivity and discipline	Not addressed.	Not addressed.

The neoliberal values of freedom and self-actualization are directly opposed by both the selfless believer subjectivity and broader OA discourse. The goal is to surrender to a *higher power*, not to be personally free. Choice, meanwhile, is valued in OA. Surrendering to a *higher power's* will is considered to be a continual choice, and the idea that people have to choose to work on recovery is valued within OA discourse. I was told at various points when I was questioning an aspect of the dogma or process that participating in OA is a choice; I did not have to do any of what is being suggested. Economic productivity and discipline are a cornerstone of neoliberal ideology, yet they are largely absent in OA discourse. This aligns with my repeated observation that larger social structures are not engaged within the OA context.

Where it gets more complicated is the closely related values of individuality and autonomy/self-management. The selfless believer subjectivity involves rejecting these values, but within broader OA discourse, there is some overlap between OA dogma and these aspects of neoliberal ideology. Self-management is employed through a number of strategies when people start their Plan of Eating, which occurs before the processes of kindling of a *higher power*. While individual autonomy runs directly counter to the work of surrender to a *higher power*, OA literature, teachings, and discourse promote the idea that individuals must actively choose to work the steps and choose recovery. OA discourse involves the assertion that people do not choose to have the disease of compulsive overeating, but they do choose what to do about it. We also saw in the examples in Chapter 5 that members are often encouraged to return to notions of personal

responsibility when responding to everyday events. As Sarah said to Robin, "all we are required to do in program is keep our side of the street clean." Individual agency is seen as a limited, but important part of how things happen in the world and in OA members' lives. Yet, the aim of the selfless believer subjectivity is to surrender completely to a *higher power*. This promotes a detached theory of agency in which most of the action in the world is attributed to an invisible other.

Different members of OA experience this tension between individual responsibility and detached agency differently. For some, the ongoing challenge of developing a *higher power*, and surrendering to that *higher power* does not work out. We saw that for Bea, this perceived sense of failure exacerbated her distress. During her interview, Kate shared that the main reason she did not get involved with OA after attending a few meetings was that the notion of being powerless (a required step toward surrendering to a *higher power* or adopting the interpretive framework involving detached agency) was too high a cost. OA members who have adopted the selfless believer subjectivity refer to the ongoing work involved in surrender, but otherwise do not find the tensions and contradictions between the value of personal responsibility on the one hand and the primacy of detached agency on the other. Instead, members repeatedly characterized the ongoing work of maintaining a sense of surrender as a product of "Ego" which in OA dogma is to be avoided. The concept of "Ego" in OA framing involves a misplaced focus on the self, which is in ongoing competition with the proper focus on (or as members say, surrender to) a *higher power*. In this way, the rejection of "Ego" can be seen as a rejection of one of the central tenants of neoliberal ideology: autonomy/self-management.

The Selfless Believer as a Response to Neoliberalism

The contradictions and overlaps between neoliberal ideology and OA discourse have convinced me that the selfless believer subjectivity can be understood as a response to a broader neoliberal economic social structure with its intractable food, diet, and health industries. OA members engage with neoliberal values because they are pervasive in the context in which they live. The broad neoliberal context defines the terms of the problem. Characterizing certain behaviors as "overeating," as OA participants do, assumes that individuals have control over dietary choices in the first place; "overeating" represents a loss of that control. Anne Becker's work in Fiji shows that notions such as a "loss of control" regarding eating are only pathologized and stigmatized in contexts in which control is valued (2017, 156).

Moreover, like their "normie" counterparts, people in the OA group that I worked with are bombarded with advertising prompting them to consume and eat, while simultaneously surrounded by messages about losing weight via various products and foods that have been engineered to cue the brain to signal for more. The food industry's aim is to encourage people to buy more and more food items, and they use flavor profiles – sugar, salt, and fat – to do so. Meanwhile, the diet side of the industry's aim is to encourage people to continually analyze their consumption with the aim of buying "better," "healthier," and "fad" foods. Both use marketing strategies that reinforce the notion that individual control is how to achieve health to entice consumers to buy their products. Public health campaigns further promote this idea (Brewis 2017). Along with this is the pervasive idea that people have the freedom to consume and that individual choice is central to their experience. This comes through in the initial eating regulation practices encouraged in OA, until another theory, the theory of detached agency, replaces that.

Within the broader neoliberal economic context, many OA members described themselves as feeling stuck without the OA framework. It is worth noting that this may relate to one way that

issues related to food consumption are different from issues related to alcohol consumption. While in AA, people can avoid going to bars or avoid the liquor section of the store and abstain completely from all alcohol, OA members must continue to consume food in order to live. They continue to contend with food consumerism on a daily basis. Participants of OA describe this experience as one that they felt at a loss about before entering OA, and OA then serves as a guide out of this impossible situation. Josh explained:

> So, again, the process of surrendering control of my food plan, with my sponsor to my higher power, and accepting that I have a disease and so saying, I can't do this alone. I'm broken. And there's a power higher than myself that can support me through this experience, provides me great comfort and sort of gives me direction to move towards other than sitting here frustrated that I don't know what to do.

Josh found solace in being in a community of others with similar experiences, as well as in the clear direction that the OA program gave him. The fact that "surrender" and "letting go" resonate strongly with many members makes sense within a broader neoliberal sociopolitical context in which autonomy is valued, yet no personal action seems effective. American consumers are constantly trying to control what they will eat but cannot avoid the influence of this industry. For OA members, choosing surrender is a way of opting out of this dominant idea. Moreover, a theory of agency in which individual agency and detached agency are the only two forms of agency recognized brings the focus to only what is thought to be in one's immediate power and detaches all other actions, attributing them to a separate and invisible agent.

Closing Thoughts

Future Research

There are many potential avenues for future research suggested by the findings presented in this dissertation. I will discuss the three that stood out to me the most. First, members of OA, and others dealing with eating distress that I was able to interview, shared that they encountered

stigma in all areas of their lives. This is not surprising in the context of symbolic body capital where many people feel their body does not match the desired body type (Brewis 2017). While people felt stigmatized by their family members, employers, and strangers, the one that stood out is the stigma they experienced in biomedical encounters. Biomedical discourses may unintentionally feed medical professionals' evaluations of large patients. As the scholarly conversation around weight and obesity increasingly focuses on stigma, medical stigma is an area that should be explored. Research is needed to understand how stigma is perpetuated among medical professionals, including analysis of public health campaigns. Along these lines, investigation into the recent surge in using drugs approved for diabetes like Ozempic to treat weight loss is needed. The connections between weight loss businesses and the food industry are entangled, and the use of medications like Ozempic could be a window into those connections. Additionally, more research that looks at how people respond to fat stigma in their daily lives is also needed.

Another area for future research involves looking at other 12-step programs like Alcoholics Anonymous or Narcotics Anonymous. One potential focus would be to explore whether subjectivity plays out in the same way as I found in OA. Is the selfless believer subjectivity unique to OA or the specific group that I worked with? Or is it an essential part of 12-step programs in general? Additionally, the contradiction I identified between the detached agency of the selfless believer subjectivity and the value of individual responsibility and management may be more acute in OA where consuming food cannot be avoided in the way alcohol can be.

Finally, the research presented in this dissertation has implications for further study of the intersection between Christian belief systems and broader sociopolitical systems in contemporary American studies. American Christianity has been a relatively taboo topic of study for

anthropologists (Cannell 2006, 4), but this research shows that historical roots in a religious system, in this case the Oxford School of Christianity, can have far-reaching impacts in a number of settings. 12-Step groups are a relatively common referral for people dealing with a myriad of issues from eating distress, to alcohol use, to gambling. As this dissertation has shown, involvement in 12-Step programs can promote new interpretive frames which then impact the way many people understand events in other areas of their lives. A question to consider is: what are the consequences of such a ubiquitous therapeutic pathway, rooted in a specific religious tradition, for many populations in the U.S.?

Conclusion

For people dealing with eating distress, the promise of OA is that you will recover from your disease of overeating. This promise is couched in terms specific to the broader neoliberal context this OA community is situated within. To gain the promised recovery, one must give up a lot including time, energy, and a sense of personal agency. For some, this process brings relief. For others, the cost is too high. Many find themselves in between. Returning to my original hypothesis, I did find that OA promotes an alternative subjectivity to neoliberalism. At the same time, the discourse and practices of OA do not always align with that alternative. The contradiction for members of OA is that while being expected to take personal responsibility over what is framed as a disease, they are also expected to view the world as though the main actor is their *higher power*. This notion has its roots in the Oxford School of Christianity, as does much of the 12-step dogma. The system I observed had ways of dealing with this contradiction. Overall, the research presented here suggests that 12-Step offers an alternative for some neoliberal subjects who find themselves stuck trying to manage their eating as if it is within individual control as the far-reaching ideology of neoliberalism endorses.

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