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## LOSING WEIGHT: THE ORGANIZATIONAL PROMOTION OF BEHAVIOR CHANGE\*

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This analysis explores the sociological dimensions of obesity as a type of deviance through a study of the strategies used by one voluntary weight loss organization to change the behavior of fat people so they will become thin. Goffman's concept of stigma and Lemert's theory of secondary deviation are applied to these strategies. The study concludes that under certain circumstances, stigma may be used to change behavior from deviant to normal and that a deviant identity, deviant behavior and a deviant way of life do not always vary together.

Fatness, or as it is more politely called in our society "obesity,"<sup>1</sup> is both a medical and a social problem, since in our society the fat are stigmatized.

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<sup>1</sup> Under the more technical rubric "obesity," two types of problem are included: overfat and overweight. A person can be slender and overfat, and overweight but not overfat. For example, a football player may weigh more than ideal for his height, as specified by life insurance company tables, but his body may not have any excess fat over muscle. A slender, sedentary person may, in contrast, have an excess of fat cells in his or her body and be "overfat" but not overweight. We use the terms "fat" and "obese" interchangeably to refer to persons who are perceived as too large by significant others and who perceive themselves that way as well.

However, unlike other forms of deviant behavior such as check forgery and shoplifting, obesity is not against the law. Reaction to this deviant status and behavior cannot, therefore, be channeled through the criminal justice system as a means of control.

One purpose of this analysis is to explore the sociological dimensions of obesity as a type of deviance by applying the concept of stigma, as developed by Goffman (1963), to the strategies used by one voluntary weight loss organization<sup>2</sup> to combat obesity. In this organization, efforts to change the behavior of fat people so that they would become thin included, as a central feature, the application of stigmatizing labels. The insights which this analysis

<sup>2</sup> Permission to use the name of the organization studies was denied. Therefore, we refer only to the "weight loss organization" in the discussion.

provides will then be used to specify variation in the meanings, uses and consequences of applying stigmatizing labels.

The use of stigma as a strategy for changing behavior from deviant to normal presents a challenge to labelling theory in general and in particular, to Lemert's (1967) theory of secondary deviation which assumes that further deviance follows from the application of stigmatizing labels. We will argue that the social labeling involved in stigmatization may also be used to change behavior in the opposite direction, i.e., toward normalcy. If this is true, then whether a stigmatizing label has a positive or negative effect on behavior will depend on other features of the situation than the labeling process alone. The empirical example upon which this analysis is based presents some suggestions of what these features may be, and they will be discussed in the concluding section of the paper.

#### STIGMA AND OBESITY

Stigma, as Goffman (1963:3) puts it, is "an attribute that is deeply discrediting." In Lemert's terms, it is a negative label. Goffman distinguishes three types of stigma: 1) perceived "blemishes of individual character," such as criminality, 2) the "tribal stigma of race, nation and religion" and 3) "abominations of the body—various physical deformities." Obesity is one type of "abomination of the body" which is particularly affected by cultural definitions. Not only do physiologically based definitions of obesity vary, but definitions of beauty—where obesity may or may not be discrediting—are particularly liable to cultural and

historical variation.<sup>3</sup> In our society, although slimness is a general societal ideal, definitions of fat and slim vary according to social class, ethnicity, age and geographical area. Adolescents are more inclined to view themselves as fat than are adults, females more than males, and people of higher socio-economic status more than lower status (Dwyer et al. 1970). Fatness can also affect socio-economic opportunities: in New York, the extremely obese may go on welfare permanently since they are regarded as essentially unemployable, and in one California city, teachers may not be more than 25% overweight.<sup>4</sup>

Goffman (1963:3-4) emphasizes that while stigma might be seen in terms of individual characteristics, "a language of relationships, not attributes is really needed." The social meaning of obesity is derived in interaction with others, not from the attribute alone. It is for this reason that Goffman's further distinction of discrediting features that are or are not visible to others is relevant to the study of obesity.

For stigmatization to occur, the discrediting attribute must be known by the others with whom interaction takes place. Some stigmatizing attributes, like criminality and homosexuality, are not immediately apparent. Goffman (1963:

<sup>3</sup> In classical Hawaiian culture, for example, a man's wealth, and a woman's beauty, were both measured by the amount of fat accumulated.

<sup>4</sup> Occupational health standards of such large-scale employers as the Los Angeles City School system, and the Los Angeles City and County governments include as one criteria for employment in *all* jobs, that the individual be within a range of weight specified as normal for a given age, height, and sex group, usually according to Metropolitan Life Insurance Company tables. (See Metropolitan Life Insurance Co., New York: 1969.)

4) refers to those persons whose stigma is invisible as *discreditable*. Other attributes, such as obesity, provide visible cues to stigma: their bearers are *discredited*. The obese cannot "pass" as thin; they must either lose weight or remain stigmatized.

Obesity as a source of stigma in contemporary American society has been documented in both the popular and professional literature (Stuart and Davis, 1972; Allon, 1973). Dwyer et al. (1970) point out that "normal" persons (using the term as Goffman does, to contrast with the stigmatized) stereotype fat persons as weak willed, ugly, awkward and immoral and the fat themselves have negative self-images to match the stereotypes. Fat people in contemporary American society, therefore, are the subject of the stigmatizing labels used by others and themselves.<sup>5</sup>

#### THE LABELING PERSPECTIVE

The labeling perspective defines deviance and normalcy in terms of the reactions of social audiences.<sup>6</sup> Lemert (1967:41) extends this perspective to the theory of secondary deviation.

The essence of the theory of secondary deviation is contained in two

propositions, one explicit and one implicit: 1) Further deviance is promoted by audience labeling of persons as deviant, and 2) the "further deviance" promoted by labeling is made up of a deviant identity, deviant behavior, and a deviant way of life *which vary together*. This study questions these propositions by showing that *the use of negative or stigmatizing labels, in this case the label "fat," can be used to promote the normalization of deviant behavior, i.e., to make fat people thin*. Additionally, we question the logically assumed connection between identity, behavior and way of life.

#### METHODOLOGY

The data were collected in six months of systematic participant observation by the two authors in two different groups of the organization's weekly meetings. We observed three lecturers and several hundred members in interaction. One of the authors had been a long-term member of the organization (for over three years), and could provide additional informal data on more than 6 other lecturers. The other author joined the organization for the purpose of the research.

Each observer participated as a member, and it was only as a member that access to the organization was permitted. Leaders of the weight loss organization itself suggested the tactic of becoming a member when a representative denied our request for permission to do overt research. The authors were therefore in the unusual situation of doing secret research with the implicit permission of the institution involved.

The lack of overt permission did present certain problems for data collection. Each observer attempted to

<sup>5</sup> The only counter-trend to the negative labeling of obesity is the development of a "fat power" movement to destigmatize the category "fat persons" rather than to destigmatize fat persons by making them thin. (See Allon, 1973.)

<sup>6</sup> "Stigma" encompasses the same phenomena as "deviant," except that (1) stigma focuses more clearly on the audience reaction than deviance (and more than the labeling theory of deviance, which includes the definitionally illegitimate concept "secret deviance"), and (2) stigma encompasses "bodily abominations" and "tribal stigma" whereas deviance is generally restricted to "defects of character."

take notes in the field on the content of the weekly meetings. During one meeting, however, another member (who, to our knowledge, was not a researcher) was asked not to take down what the lecturer was saying, despite her claim that she was just practicing her shorthand. Note-taking therefore was covert. The themes, however, were frequently reiterated in the lectures, facilitating accurate field notes.

The focus of analysis was the organization's strategies for promoting behavior change, particularly the use of a stigmatized identity label as a way of promoting normalized behavior and a normal way of life. Using Glaser and Strauss' (1967) model for the generation of grounded theory, the analytic categories were generated during data collection and preliminary analysis.

#### STIGMATIZING IDENTITY AS A STRATEGY FOR BEHAVIOR CHANGE

The major strategy used by the organization to promote the desired behavior (adoption of a rigidly defined program of eating) is *intensive stigmatization of the members as fat persons and the continued application of the label "fat" as an essential identity*. Members are told that the world is dichotomized into two types of people with reference to food and weight: the fat, and the "civilians" (the slender). The stigmatized identity of the fat person is permanent. It cannot be erased by weight loss, although it can be shifted from a visible stigma to an invisible one—from discrediting to discreditable. For the fat person who has become thin, weight loss is always potentially reversible and is an ever-dangerous invisible stigma which threatens the individual:

Lecturer: I am a fat person who got thin.  
Member (250 lb. loser): I still think of myself as really heavy.

At most, then, the fat person can expect a partial destigmatization: the destigmatization of behavior reflected in appearance, but not the destigmatization of identity.<sup>7</sup> According to the weight loss organization, a change of identity from fat to thin would remove one of the best safeguards the fat person has against future weight gains. The continual awareness of an essential fat identity, whether visible (in pounds and fat) or invisible, acts as a warning device against the type of eating behavior promoting the discredited fat state.

Lecturer: One doctor at UCLA says that he wishes that the word "obese" would appear on fat people's foreheads when they become 5% overweight, since that much body weight changes chemistry so you can't use the same drugs. Furthermore, fat can be concealed by clothes. It is those women with lovely faces and good dress sense who are worse off than anyone, because they can put it on and not even notice.

Although identity cannot and should not be changed, eating behavior is amenable to change. The behavior change promoted by the organization is a permanent change in the quality and quantity of the food consumed so that external slenderness can be maintained for life. The threat of compulsive eating, however, is always present. Therefore compulsive eating behavior must be changed, either toward more moderation in eating habits or toward less fattening objects:

Lecturer: You will learn moderation here, too—to have ½ cup of ice cream and feel satisfied with it. You will learn that 4 teaspoons of sour cream will be plenty on a baked potato and 1 teaspoon of cream cheese is enough on your bagel.

<sup>7</sup> For a general discussion of the phenomenon of destigmatization, see Warren, 1975.

Lecturer: I am still a compulsive eater, but now I eat lettuce compulsively.

The fact that food must be consumed to live gives the weight loss organization a tactical problem in promoting the desired behavior change unlike the self-help organizations for smokers, drug addicts and alcoholics which forbid the undesirable behavior. Instead, an exactly opposite mechanism is substituted—continuously focusing on food and stressing to the members that they *must* eat. Members who do not eat breakfast or who have a skimpy lunch are lectured to about the dangers of not eating enough. For fat people, being hungry is a violation of their essential self. They must be sure both to eat regularly so that they do not become hungry, and to exercise constant vigilance over food.

Lecturer to a member who complained about having to eat the weekly liver portion which is required: You must eat it. Everything you put in your mouth does not have to be a thrill of a lifetime.

Lecturer: Set up a barrier between you and food. A barrier that thin people have automatically, but for you it must be a conscious matter.

Being hungry is a violation of the essential self, and carries with it the danger to which fat people are always exposed: the "bad," uncontrolled eating which may occur if the member gets too hungry. The organization promotes the conception of food as a vital force in a person's life. Meetings are characterized by this focus on food, which also contributes to reinforcing the individual's identity as fat, since fat people are seen as preoccupied with eating.

The organization encourages a change in behavior where one set of foodstuffs (thinning, good, "treats") are substituted for another (fattening, bad, "monsters"). There is an emphasis

on traditional recipes using "legal" ingredients, like lobster newberg made with blended cauliflower for sauce, rather than completely different foods. Members are forbidden to use dietetic foods except for sugar-free soda and substitute sweeteners. So while stressing the significance of a total change in eating habits, the organization attempts to charm the members by focusing on their favorite vice, food, as a central symbol and by promising slenderness through this "totally new way" of using old recipes. The sin of gluttony can be satisfied through the back door. One of the organization's slogans is "you will never be hungry on our program."

The preoccupation with food and eating, which comprises a large part of the program's rhetoric, of lecturers' materials, and informal interaction at the weekly meetings, relates to this common feature of fat people's essential identity. The weight loss organization's goal is to change the eating behavior of the obese. One of their strategies to achieve their end is to emphasize the identity of "being a fatty" and fat people's obsession with food and eating. Negative labels, then, which *reinforce the essential identity of the fat as fat*, are used as a means of *changing behavior from deviant to normal*, thereby presenting a challenge to the theory of secondary deviation, which would predict an escalation of deviant behavior to follow from the act of stigmatization.

#### LIFESTYLE CHANGE

"Lifestyle" or "way of life" are ill-defined terms, used by both Lemert (1967) and the weight loss organization to describe the types of behavior change persons undergo that are related to but are not composed of the be-

havior under consideration. Persons losing weight are presented by the organization as undergoing not only behavior change related to eating but also to change in other personal attributes and the social life that accompanies both eating and a size that is stigmatized in our society.

Lecturer: When I was fat, I could never balance my check book. My husband had to do it for me. But now I am more independent and more able to take care of myself. You have to be more independent and you can do it.

The organization reinforces the image that the life-style of fat people is full of embarrassing and self-demeaning experiences. Lecturers tell of getting stuck in theatre seats and behind the wheel of a car, or requiring other people to push as one tries to pull oneself out of a pool. They tell stories of not going places they really wanted to go because of having to sit in the back seat of a small car and fearing they would not be able to get out of it, or not having clothes that fit. They also emphasize that fat people are self-deluding and make irrational excuses for themselves and their stigma:

Member: I have to have cookies in the house in case my grandchildren come to visit.

Lecturer: Where do your grandchildren live?

Member: In New York! (This study was done in California.)

While such stories are often told to amuse the membership, their serious meaning is clear: until fat people reduce their weight they will live with painfully reduced self-esteem in a restricted range of activities, and a correspondingly unsatisfactory lifestyle. Lecturers promote an imagery and provide examples of the "better" way of life automatically accruing to fat persons as they become slender. For

instance, lecturers state that a variety of positive changes accompanied their weight loss—sparkling wit at parties, more energy, a greater ability to cope with life's vicissitudes. They suggest greater business and professional, as well as social, success are a consequence of eliminating the visible stigma of fat. Thus, there is no need to force members to exercise, quit smoking, or have better human relationships: these good things will automatically follow from the transformation in lifestyle accompanying weight loss.

The organization is concerned with life style in the context of attributes and activities unconnected with eating behavior; it also claims that a life long commitment to its weight loss and loss-maintenance program must become part of the individual's way of life. Because the person's essential fat identity is always present, the threat of returning to "bad" eating behavior is always possible. This lifelong commitment is expressed linguistically in the organization's distinction between a "diet" and a "program."

A "diet" is what fat people go on and off; it involves a temporary behavior change followed by relapse. A "program" is a changed lifestyle and pattern of eating lasting a lifetime. A "diet" implies the illusory promise of the destigmatizing of the individual, the shedding of the fat self for a re-born thin one. A "program" establishes the alternative ideal of a lifelong struggle to divorce eating behavior and way of life from an inevitably fat identity.

Linked with the concept of "program" is a view of time encompassing a whole past, present and future of eating habits. The lifetime program is divided into three stages the initiate must pass through before the attainment of a stigma which is discreditable

only: the basic weight loss program, the "leveling" program (beginning when the person is within 10 lbs. of goal weight) and the "maintenance" program theoretically continued for the remainder of the person's future. Free lifetime membership in the organization accrues to people who have achieved their goal weight, complete the "maintenance" program, weigh in monthly and do not gain more than 2 pounds above their goal weight. Initiates to the organization are given a master plan for their entire life, divided into four distinct time tracks: three as a member of the organization and one (always in the past) as a discredited fat person.

A tactical problem for the organization is posed, however, by the fact that members do not follow the master plan: they do not always lose weight (or worse still, sometimes gain) during the time they attend meetings. They return to the organization after losing forty pounds and regaining fifty. For such contingencies the organization has another perspective on time: it is the present only, just the immediate day or even meal at hand, which counts—not the past, and not the future. The members are told, on the one hand, that the program is a master plan for their entire lives, and on the other hand that no past action constitutes failure. This paradox is illustrated by two quotes from an organizational pamphlet: "If you do the best and the most you can today, don't worry about tomorrow"; "Perfection is attained by slow degrees; she requires the hand of time." Since all acts will eventually become past, success is always possible and organizational membership is always available. No matter how often one joins or re-joins, lecturers tell new members "Today is the first day of the rest of your life."

The mixed perspective on time and an emphasis on the permanence of their fat identity enables the weight loss organization to place the responsibility for failure on the individual and not the organization. The membership, at any one time, includes many former members who failed to lose weight, or who lost weight and later regained it. They are welcomed back and reassured that behavior change is always possible. Through the use of stigma as a strategy for individual behavior change, the organization constructs a foolproof ideology: success comes from following the organization's program, while failure is the responsibility of the individual member reflecting his or her essential identity.

Lemert's theory of secondary deviation implies that a deviant identity, deviant behavior and a deviant way of life vary together. The weight loss organization's separation of identity, behavior and life style—through its use of stigma both as a means of changing behavior and as a basis on which to attribute responsibility for failure to individual members—presents a further challenge to the theory as it has been formulated. Not only can a stigmatized identity lead to non-deviant behavior, but "normal" behavior can lead to a "normal" way of life despite the retention of an identity which bears a negative label. A life style change is only possible, though, when the stigma becomes discreditable (i.e., when it is no longer visible).

#### ORGANIZATIONAL STRATEGIES FOR THE PROMOTION OF BEHAVIOR CHANGE

The two major strategies of change employed by the organization to promote and reinforce a stigmatized fat identity, normalized eating behavior and a better lifestyle are 1) the

fostering of an an ingroup-outgroup sentiment and 2) the use of change agents who are themselves successful graduates of the program.

The ingroup-outgroup differentiation is dual: between fat members and fat nonmembers of the organization, and, more important, between fat "foodaholics" and thin "civilians." Civilians are regarded, much as Goffman defines them: as "normals." Fat non-members are unenlightened potential members; if they are not attempting to become thin they are slothful and immoral. At best they are to be pitied, and members may serve as models to help them to a future in which they may be discreditable rather than discredited persons. If they are following some other weight program, such as diet pills, they are doomed to failure. Whatever the case, they are potential converts through efforts of both members and organizational advertising.

Unlike some behavior changing institutions such as Synanon, the weight loss organization is not a total institution (Goffman, 1961), and cannot set up walls between the membership and the civilian world. Worse, housewives form a large proportion of the membership; they have the traditional female role tasks of making meals for their families—meals which include desserts, cookies, potatoes and creamy salad dressings. So the members are encouraged to *quarantine* themselves, either physically or mentally from the surrounding temptations of their everyday lives.

Quarantine involves both removal from the non-quarantined and association with other quarantined persons (the ingroup impulse). Unlike Alcoholics Anonymous, though, the organization can rarely suggest that the members socialize only with those who

do not use the substance, both because everyone uses food, and because so much of the member's lives are involved with food preparation for and consumption with "civilians." But the members are exhorted mentally to disassociate themselves from civilians, who are pictured as dedicated to the members' failure.

Lecturer: Friends want us to fail because that is the only way they can succeed . . . you have to be prepared for them . . . or they may be a civilian, and then they do not understand.

Weekly organization meetings are presented as a kind of inoculation against external pressures which weaken will-power and resolve: waitresses in restaurants, children begging for homemade cookies, husbands asserting that they like cuddly women, are all threats:

Lecturer: We must have free will not to eat and resist others . . . fat people are afraid of asserting themselves in the face of pressures to eat by restaurants, hostesses, fat people and others. Besides, they don't want to resist pressure. When you say "no" and mean it there is a tone in your voice that says you mean it. But a fat person's "no" to a second helping may be accompanied by salivating and panting.

While the outgroup is the non-fat world, the in-group is the world of foodaholics, and most particularly the membership of the organization. In the early days of the organization, there was more stress on in-group participation (for example, members tempted to eat would telephone another member for moral support), but at the present time the organization has become so large that the notion of "interdependence of members' goals" is not used as a social control mechanism. Unlike other self-help groups such as Synanon and AA, group therapy and

other group dynamics take at most a secondary place to the lecture as a primary focus of organizational meetings (see Crosbie et al., 1972). The difference may lie in the profit-making nature of the weight loss organization. Having more and smaller groups would reduce the money which the organization makes by increasing staff (lecturers, weighers and clerks) and hall rental costs.

In addition to quarantining and inoculation, which promote ingroup-outgroup differentiation, ingroup sentiment is fostered by organizational rituals. Among the most important of these are group rituals instituted by the organization to reward persons who lose weight; these include graduation ceremonies from the three phases of the program, special pins, and certificates of merit. Other rituals, which socialize and cement the group as an institution, are the semi-public weekly weighing of each member, shows of hands of persons who had gained, lost or remained at the same weight during the week, and rounds of hand clapping both for persons who had lost weight and others who were "trying."

Since goal interdependence and ingroup sentiment is hard to manage in a nontotal institution of a large size which cannot forbid the addictive substance to members, the organization stresses the theme of self-discipline considerably more than that of discipline by peers: "it's up to you" is a phrase constantly used by the lecturers. Along with the theme of self-discipline, however, there is the continuing suggestion that pressures from the out-group—the non-fat civilian society—is the source of external pressure on the individual:

Lecturer: We are victims of patterns taught us in childhood of obeying our

mothers and eating it all up because of the starving people in so-and-so country, but we must no longer be victims.

As with many other self-help behavior modification groups, however, the pursuit of "causes" such as this hypothetical one remains completely secondary to the "major" goal of changing behavior in the here and now.

Lecturer: I am not concerned with why you are fat because of past factors. You are rolling in mud because of your own choice. But if there are deep reasons for that, you should go to a doctor who can take care of you up here (points to his head).

As an enterprise, this weight loss organization has an additional reason to refrain from seeking the hidden psychological and medical causes of obesity: legal responsibility. Lecturers constantly stress that they are not psychiatrists and will not dispense psychiatric advice, nor will they dispense authoritative nutritional, medical or scientific knowledge about obesity. Members with special problems are always told to consult their doctors. A denial of scientific expertise is yet another way of establishing the organization's lack of responsibility for any member's failure, and of placing the blame on the individual. Thus they cannot be held accountable for a failure of the program (the product) which they sell.

#### THE CHANGE AGENT

We found the change agent to be one of the most important facilitators for the "escalation" of behavior from deviant to normal (as defined by the organization). All the lecturers and other organizational personnel are fat persons turned thin-on-the-outside: they provide a vital symbol of identification for persons who believe that "no

one ever loses weight and keeps it off." The major ways in which the lecturers accomplish such identification for the members are *stigma display* (linking the past of the lecturer with the soon-to-be-past of the member) and *deviance display* (linking the lecturer's present with the members').

Stigma display is the constant reiteration by the lecturers of their own identity as essentially fat persons, once discredited but now discreditable. This is accomplished in various ways: display of "before" and "after" pictures of the lecturer, anecdotes of the past sins of eating, and sad tales of the lifelong misery of the discredited fat and the counterpoint happiness of the discreditable (leavened quite often with humor):

Lecturer F told a story about how her husband had given her (now that she is thin) a black lace night gown and black satin sheets for Xmas. "Before, when I was a fat lady, we had a king size bed. He stayed on his side and I stayed on mine and we didn't meet in the middle very often. Satin sheets are very slippery. You slide off them."

As Hurvitz (1968:4) notes, such identification of the change agents' past with the members' trials and tribulations is a fundamental aspect of most self-help type organizations.

But a sorry past does not always qualify one to win present peer identification, as studies of drug addicts who become "fat cat" bureaucrats have shown. Lecturers in this organization use a second tactic to promote members' identification with the change agent's *present* experience: *deviance display*, a tactic forbidden organizations as AA which ban the use of the deviant substance. Change agents underline the fact of lifelong temptation by food by indicating that they, too, are sometimes tempted and fail (but that the organi-

zation gives them the ability to recoup failures quickly and effectively):

Lecturer: I ate three barrels of sauerkraut over the weekend and gained seven pounds, but now I know what to do and have taken almost all of it back off.

Deviance display serves to promote identification, underlines the *continued* necessity of organizational membership, and highlights the necessity for changed behavior and an ultimate commitment to "a new way of life," at the same time as it reinforces the stigmatized essential identity.

#### SUMMARY AND CONCLUSIONS

Our data lead us to the conclusion that an empirically grounded elaboration of Lemert's theory of secondary deviation is both possible and needs to be tested in various behavior change settings. Our elaboration of Lemert's theory of secondary deviation or, as would be more accurate in the situation described here, a *theory of secondary normalization*, adds the following propositions which delineate those features of the labeling situation which make secondary normalization more probable than secondary deviation.

1. The central change strategy in organizations which use "ex's" as change agents is the permanent acceptance of a stigmatized identity. This strategy is in opposition to the strategy of the promotion of a "cured" or "normal" identity, attempted by professional agents, such as mental hospitals and jails. Successful behavior change under the conditions described above, however, may require lifetime organizational membership to enable the stigmatized identity to be reinforced as

a "positive" feature of normal behavior and a normal way of life.

2. Individuals may change their behavior and way of life from deviant to normal on some relevant dimension, but may retain a stigmatized identity connected with that same dimension.

The ideal test of the theory of secondary normalization, would, like a test of the theory of secondary deviation, involve a long-term evaluative follow-up study of organizational graduates, something which has never been fully accomplished with any organization.<sup>8</sup> Since the weight loss organization does not give permission for social or medical research, it was not possible to obtain information permitting us to evaluate the success which they claim for their program.

This stance is typical of behavior-changing organizations, which generally resist independent evaluation of their success and failure rates. Some behavior changing organizations keep their own statistics of success and failure; this weight loss organization claims not to keep systematic records of any kind, and only occasionally gives any indication of the success or failure of the members. For example, the lecturers sometimes quoted gross total weight losses for the class (or for the city), but these were often misleading since gross weight gain was not subtracted. In one class where this was

done, the gross class weight loss for the month was over a hundred pounds, but the gross weight gain was nearly a hundred—leaving a total weight loss of a few pounds to be distributed among sixty or so members!

Failing the ideal test of Lemert's theory of secondary deviation (independently measured rates of success and failure when negative labels are used as a strategy for changing deviant behavior) this analysis suggests that the self-help organization studied here does not accept the view that escalation to deviant behavior always follows negative social labels. Furthermore, under certain conditions, such labeling can be used as a means to normalize deviant behavior. It is also clear that, in conflict with the traditional formulation of the theory of secondary deviation, stigmatization or normalization of identity can be viewed as *independent* of and not coterminous with deviant or normal behavior and way of life.

In summary, negative social labeling, or stigmatization, may have fateful consequences for the individual, but these are not always in the expected direction. In an expanded study of many behavior change groups dealing with drug use and child abuse as well as obesity, we found that *groups who used ex's as change agents all used strategies of identity stigmatization in order to facilitate normalization of members' behavior* (Warren, 1974). Such data give further empirical thrust to the conclusion that normal or deviant identity, way of life and behavior are empirically separable phenomena, erroneously analyzed under the umbrella "secondary deviation."

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<sup>8</sup> A few empirical (but not organizational-evaluative) studies of the effects of stigma do, however exist. These studies illustrate that the process of stigmatization involves the exchange of meanings between participants and is not simply a matter of label-sticking and passive receiving. Furthermore, "mental labeling" or stereotyping is not the same thing as the behavior that is directed toward the person so labeled. (See for example, Fisher, 1972; Foster et al., 1972; Schwartz and Stryker, 1970.)

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