

Coping with Obesity: The Use of Problem- and Emotion-Focused Strategies on Weight Watchers.com Message Boards

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This study examined the communication associated with overweight and obese individuals on Weight Watchers.com message boards. Data were systematically sampled from two separate Weight Watcher.com message boards and then coded for 14 various problem- and emotion-focused coping strategies. Findings indicate that on-line posters used more emotion-focused coping strategies (i.e., seeking support for emotional reasons and communicating acceptance) than problem-focused coping strategies (i.e., active coping and planning). Further, people were using the Weight Watchers site primarily as a way to elicit support and communicate encouragement rather than as a means to receive information about actual strategies to lose weight.

On-line support groups for health concerns have been examined extensively regarding conditions such as cancer (e.g., Lieberman et al., 2003; Shaw, McTavish, Hawkins, Gustafson, & Pingree, 2000), HIV/AIDS (e.g., Mo & Coulson, 2010; Peterson, 2009; Reeves, 2000), and mental health (e.g., Gredianus & Everall, 2010; Melling & Houguet-Pinchem, 2011; Perron, 2002). However, one population that has been overlooked in terms of on-line social support is that of the overweight and obese, even though currently, over half of America's population is classified as either overweight or obese (United States Department of Health and Human Services, n.d.). In addition, it has been projected that if the present trends in obesity continue, by 2030,

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86.3% of adults will be overweight or obese (Wang, Beydoun, Liang, Caballero, & Kumanyika, 2008).

While research has examined the success of on-line diet programs (e.g., Heshka et al., 2003; Tsai & Wadden, 2005; Womble et al., 2004), and the types of instruments one should use to examine social support in an on-line weight loss community (e.g., Hwang et al., 2011), few studies have examined the communication among the participants in an on-line, weight-related support group setting, particularly the communicative coping strategies used among members who are attempting to lose weight.

To help with weight loss, overweight and obese individuals often turn to a specific type of support group that deals with weight issues, such as Weight Watchers (WW), which is currently the number one diet program in America (“Best commercial,” 2011). WW is a program that focuses on behavior modification through weekly weigh-ins and group support through meetings and/or on-line discussion forums (Dansinger et al., 2005; Garb & Stunkard, 1974; Martin, 2000; Tsai & Wadden, 2005). While weight loss occurs on an individual level, WW creates a sense of community whereby individuals can come together to battle weight issues together.

Although Weight Watchers has proven itself to be an effective weight loss program (US News & World Report, 2011), the question remains as to what type of support the overweight and obese patrons of this organization are getting, for little research has been conducted examining how individuals cope with obesity (Conradt et al., 2008). Thus, this exploratory study, with a stress and coping emphasis, examines the function of communicative support in a population that has been overlooked by social scientific research – the overweight and obese who are attempting to lose weight. Despite a lack of current research with this population, this group of people needs to be examined, as overweight and obese people currently make up the majority of the United States’ population (United States Department of Health and Human Services, n.d.), and those numbers continue to grow (Wang et al., 2008). In addition, by understanding the coping strategies used by those who are trying to lose weight, practitioners, medical professionals, and academics can potentially create more effective message design regarding lifestyle changes.

Obesity and Stress

Folkman, Lazarus, Gruen, and DeLongis (1986) refer to stress as the “relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and as endangering well-being” (p. 572). This definition implies that stress is more of a process rather than an outcome, for it considers the environment as well as a person’s ability to cope with a stressor.

Stress and obesity have a reciprocal relationship. It is not uncommon for stress to cause a person to become obese and vice versa. Obesity has been associated with those who experience job stress (Kouvenen, Kivimaki, Cox, Cox, & Vahtera, 2005; Nishitani & Sakikibara, 2006; Waller, 2002) as well as personal stress (Ryden et al., 2001; Vitaliano, Russo, Scanlan & Greeno, 1996; Waller, 2002). This relationship between stress and obesity could be due to the fact that stress-related eating is a common phenomenon among the obese (Laitinen, Ek, & Sovio, 2002; Rand & Kulda, 1985).

Additionally, due to the physical and social impact of obesity, obese people experience distress (Hill & Wilson, 1998; Ryden et al., 2001). Discrimination against the obese is still socially acceptable (Crandall & Martinez, 1996; Latner, O’Brien, Durso, Brinkman, & MacDonald, 2008; Puhl & Heuer, 2009) and continues to rise (Andreyeva, Puhl, & Brownell, 2008). In addition, being overweight or obese is associated with many medical conditions, such as Type II diabetes, heart disease, and stroke (Bray, 2004; Solomon & Manson, 1997). Thus, those who are obese face both medical and social pressure to lose weight, creating stress in the dieter (Eldredge, Wilson, & Whaley, 1990; Kayman, Bruvold, & Stern, 1990; Rosen, Gross & Vara, 1987; Rosen, Tacy, & Howell, 1990).

There are many ways in which obese individuals might cope with the daily hassles and stress that accompany obesity. The following section examines the various coping strategies that are mentioned throughout the stress and coping literature.

Coping

Coping refers to “the person’s cognitive and behavioral efforts to manage the internal and external demands of the person-environment transaction that is appraised as taxing or exceeding the person’s resources” (Folkman et al., 1986, p. 572). There are numerous coping strategies, some of which are direct (strategies that are designed to

alleviate or change the source of stress), palliative (strategies that attempt to reduce the stress by making it more tolerable), adaptive (strategies that have positive effects) or maladaptive (strategies that have negative effects) (Brehm, 1997). Folkman and Lazarus (1980) contend that coping has two major functions: to constructively deal with the stressful situation (problem-focused coping) and to regulate emotions related to the stressor (emotion-focused coping). Although some people tend to use problem-focused coping when they perceive the stressor to be changeable, and emotion-focused strategies with stressors that are seen as unchangeable, it is common for people to employ both forms of coping with any given stressor (Folkman & Lazarus, 1980; 1985). In addition to Lazarus and Folkman's (1984) problem- and emotion-focused coping, a final coping strategy, seeking social support, also exists.

Problem-focused coping. Problem-focused coping is aimed at problem solving or altering the source of the stress. This type of coping is typically used when people perceive something constructive can be done about the stressor (Folkman & Lazarus, 1980). Some forms of problem-focused coping include active coping (taking active steps to try to change the source of stress) planning (coming up with action strategies about dealing with the stressor), suppression of competing activities (putting other activities aside in order to focus on dealing with the source of stress) and exercise of restraint (not acting prematurely and waiting for an appropriate opportunity to present itself) (Carver, Scheier, & Weintraub, 1989).

Emotion-focused coping. Strategies associated with emotion-focused coping are aimed at managing the emotional distress that is associated with the stressor. Folkman and Lazarus (1980) contend that people will often use emotion-focused coping when the stressor is something that must be endured rather than solved or reduced. Some forms of emotion-focused coping include behavioral and mental disengagement (giving up or feeling helpless with the stressor), positive reappraisal (managing emotions instead of dealing with the stressor), denial (refusing to believe the stressor exists), and turning to religion (turning to a higher power to cope with the stressor) (Carver et al., 1989).

Seeking social support. Seeking social support refers to reaching out to others for help dealing with a stressor (Carver et al., 1989). People seek social support primarily for two reasons. First, people might ask for advice, assistance, or information. This is known as seeking social support for instrumental reasons and is conceptualized as more problem-focused. Additionally, people might seek social support for emotional reasons or to get moral support, sympathy or

understanding from others, which is typically thought of as an emotion-focused coping strategy.

The Current Study

Because little research has been conducted on coping with obesity (Conradt et al., 2008), the current study seeks to examine what types of problem- and emotion-focused strategies obese individuals use in on-line weight loss support forums. The coping strategies associated with the overweight and obese have the potential to differ from coping strategies associated with conditions such as cancer, HIV/AIDS, and mental health, for the dominant perception associated with obesity is that one can *prevent* obesity (Puhl, 2003; Puhl & Brownell, 2003; Wang et al., 2004). While some would argue that certain cancers, such as lung cancer and throat cancer, are preventable by limiting tobacco consumption, one does not need tobacco to survive. Obesity, on the other hand, is caused by food intake, and one must eat to survive. Thus, there is often a different stigma associated with contracting a preventable cancer as opposed to obesity.

In addition, coping strategies for the obese have the potential to differ from coping strategies of other conditions due to the fact that obesity is a visible condition (Puhl, 2003; Puhl & Brownell, 2003; Wang et al., 2004), while other ailments, such as cancer, HIV/AIDS, and mental health problems, may not be seen. For example, a person may not face the stigma of having HIV unless she tells others she has the condition, but a person will automatically experience the stigma of obesity just by her appearance. Thus, this study sought to examine how obese individuals communicate with others while having a visible and preventable condition.

Moreover, while there is a tendency to view coping as a psychological construct (Folkman et al., 1986), research has demonstrated that it is simultaneously behavioral in nature and is associated with effective communication skills. Research regarding stress in families has shown that communication is a central element in family coping (Burr & Klein, 1994; Plutchik & Plutchik, 1990). These studies point to the notion that those families who engage in effective communication have better coping styles and experiences. In addition, coping through communication has been shown to be an effective means of dealing with stressors. Smyth (1998) concluded that those who are able to express stressful feelings are able to reduce the negative impact of stress in their lives. Similarly, studies by

Pennebaker and colleagues have also supported these claims, noting that those who are able to write out their emotional expressions regarding stressors feel more equipped to handle stressful situations (Pennebaker, 1995; Pennebaker & Beall, 1986; Pennebaker, Colder, & Sharp, 1990). Thus, the current study also adds to the literature regarding the communicative processes associated with coping by examining the written coping strategies of an overlooked population: the obese who are trying to lose weight.

To do this, the following research question is proposed:

RQ1: Because Weight Watchers centers on social support, what type of problem- and emotion-focused strategies do obese individuals use in on-line weight loss support discussion boards?

Method

To gain a better understanding of how obese people communicate about their weight in a naturalistic setting, Weight Watchers Internet discussion forums were examined. Online discussion boards provide the opportunity to observe discourse unobtrusively, and this medium was chosen specifically to observe these phenomena because of the relative anonymity associated with online discourse (Braithwaite et al., 1999). Because individuals who are overweight or obese face stigma due to their condition, observing other forms of discourse, such as face-to-face support groups (e.g., Weight Watchers weekly meetings), could potentially limit the amount and type of interaction among participants.

Data Source

Weight Watchers (WW) is a for-profit organization that seeks to help people lose weight through self-help groups. Recently chosen as the top diet program in the country (US News & World Report, 2011), the weight loss program was designed by professionals and consists of a balanced, low calorie diet, an activity plan, and a support system through weekly meetings and Internet support (Dansinger et al., 2005; Martin, 2000; Tsai & Wadden, 2005; Weiner, 1998). This notion of group support provides accountability as well as encouragement. At the same time, the group may function as a network of friends during a time when people are generally ostracized due to their weight.

The online version of WW includes open discussion boards where both members and non-members can talk about their weight loss struggles and can seek support, 24 hours a day, as needed (Womble et al., 2003). Some purely use the online version of the program and consider the discussion boards their meetings, while others choose to use the discussion boards as a supplement to their meetings. In addition, the online forum allows non-members to ask about the program and gain general health advice and support from those with the same or similar conditions.

Sample

Weight Watchers online features 55 discussion boards. Discussion boards are divided into 10 sub-categories, including “The Plan and the Site,” “Food,” “Fitness and Health,” “Common Goals,” “General Topics,” “Similar Interests,” “Family,” “People My Age,” “Weight to Lose Boards,” and “Encouragement.” Within each sub-category, there are four to eight message boards. All of these divisions are WW-structured rather than participant structured.

Those who participate in the message boards do so with a pseudonym and usually list their starting weight, current weight, and goal weight as a part of their message (e.g., LabLover 225 lbs/220 lbs/160 lbs). In addition, participants often list a quote or mini-goals as part of their signature to their message (e.g., If you believe it you can achieve it). For the purposes of this study, only the posted messages were examined and not the personal signatures or listed weights.

Data Collection Procedures

Data for this study were collected between April 5, 2008 and April 11, 2008, and between October 14, 2009 and January 14, 2010. Two different message boards were chosen for analysis for this study. Data collected in April 2008 came from the “100+ Pounds to Lose” in the “Weight to Lose Boards” subcategory. This board was chosen for analysis because those who have over 100 lbs. to lose are more likely to have noticeable weight problems than those with less to lose and therefore, they would be more likely to experience the stigma associated with obesity than those with less to lose condition (Puhl, 2003; Puhl & Brownell, 2003; Wang et al., 2004). Further, these people are more likely to suffer from physical problems stemming from their weight and would be more likely to be advised from a

medical doctor to lose weight. A random number generator (www.random.org) was used to provide a starting and sequence number to pick the threads within the board to be sampled. Every twelfth thread in the discussion board was sampled each day for a total of 275 threads for the seven-day period.

Data collected during the months of October through January came from the “Out of Control” in the “Encouragement Boards” subcategory. This board was chosen for analysis because it does not have a specific group attached to it, for people from various groups (i.e., a range of ages, pounds to lose, and men and women) post on it, thus eliminating an intergroup effect on the talk. For example, those who post on the “100+ Pounds to Lose” board have their own culture and community as a message board, which could have an effect on what people talk about and how they talk about it. Additionally, the name of this board implies that its participants are undergoing stress from a situation they are unable to control. As with the “100+ Pounds to Lose” board, a random number generator (www.random.org) was used to provide a starting and sequence number to pick the threads within the board to be sample. Every fourth thread in the discussion board was sampled each day for a total of 530 threads.

Analytical Procedures

The goal of this study was to examine the types of coping communication associated with stress and with on-line weight loss support programs. To do so, content analytic procedures were used. Two undergraduate students unitized the data in accordance with Auld and White’s (1956) thought units, resulting in 10,080 thought units. After unitization, coders were given a codebook to code for various problem- and emotion-focused coping. The coding scheme was created using Carver et al.’s (1989) COPE inventory. This inventory was chosen in particular because it has been used in applied health studies conducted in naturalistic settings (e.g., Carver et al., 1993). The COPE inventory was derived from theoretical models of stress and coping, namely Folkman and Lazarus’ (1980; 1984) research, as well as Carver and Scheier’s (1981; 1990) model of behavior self-regulation. The COPE comprises 14 different scales, including various problem- and emotion-focused strategies. Some of the category names for this study were adapted from the Brief Cope (Carver, 1997). The problem-focused strategies coded for include: active coping, planning, suppression of competing activities, restraint coping, and seeking social support for instrumental reasons. Additionally, there were eight emotion-focused coping strategies. These strategies include seeking

social support for emotional reasons, positive reinterpretation and growth, acceptance, turning to religion, venting of emotions, denial, behavioral disengagement, mental disengagement, and alcohol-drug disengagement. See Appendix A for the complete codebook of definitions and examples of each strategy.

Because the COPE inventory has not been used as a coding scheme, the primary researchers used the conceptual definitions of each component to develop a coding scheme applicable to weight loss. Once the coding scheme was solidified, it was tested with a random sample of the data for reliability, resulting in a Scott's pi of .92.

Results

To assess the proportion of problem and emotion-focused coping that took place on the message boards, frequencies were calculated for each strategy. Of the 10,080 thought units, 449 (4.45%) were problem-focused coping, coping refers to coping that tries to directly solve the problem of stress (Lazarus & Folkman, 1980). The first type of problem-focused coping, active coping, was comprised of messages that talked about taking active steps to lose weight. These messages appeared 0.5% (49/10,080) within the sample. Active coping messages included, "going for a run on treadclimber" and "I'm taking a walk today."

In addition to active coping, planning messages were written in the first person and focused on action strategies to lose weight or giving advice about strategies to lose weight. These messages included "planning the cake as part of your pts or if you have weekly pts to use is BF/OP [best friend/on program]," "However :- (eating frosting until it makes you sick (one of my faves) is probably not OP," and "Concentrate on one meal at a time today with not binging." Planning messages consisted of 3% (328/10,080) of the sample.

Suppression of competing activities was another problem-focused coping strategy. These messages addressed how other aspects of one's life would suffer because the poster is consumed with losing weight. However, no messages fell into this category.

Another problem-focused coping strategy, restraint coping, was found among the posts. Restraint coping refers to thinking about consequences of actions before completing them and restraining oneself from doing anything too quickly. Examples of these messages include, "I KNEW it was going to be until lunch before we actually got

something to eat so I grabbed grapes and a big thing of water and a granola bar,” or

I just recently started eating only half of my taco del mar burrito and when I know we've got some running around to do afterward and I can't get the leftovers in the fridge, I've started bringing the kids lunchbag and some of those ice cooler squares (spaced what they're really called) so I can bring the leftovers home and enjoy on a different day.

Very few messages (0.1%, 8/10,080) fell into this category.

The final type of problem-focused coping, seeking social support for instrumental reasons, included messages that asked for constructive advice, assistance or information. These messages included items such as, “So, my big question is ... how is everyone going to deal with the Halloween candy?” and “How many pts does that grilled chicken have?” These messages comprised almost 0.6% (64/10,080) of the messages.

As opposed to problem-focused coping, almost all (95.54%) of the messages on the Weight Watchers.com discussion boards sampled were associated with emotion-focused coping. Emotion-focused coping refers to communication that seeks to manage emotions associated with the stressor (i.e., being overweight/obese and trying to lose weight) (Lazarus & Folkman, 1980).

The majority of the messages on the board (80%, 8,093/10,080) were associated with seeking social support for emotional reasons. Messages that fell into this category consisted of communicating support or encouragement, such as “Hang in there during the tough time and stay strong,” “Hugs!,” and “You are a strong, beautiful, wonderful, woman (and Mom!), and deserve the very best in life, just like everyone on this board.” This category also encompassed messages asking for support and encouragement, which included messages such as “Any advice for tonight?” and “Can someone help me through this?” In addition, greetings and closings fell into this category, such as “Hello” and “Bye.” Similarly, small talk that was not associated with weight loss was also included in this category. For example, “You should be a deer for Halloween” and “I have already got my nails done this morning, went to my granddaughter's school Halloween parade, having lunch with another daughter, and later taking my youngest daughter to the train station to go visit her boyfriend for the weekend” fell into the seeking social support for emotional reasons category.

Emotion-focused coping also included positive reinterpretation and growth messages. Items that fell into this category focused on reframing the stressor into something positive. Some of the posts included, “I went to the meeting, reluctantly, and discovered I had maintained, which was better than gaining, as I thought I had” and “I figure as long as I don’t quit – I’m still winning, even if the scale doesn’t quite agree.” Three messages (.001%) fell into this category.

Another type of emotion-focused coping centered on acceptance. Messages in the acceptance category were in the first person and provided personal facts or information about losing weight. Messages such as, “DW (dear wife) and I have been in WW since July 08 and had lost well” and “I managed to stay off the floor and got in some good exercise to boot!” were coded as acceptance. Similarly, this category also contained messages in which one communicated his/her acceptance of the situation or stressor regarding weight loss. For example, “and I just dont feel like food is consuming me anymore” was coded also coded as acceptance. Fifteen percent (1,494/10,080) fell into this category.

Similarly, emotion-focused coping messages also included references to turning to religion to deal with the stress of losing weight or turning stress over to a higher power. Messages that were coded into this category included quotations from holy books. No messages in the data fell into this category.

The venting of emotions category included negative messages about losing weight and statements of distress regarding weight loss. These messages included, “during the week the work tension often leads to stress eating and *very* bad choices” and “I was shocked but then I realized, they were probably wondering why DH married such a huge freak to begin with so any change would be noticed.” Thirty-seven (0.4%) fell into this category.

In addition, emotion-focused coping strategies addressed issues of denial and behavioral disengagement. Messages associated with denial focused on refusing to acknowledge the stressor, and messages that dealt with behavioral disengagement focused on physically giving up regarding weight loss. However, no messages were coded into either category.

Moreover, the category of mental disengagement was an emotion-focused strategy that contained messages that referred to distracting oneself with various activities to prevent a person from thinking about weight or weight loss. Three messages (.001%) fell into this category. These messages included, “when you say that you are bored and eat all

the time, it leads me to think you must be retired” and “if that’s the case, you need some hobbies, preferably ones that will keep your hands busy!”

The final emotion-focused coping category was alcohol and drug disengagement. Messages that fell into this category referred to turning to alcohol or drugs to deal with the stress of weight loss. One message fell into this category.

Discussion

The findings indicated that the on-line posters used more emotion-focused coping strategies than problem-focused coping strategies. Problem-focused coping is aimed at problem solving or altering the source of the stress, while strategies associated with emotion-focused coping are aimed at managing the emotional distress associated with a stressor (Folkman & Lazarus, 1980).

The number of emotion-focused coping strategies compared to problem-focused coping strategies indicates that people are using the site primarily as a way to seek support rather than as a means to receive information about strategies to lose weight. Posters do not frequently address the actual process of weight loss, nor do they ask questions about the program. Instead, the majority of the posts center on small talk that has little to do with losing weight. This trend was evident in both the “Out of Control” and the “100+ Pounds to Lose” boards. Overweight individuals are often ostracized in society (Latner et al., 2008; Puhl & Heuer, 2009), and within this message board, people who are overweight can connect to others without fear of being judged.

The main way that on-line posters used the boards was as a means of social support for emotional reasons. This included seeking moral support and encouragement, as well as small talk not associated with weight loss. The on-line posters view these message boards as a community, which is similar to other findings regarding on-line health support groups (e.g., Macias et al., 2005; Scheerhorn et al., 1995).

The everyday situations that posters address can be linked to their weight, but they rarely make the direct connection to weight with their messages. This indicates that weight is not the sole stressor in their lives. Rather, it’s possible their weight is a by-product of what they deal with on a day-to-day basis and by talking about their everyday stressors, they are perhaps able to manage their weight in a more effective way since stressors can often times lead them to overeat. The ability to communicate about things other than weight on the message boards could be one of the reasons why the WW plan is so successful

among its clients. Laitnen et al. (2002) suggested that programs used to treat and prevent obesity should cover the way that people deal with their emotions, and by providing an outlet for people to deal with their emotions and everyday stressors, Weight Watchers endorses a communicative method that directly affects how people are able to manage their weight.

In addition to seeking social support for emotional reasons, the emotion-focused strategy of acceptance was also found in the posts. Acceptance refers to first-person posts that communicate the acceptance of one's situation, personal facts or information about losing weight. In essence, posters communicate openly about why they are at WW. This supports previous research (e.g., Crandall & Martinez, 1996) about the obese, which noted that obesity is a condition that society attributes to the fault of the individual.

Although most of the posts were associated with emotion-focused coping, problem-focused coping was also present, with most falling into the planning category. Posts in this category were written in the first person and included action strategies associated with weight loss. People would communicate about their plans to workout or plans to eat healthfully without provocation, indicating that the boards function as a source of accountability for the participants. By publically proclaiming and committing to certain actions, a person puts him or herself in a position to be judged if he or she does not follow through with the plan. This serves as motivation to adhere to the strategy.

In addition to planning, seeking social support for instrumental reasons was also used by the posters. This type of social support centered on asking for constructive and tangible advice and information. Most of these posts focused on using the message boards as a way to gain clarification about WW as a program. Participants would ask about "points" for a food, or they would ask for strategies on how to deal with various food situations, such as dealing with Halloween.

However, there were few posts that actually dealt with active coping. People on the site are getting general encouragement from others, such as hearing "Good job!" and "You can do it!" but rarely do they receive messages about *how* to accomplish their goals. The members of the site appear to advocate encouragement over action. This finding was both expected and unexpected. It makes sense that people would use such boards to harness support instead of give constructive advice because they all allegedly have 100+ pounds to lose or are struggling with a sense of being "out of control." Therefore,

they might feel they are not credible enough to give constructive advice or communicate solutions that are actually effective. Conversely, these findings were somewhat unexpected given that a primary goal of WW is for its members to lose weight, and a natural assumption is that those using the discussion boards are sharing tips on how to be successful with this feat. There are several reasons we think our findings did not reflect this. First, it is entirely possible that people are using multiple outlets or discussion forums simultaneously and are receiving advice or learning about effective weightless solutions from those sources. It is also plausible that people using “100+ Pounds to Lose” and “Out of Control” discussion forums are using them to form an identity with the respective forum members. The name of these focus boards somewhat imply that compassion is a necessary component and perhaps people are seeking out others who are just like them and will accept them. This would help explain why there were so many posts of general encouragement. Last, the issue of favoring encouragement over action could be attributed to a dialectical tension with the WW program itself. People join Weight Watchers to receive support from a group that they eventually want to disassociate with in the long run. While they want to create a community with other overweight individuals within the message boards, they do not want to become so enmeshed and dependent on them that they cannot achieve their weight goal and leave the group. The dialectical phenomena of community and mutual meaning-making create an interesting perspective to the in-group/out-group conundrum that obese individuals face while losing weight. While this was not the focus of the current exploratory study, it is discussed more in the future research section.

Limitations and Future Research

Because this study served as an exploratory investigation of an overlooked population, there were several limitations as well as opportunities for future research. Due to the anonymity of the posters, demographic information was not available. This information (i.e., length of time being a member of WW, age, relationship status, race, employment status, educational attainment, etc.) would have been valuable because it could have provided some more insight into why certain coping strategies were more prevalent than others. Similarly, the anonymity of the posters prevented the researchers from ascertaining whether this type of coping benefitted the participants' weight loss efforts.

Future research should be directed at unpacking the functions and goals of each discussion board. It is possible that certain coping strategies are associated with specific message boards. Therefore, comparing the coping strategies used in each of the discussion boards would be worthwhile. This information would be valuable for members and the creators of WeightWatchers.com because it would emphasize the various functions message boards serve. Moreover, future research on WW should examine the types of messages people use depending on their weight status and goal achievement. It is possible that people use problem- and emotion-focused coping strategies intentionally because they function differently at various weight loss stages.

In addition, future research should examine the role of dialectical tensions within the WW program itself and how these tensions manifest in the communication of the members. While WW seeks to create community through a common goal of weight loss, they also simultaneously create a desire for one to be disassociated with the group by achieving one's goal weight. Future research should examine this tension and how members deal with it communicatively.

By examining the communication messages used by overweight and obese individuals on Weight Watchers discussion boards, it can be concluded that these message boards (i.e., "100+ Pounds to Lose" and "Out of Control") are primarily used to seek social support for emotional reasons rather than to share tips or constructive information about how to lose weight. The boards function as outlets for people to feel safe and accepted, thus fulfilling one of Weight Watchers goals of connecting with others to share encouragement and inspiration. However, one drawback to this is that there is little exchange of communication on *how* to lose weight and keep it off, which is another goal of Weight Watchers message boards. The emotional support might serve as a crutch to actual weight loss or it might serve as fuel to engage in more active coping and planning.

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Appendix: Codebook

PROBLEM-FOCUSED COPING

1 = Active coping

- First person: Present tense, taking direct, active steps to lose weight (must be related to weight loss)
- Describing actions for losing weight

Examples:

- I exercise daily.
- I'm going to run now and get some control back into my day
- I have been OP (on plan) all day.
- And I'm at the point that I finish up 4 miles at this rate.

2 = Planning

- First person: Coming up with action strategies about losing weight (can be future tense)
- Giving advice or information about strategies to lose weight (must be related to weight loss)

Examples:

- Tomorrow is a running day for me.
- Can you find a few flights to climb, a bike to ride, a girlfriend or boyfriend to walk with?
- A lot of times people can mistake thirst for hunger.

3 = Suppression of competing activities

- Other aspects of life suffer because you are consumed with losing weight

Example:

- I can't get my work done because I think about exercising all the time.

4 = Restraint coping

- Restraining oneself from doing anything too quickly
- Thinking about things before you do them

Examples:

- I thought about eating this for lunch but then I looked at the points.
- I want to work out but my ankle isn't healed yet.

5 = Seeking social support for instrumental reasons

- Asking for constructive advice, assistance, or information
- Seeking tangible support and facts

Examples:

- Can someone explain to be how to swap AP (activity points)
- I was wondering how you guys keep your mind occupied so you're not tempted to run to the fridge when you have nothing to do.

EMOTION-FOCUSED COPING

6 = Seeking social support for emotional reasons

- Seeking moral support and encouragement
- Small talk not having to do with weight loss
- Giving encouragement and support
- Greetings and closings

Examples:

- OMG, I was so thinking the same thing when I saw a WW commercial last night
- So, since I took absolutely no mercy on my aerobics students today, I am not holding back with any of you either.

7= Positive reinterpretation & growth

- Looking at the glass as half full (not half empty) about losing weight
- Seeing positive aspects from an otherwise stressful situation

Examples:

- All you can do is keep a goal in mind and ask yourself each day, what can I do to bring myself closer to this goal.

8 = Acceptance

- First person: Personal facts or information about losing weight (can be past tense)
- First person: Accepting the situation/stressor regarding weight
- First person: Can be past or present statements

Examples:

- One thing that I love is to take FF crackers or Triscuits and put a dab of pizza sauce and a little sprinkle of mozzarella.
- I always struggle with drinking water.
- And all that goes with being this overweight.

9 = Turning to religion

- Turning your stress over to a higher power about losing weight
- Praying or bible quotes to get you through weight loss

10 = Focus on and venting of emotions

- Personally venting negative feelings and emotions about losing weight
- Statements of distress about weight/weight loss

Examples:

- I am tired of being the fattest person I know.
- Because I have of course gained all of my weight back....blah!
- And not dancing at weddings because I am so self-conscious.

11= Denial

- Refusing to believe that the stressor exists (about weight loss)
- A statement with no repercussions

12 = Behavioral disengagement

- Behaviors of physically giving up regarding weight

13 = Mental disengagement

- Distracting oneself with various activities (i.e., TV, sleeping, daydreaming) so you don't think about weight/weight loss

Examples:

- It helps to chew gum when you're doing something like that because then it's more of something you have to constantly remove in order to remove the cookie.
- Because you can't grab food because your nails are wet.

14 = Alcohol-drug disengagement

- Turning to alcohol or drugs to deal with stress (i.e., weight and weight loss)

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