

Stuart R B. Behavioral control of overeating. *Behav. Res. Ther.* 5:357-65, 1967.
[School of Social Work, Univ. Michigan, Ann Arbor, MI]

A logic for the functional analysis and control of eating behavior is presented along with case data on the efficacy of highly structured intervention methods with eight moderately obese women. Treatment involves identification and change of chains of eating-related behaviors. [The Social Sciences Citation Index® (SSCI®) indicates that this paper has been cited in over 220 publications since 1967.]

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"For many years, obesity had been regarded as an intractable if not untreatable disorder. While clearly attributable to a positive energy balance, it had long been assumed that the control system of the urge to overeat was neuroanatomical, neurochemical, or psychodynamic. Therapeutic approaches therefore characteristically ignored the focal problem—eating too much while expending too little energy—in favor of focusing on hypothetical underlying mechanisms.

"At the time when efforts were first being made to apply laboratory-derived techniques for the functional analysis of behavior to humans, I was just beginning to do clinical research at the University of Michigan. Overeating appeared to be a suitable therapeutic objective because it was measurable, could be assessed promptly, and seemed related to such other problems of behavioral excess as smoking, substance abuse, and alcoholism. Therefore, I contracted to work with a 40-year-old woman seeking a weight loss of 47 pounds. Through

the course of five months, an effective program was developed for her use. Seeing her weight loss, the three other members of her duplicate bridge game presented for treatment. Their success was noted by various physicians in Ann Arbor, and they, in turn, began referring patients to what became an eating disorders clinic.

"Adaptations and expansion of the methods described in this paper resulted in the publication of a book¹ which described a three-stage program of change in behavior, nutrition, and activity patterns. This manual served as the basis for several hundred investigations which generally proved to be more effective than alternative approaches to the management of mild to moderate obesity.²

"Unfortunately, further investigation revealed that changes achieved through these direct methods were not long-lasting. It appeared as though the urge to overeat was an outgrowth of life-style patterns that resulted in strong negative moods like depression, anxiety, boredom, or anger. These moods were the immediate precursors to most problem-eating incidents. The long-term control of obesity depended upon a two-phase approach in which eating urges were controlled through life-style change and eating behavior was then directly attacked through the techniques originally described.³ It is regrettable that papers using the more narrow approach still appear, and I can only hope that citation of the newer, more effective methods will supplant mention of the earlier effort.

"Two things happened simultaneously to create a fertile ground for this paper. First, the results of epidemiological studies such as the Framingham series heightened awareness among public health professionals about the association between obesity, hypertension, and related cardiovascular diseases. Second, human applications of behavior change technology were beginning to receive positive clinical attention. This paper provided public health professionals with a previously unavailable means of promoting weight loss at the same time that it gave behavior modifiers an opportunity to apply their evolving technology to a clinically relevant problem with precisely measurable outcome."

1. Stuart R B & Davis B. *Slim chance in a fat world: behavioral control of obesity.*

Champaign, IL: Research Press, 1972. 240 p.

2. Stuart R B, Mische C & Jensen J A. Therapeutic options in the management of obesity.

(Prokop C K & Bradley L A, eds.) *Medical psychology: contributions to behavioral medicine.* New York: Academic Press, 1981. p. 321-53.

3. Stuart R B. The chances of keeping it off after taking it off: the maintenance of weight loss.

(Davidson P O, ed.) *Behavioral strategies for lifestyle change.* New York: Brunner/Mazel, 1979. p. 151-94.