

**Harris M B.** Self-directed program for weight control: a pilot study.  
*J. Abnormal Psychol.* 74:263-70, 1969.  
[Stanford University, CA]

A behavioral weight control program using self-monitoring, positive reinforcement, stimulus control, modification of the act of eating, and aversive counterconditioning led to weight loss for all participants with no undesirable side effects. Control group subjects tended to gain weight. [The *Science Citation Index*® (SCI®) and the *Social Sciences Citation Index*® (SSCI®) indicate that this paper has been cited in over 145 publications since 1969.]

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"Even counting my unpublished undergraduate thesis, this paper was only the third research study I had ever done. In 1966-1967, I was a second-year graduate student at Stanford University, inspired by the new techniques for behavior modification and discouraged by my own upwardly mobile weight, when I began the research described herein. Ferster, Nurnberger, and Levitt<sup>1</sup> had suggested many of the procedures which I used or modified but had provided no data to substantiate them. Stunkard<sup>2</sup> had provided a rationale for the importance of research in the area by summarizing the dismal results of previous research on weight control programs. My adviser, Albert Bandura, provided useful advice and the facilities for the program, and my own naivete and enthusiasm provided the belief that if people are taught behavioral techniques which can lead to

permanent habit change, attainment and maintenance of weight loss should be relatively simple.

"With this goal in mind, I attempted to devise a behavioral program that would include a little bit of everything, from self-monitoring to positive reinforcement to stimulus control to altering the actual chain of behaviors involved in eating. In addition, I used an aversive counterconditioning procedure with one group of subjects and learned far more about individual variations in the subjective experience of nausea than I ever cared to know. By following this program, all subjects, as well as I, lost weight, with no apparent undesirable side effects. The control group subjects tended to gain weight. To top it off, the paper was accepted by the editor of the *Journal of Abnormal Psychology* with a very kind letter within two weeks. Needless to say, I have never received such a speedy response, even a rejection, from any journal since.

"I would guess that this article is widely cited because it was one of the first to use behavioral techniques for weight control in a well-designed study. Since its appearance, I have conducted a number of other studies on behavioral weight control, stressing exercise as well as eating behaviors. However, I have come to realize that even the most effective programs rarely lead to attainment and maintenance of socially ideal weights, and so I have turned more to studying social attitudes toward obesity and the pressures which lead people to feel that they must be thin to be attractive and/or happy.<sup>3,4</sup> I now feel that 'overweight' people would be best advised to focus on developing healthful eating and exercise behaviors and to be less concerned about their weight. However, I must admit that doing research on obesity is an excellent way to maintain one's weight at a socially acceptable level."

1. Ferster C B, Nurnberger J I & Levitt E B. The control of eating. *J. Mathetics* 1:87-109, 1962. (Cited 175 times.)
2. Stunkard A J. The management of obesity. *NY State J. Med.* 58:79-87, 1958.
3. Harris M B. Eating habits, restraint, knowledge and attitudes toward obesity. *Int. J. Obesity* 7:271-86, 1983.
4. Harris M B & Smith S D. The relationships of age, sex, ethnicity and weight to stereotypes of obesity and self-perception. *Int. J. Obesity* 7:361-71, 1983.

\*See also Stunkard A J. Citation Classic. Commentary on The results of treatment for obesity: a review of the literature and report of a series. *Arch. Intern. Med.* 103:79-85, 1959.  
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