"If ‘cure’ from obesity is defined as reduction to ideal weight for five years, a person is more likely to recover from most forms of cancer than from obesity" (Brownell, 1980, p. 820). According to the second National Health and Nutrition Examination survey, 26% of all U.S. adults are overweight (Van Itallie, 1985). This percentage accounts for 34 million people of which 12 million are severely overweight, or obese. Successful treatments for obesity are rare (Nicholas & Dwyer, 1986; Stunkard, 1976, 1986). As with other habits such as smoking, initial improvement is most often followed by relapse (Brownell, Marlatt, Lichtenstein, & Wilson, 1986; Brownell, 1980; Collins, Rothblum, & Wilson, 1986; Colvin & Olson, 1983; Hartz, Kalkhoff, Rimm, & McCall, 1986; Stuart, 1971; Stunkard, 1976).

A hypothesized reason for the problems people face with dieting is that overweight individuals perceive themselves as having little control over their impulses with regard to food consumption (Krantz, 1979; Lowe & Fisher, 1985; Striegel-Moore & Rodin, 1986). Motivation plays a vital role in weight loss and its maintenance (Israel, Silverman, &
Many successful weight loss programs report extremely high attrition rates. Stunkard (1976) found that widely known programs such as Weight Watchers or TOPS (Take Off Pounds Sensibly) reported six month attrition rates as high as 90%. Stunkard (1976) reported that patients who completed psychotherapy for an average of two years, sometimes consisting of daily visits, eventually lost weight and kept it off, or at least were able to accept their weight. However, long term psychotherapy is not readily available to many people. Relapse prevention is the key area needing further research.

Chamber REST in combination with motivational messages has been shown to be effective with habit disorders that have varying etiologies, durations, and poor prognoses (Suedfeld, 1980). The most encouraging results have been reported in studies of smoking cessation (A. Barabasz, Baer, Sheehan, & M. Barabasz, 1986; Best & Suedfeld, 1982), weight control (Borrie & Suedfeld, 1980), and trichotillomania (M. Barabasz, 1987b). The intriguing finding, in studies that employ chamber REST as a treatment method for smoking cessation, is in the long term follow-up data (A. Barabasz, Baer, Sheehan, & M. Barabasz, 1986; Best & Suedfeld, 1982). In a one year follow up, Best and Suedfeld (1982) reported a smoking abstinence rate of 53%. At a 19 month follow up of 327 subjects exposed to seven alternative treatments at the Harvard Medical School, REST with hypnosis was the most effective treatment showing a smoking abstinence rate of 47% (A. Barabasz, Baer, Sheehan, & M. Barabasz, 1986). These data give an indication of the impressive durability of results involving chamber REST, and demonstrate that long term effects can be obtained in the treatment of habits resistant to change following a single treatment session. This finding seemed promising for the application of REST to weight control, in light of reported attrition rates from popular, well-known weight-loss programs (e.g., TOPS, Weight Watchers) (Stunkard, 1986).

An intriguing observation by Suedfeld and Clarke (1981) was that subjects undergoing REST treatment for smoking cessation who were allowed to bring a few of their favorite foods into the session consistently reported lowered preferences for those foods. In further research, the authors replaced the anti-smoking educational message