RESEARCH TRENDS IN BEHAVIORAL MEDICINE*

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INTRODUCTION

Behavioral medicine is a new and still evolving concept in the health care field. As noted elsewhere (Gentry, 1982), the term itself has been used in several distinct ways to highlight teaching, research, and clinical service activities of various groups of behavioral, social, and biomedical scientists and clinicians. The two primary tracks of activities that fall under this rubric essentially have to do with: (a) the application of "behaviorism" to medicine, and (b) an integration of thought and technology between biomedical and behavioral science disciplines. The former represents an outgrowth of Birk's (1973) initial use of the term in defining the merits of biofeedback in treating medical disorders such as asthma, epilepsy, tension and migraine headaches, and Raynaud's Disease. The latter reflects a consensus definition emanating from the now historic Yale Conference on Behavioral Medicine (Schwartz & Weiss, 1978b) and subsequently amended at a similar meeting held at the Institute of Medicine, National Academy of Sciences (Schwartz & Weiss, 1978a). The "behaviorism" definition of behavioral medicine is perhaps best illustrated by Pomerleau and Brady (1979):

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(a) the clinical use of techniques derived from the experi-
mental analysis of behavior - behavior therapy and
behavior modification - for the evaluation, prevention,
management, or treatment of physical disease or physio-
logical dysfunction; and (b) the conduct of research con-
tributing to the functional analysis and understanding of
behavior associated with medical disorders and problems
in health care. (p. xii)

The Yale Conference definition (Schwartz & Weiss, 1978a), on the
other hand, refers to:

"...the interdisciplinary field concerned with the deve-
lopment and integration of behavioral and biomedical
science knowledge and techniques relevant to health and
illness and the application of this knowledge and these
techniques for prevention, diagnosis, treatment, and
rehabilitation." (p. 250)

Each track has its proponents (e.g., Society of Behavioral
Medicine vs. Academy of Behavioral Medicine Research), whose ac-
tivities tend to further define the basic present and future goals
subsumed under each respective definition. For example, the "beha-
viorism" track seeks to legitimize and extend the clinical appli-
cation of behavioral psychology to traditional medical problems.
In contrast, the Yale Conference definition offers a more inclu-
sive, broad-spectrum approach to health care and health research,
one that goes beyond the intellectual confines and dogma of any
single biomedical or behavioral science discipline.

Both definitions have merit chiefly in that they serve both as
(a) a masthead for ongoing activities by behaviorists operating
within the medical establishment and scientists who stray from
"disciplinary conformity" (Miller, 1981), and (b) a catalyst or
"point of departure" (Schwartz & Weiss, 1978b) for futuristic
activities carried out by biobehaviorists, a new breed of health
care professionals and researchers.

In this chapter, we attempt to define early trends in beha-
vioral medicine research, i.e., those evident in the first decade
since Birk (1973) first coined the term. As such, we do not
attempt to provide a comprehensive encyclopedic review of the
totality of empirical research which rightfully falls under this
rubric (see Gentry, 1984); rather we propose to identify trends
based on a representative sampling of research literature taken
largely, though not exclusively from the Journal of Behavioral

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