

Academy of Behavioral Medicine Research

Steering Committee Meeting

April 10-11, 1978

Institute of Medicine

National Academy of Sciences

Washington, D. C.

Academy of Behavioral Medicine Research

Participants

Dr. W. Stewart Agras  
Professor of Psychiatry  
Stanford University School of Medicine

Dr. John Basmajian  
Professor of Medicine  
McMaster University

Dr. Herbert Benson  
Associate Professor of Medicine  
Harvard Medical School

Dr. Morton Bogdonoff  
Fellow, Center for Advanced Studies  
in the Behavioral Sciences

Dr. Joseph Brady  
Professor of Behavioral Biology  
The Johns Hopkins University School of Medicine

Dr. J. Paul Brady  
Professor and Chairman  
Department of Psychiatry  
University of Pennsylvania

Dr. Michael F. Cataldo  
Director, Behavioral Medicine Center  
The Johns Hopkins University

Dr. David Clayman  
Associate Professor and Coordinator  
of Consultation and Liaison Services  
Department of Behavioral Medicine and Psychiatry  
West Virginia University Medical Center

Dr. Robert DuPont  
Director  
National Institute of Drug Abuse

Dr. Robert Eliot  
Professor of Cardiovascular Medicine  
University of Nebraska Medical Center

Dr. Richard Evans  
Professor of Psychology  
Department of Psychology  
University of Houston

Dr. John Farquhar  
Director, Stanford Heart Disease Prevention Program  
Stanford University Medical School

Dr. W. Doyle Gentry  
Professor of Medical Psychology  
Department of Psychiatry  
Duke University Medical Center

Dr. David Glass  
Professor of Psychology  
The Graduate Center  
City University of New York

Dr. Alan Gruber  
President  
South Shore Counseling Associates

Dr. David Hamburg  
Director, Institute of Medicine  
National Academy of Sciences

Dr. J. Alan Herd  
Associate Professor of Psychobiology  
Harvard Medical School

Dr. Michel Ibrahim  
Chairman  
Department of Epidemiology  
University of North Carolina

Dr. Irving Janis  
Professor of Psychology  
Department of Psychology  
Yale University

Dr. Stanislav Kasl  
Professor of Epidemiology  
Department of Epidemiology and Public Health  
Yale University

Dr. Sol Levine  
Professor of Sociology and Community Medicine  
Boston University

Dr. Joseph Matarazzo  
Chairman, Department of Medical Psychology  
University of Oregon Medical School

Dr. Neal Miller  
Professor, Laboratory of Physiological Psychology  
Rockefeller University

Dr. David Mostofsky  
Professor of Psychology  
Boston University

Dr. Adrian Ostfeld  
Professor of Epidemiology and Public Health  
Department of Epidemiology and Public Health  
Yale University

Dr. Leo Reeder  
Professor of Public Health and Sociology  
School of Public Health, UCLA

Dr. Morton Reiser  
Professor and Chairman  
Department of Psychiatry  
Yale University School of Medicine

Dr. Richard Remington  
Dean, School of Public Health  
University of Michigan

Dr. Gary Schwartz  
Associate Professor of Psychology and Psychiatry  
Department of Psychology  
Yale University

Dr. Jim L. Shields  
Deputy Director  
Division of Heart and Vascular Diseases  
National Heart, Lung, and Blood Institute

Dr. Jerome Singer  
Chairman, Department of Medical Psychology  
Uniformed Services University of the  
Health Sciences

Dr. S. Leonard Syme  
Professor of Epidemiology  
School of Public Health  
University of California at Berkeley

Dr. Stephen M. Weiss  
Chief, Behavioral Medicine Branch  
Division of Heart and Vascular Diseases  
National Heart, Lung, and Blood Institute

Dr. Paul White  
Professor and Chairman  
Department of Behavioral Sciences  
School of Hygiene and Public Health  
Johns Hopkins University

Dr. Redford Williams  
Associate Professor of Psychiatry  
Assistant Professor of Medicine  
Department of Psychiatry  
Duke University Medical Center

### Summary

A group of senior biomedical and behavioral scientists (see List of Participants) convened for the purpose of forming an organizational entity devoted to the emerging field of behavioral medicine hosted by the Institute of Medicine, National Academy of Sciences on April 10-11, 1978.

Under the co-chairpersonship of Drs. Neal E. Miller and David Hamburg, the participants titled the new organization:

#### THE ACADEMY OF BEHAVIORAL MEDICINE RESEARCH

The following sections represent a distillation of the various small group, plenary, and working group decisions concerning the structure and format of the newly formed organization.

1. Definition:

"Behavioral Medicine is the interdisciplinary field concerned with the development and integration of behavioral and biomedical science knowledge and techniques relevant to the understanding of health and illness and the application of this knowledge and these techniques to prevention, diagnosis, treatment and rehabilitation."

This definition of Behavioral Medicine is based on the definition proposed at the Yale Conference on Behavioral Medicine, amended to emphasize the interdisciplinary nature of the field.

Amplification of the Definition:

Behavioral Medicine is the interdisciplinary field concerned with basic mechanisms whereby behavioral and biomedical interactions influence health and the epidemiology, etiology, pathogenesis, prevention, diagnosis, treatment of and rehabilitation from illness. The behavioral disciplines contributing to these interactions include psychology, sociology, anthropology, education, epidemiology, and psychiatry. These disciplines must be coupled with the biological and medical sciences relevant to understanding processes underlying health and illness. Further, behavioral medicine is concerned with the epidemiology, etiology, pathogenesis, diagnosis, prevention, treatment of and rehabilitation from behavioral conditions such as appetitive disorders and failure to adhere to therapeutic regimens as they influence health and illness.

Specific examples in which principles of Behavioral Medicine have been used in the study of disease can be found in disorders such as hypertension. The Behavioral Medicine approach to hypertension includes epidemiology of social, ethnic and racial influences, the role of

environmental stressors as they interact with genetic and nutritional factors in the etiology and pathogenesis of high blood pressure in experimental animals and humans, behavioral procedures in the treatment of hypertension as they interact with pharmacologic and other treatments, and the behavioral facilitation of adherence to antihypertensive regimens. Research in behavioral medicine integrates behavioral and biomedical science knowledge and techniques in basic science, clinical sciences and the application of findings through clinical therapeutic trials in the prevention and treatment of disease.

The concept of behavioral medicine can be applied to any disorder. The following list reflects examples of behavioral science contributions to health and illness:

1. Sociocultural influences upon health and disease, including epidemiologic, anthropologic and sociologic studies.
2. Psychosocial factors contributing to health and disease, including social psychological, personality, and psychophysiologic studies investigating social, behavioral and emotional stresses and their consequences
3. Health behavior, illness behavior and sickrole behavior.
4. Cognitive determinants of health and disease, with special recognition of placebo effects.
5. Development of behavioral diagnostic techniques including psychophysiologic assessment procedures (e.g., as in stress testing).
6. Biobehavioral studies of pain and its regulation.
7. Factors contributing to adherence to medical regimens (including compliance studies and behavioral response to biomedical interventions) and relevant research on behavioral approaches to the control of substance abuse.



8. Behavioral contributions to the treatment and rehabilitation of illness, including stress management and selfregulatory procedures such as biofeedback and relaxation, and the evaluation of different types of psychotherapy and behavioral change techniques.
9. Behavioral approaches to the prevention of disease and the promotion of health, including interdisciplinary research derived from education, economics and social systems theory.

In summary, theory, research, and applications should strive to integrate behavioral and biomedical considerations to achieve the ideals inherent in a Behavioral Medicine Approach.

2. Purpose

The purpose of the Academy shall be to (a) foster the development of research in biomedical and behavioral science and the collaborative endeavors to integrate them, (b) identify current and future areas of research which have special merit, (c) to provide a multidisciplinary forum for review of research findings and an assessment of the applicability of such findings to prevention, diagnosis, treatment of and rehabilitation from illness, (d) serve as a technical and educational resource to federal, academic and legislative entities, as well as selected public bodies, (e) promote the highest research and professional standards within the field, and (f) help develop guidelines for research training in behavioral medicine.

3. Scope

The basic underpinings of the Academy should be anchored in knowledge exchange and development and that emphasis should be concentrated on research activities and the implications of these activities for health, health care, and clinical practice.

4. Membership:

A. The Academy of Behavioral Medicine Research shall be of limited, balanced membership, representing, but not restricted to, the following disciplines:

anthropology	nursing
biostatistics	nutrition
dentistry	pharmacology
epidemiology	physiology
health education	psychiatry
medicine (including relevant	psychology
speciality areas, e.g.,	sociology
neurology, cardiology, internal	
medicine, oncology, rehabilitation, etc.)	

B. Membership will be through invitation only. Potential candidates will be nominated by the membership of the Academy. The Membership Committee will review the nomination to ascertain that the candidate has, in the opinion of his/her peers, made noteworthy scholarly and/or research contributions to the field of behavioral medicine.

Criteria for Membership:

1. Active involvement in research.
2. Publication in refereed journals relevant to the field of Behavioral Medicine.
3. Relevance of research to more than one discipline.

The Membership Committee will then decide whether or not an invitation to join the Academy should be issued. In the event such invitation would be issued and the nominee would accept,

he/she will submit supporting materials to the Committee for final review and action.

C. Members would be designated as Fellows of the Academy of Behavioral Medicine Research.

D. After a limited period of time (e.g., two to three years) a review of the organizational structure and membership criteria would be undertaken to determine whether it would be appropriate to revise the by-laws to permit several tiered membership.

Rationale: To bring together the most experienced and scholarly representatives of this emerging field to better consolidate and crystalize the parameters and mission of behavioral medicine. This group should not be in direct competition with other professional organizations but rather should serve a complementary function in providing extensive liaison with existing professional organizations through the offering of workshops and symposia to those groups which ideally would have been developed by the Academy membership at the annual or semi-annual meeting of the Academy (to be discussed below).

E. The Membership Working Group identified 127 potential candidates for Academy membership.

Potential Candidates for Academy Membership

Psychiatry (19)

G. Abel  
 S. Agras  
 J.P. Brady  
 R. Butler  
 S. Cobb  
 R. DuPont  
 K. Eisdorfer  
 L. Eisenberg  
 T. Hackett  
 D. Hamburg  
 M. Hofer  
 R. Rahe  
 M. Reiser  
 R. Rose  
 M. Stein  
 A. Stunkard  
 H. Weiner  
 T. Weiss  
 C. Whitehead

Medicine (16)

J. Basmajian  
 H. Benson  
 M. Bogdonoff  
 R. Eliot  
 J. Farquhar  
 L.E. Hinkle, Jr.  
 J. Hirsch  
 B.S.L. Kidd  
 B. Lown  
 R. Rosenman  
 D. Sackett  
 M. Schuster  
 Alvin Shapiro  
 S. Snyder  
 N. Wenger  
 R. Williams

Psychology (49)

R. Ader  
 E. Blanchard  
 J. Brady  
 M. Cataldo  
 D. Clayman  
 E. Christophersen  
 T. Dembroski  
 B.R. Dworkin  
 B. Engel  
 R. Evans  
 W. Fordyce  
 J. Foreyt  
 M. Frankenhaeuser (c)\*  
 W.D. Gentry  
 D. Glass  
 I. Goldiamond  
 A. Gruber  
 A. Harris  
 I. Janis  
 C.D. Jenkins  
 J.P. Kirscht  
 B. Lacey  
 J. Lacey  
 P. Lang  
 R. Lazarus  
 H. Leventhal  
 J. Matarazzo  
 R. Melzack  
 N. Miller  
 D. Mostofsky  
 P. Obrist  
 O. Pomerleau  
 R. Reitan  
 J. Rodin  
 S. Schachter  
 N. Schneiderman  
 G. Schwartz  
 D. Shapiro

J. Singer  
 G. Solomon  
 M.B. Stermann  
 R. Sternbach  
 G. Stone  
 R. Surwit  
 S. Taylor  
 J. Weiss  
 S. Weiss  
 C. Wortman  
 L. Wright

Epidemiology & Biostatistics (14)

R. Brand  
 E. Harburg  
 M. Ibrahim  
 B. Kaplan  
 S. Kasl  
 G. Koch  
 P. Lauchenbruch  
 M. Lebowitz  
 F. Mosteller  
 A. Ostfeld  
 R. Remington  
 R. Shekelle  
 L. Syme  
 H. Tyroler

Sociology (11)

A. Antonovsky (c)\*  
 M. Becker  
 S. Croog  
 S. Graham  
 S. Levine

\* (C) = corresponding member

Potential Candidates for Society Membership - continued

D. Mechanic  
D. Patrick (c)\*  
M. Pflanz (c)\*  
L. Reeder  
R. Roberts  
R. Warnecke

Anthropology (5)

A. Alland  
D. Landy  
N. Scotch  
L. Sever  
P. White

Biomedical Sciences (7)

J. Gilmore  
J. Henry  
J.A. Herd  
I. Kopin  
K. Pribram  
S. Schanberg  
J. Shields

Other (7)

B. Bullough  
W. Connor  
D. Diers  
D. Giddon  
L. Green  
J. Johnson  
N. Scrimshaw

It is anticipated that at least twenty-five to thirty additional candidates will be identified by the Membership Committee to achieve better balance among disciplines.

F. Charter membership was established for all attendees at this meeting.



5. Structure:

The following slate of officers was elected by the participants:

President: Neal E. Miller, Ph.D.

President-elect: David Hamburg, M.D.

Secretary-Treasurer: Jerome E. Singer, Ph.D.

Executive Council:

Robert S. Eliot, M.D. (1 year)

Morton Reiser, M.D. (1 year)

David Glass, Ph.D. (1 year)

Gary E. Schwartz, Ph.D. (2 years)

J. Alan Herd, M.D. (2 years)

Stephen M. Weiss, Ph.D. (2 years)

Stanislav Kasl, Ph.D. (1 year)

Redford Williams, M.D. (2 years)

The Past-President and the Editor of the Journal of Behavioral Medicine will be invited to serve with the Executive Council in an ad-hoc, non-voting capacity.

The Presidency will alternate between the biomedical and behavioral sciences, i.e., nominations will be chosen from the roster of behavioral scientists one year, from the roster of biomedical scientists the following year, and so on.

The Executive Council will consist of the President, President-elect, Secretary-Treasurer and four behavioral and four biomedical scientists, elected for two year terms. Tenure shall be staggered in such a manner that each year two behavioral and two biomedical scientists will be elected to the Executive Council for a two year term. The Nominating Committee shall select the nominees for each vacancy in such a way as to insure maximum balance in representation, both year by year and over a period of years.

All of the foregoing will be elected by the entire membership. Nominations will be submitted by Fellows and selected by the Nominations Committee.

The Executive Council is empowered to appoint committees as needed and will have final authority on all matters. The Council will have the power to delegate authority to committees and to appoint new committees. All such committees will be chaired by Executive Council members.

Recommendations for standing committees advisory to the Executive Council were as follows:

- Nominations Committee
- Membership Committee
- Program Committee
- Training Committee
- Liaison Committee

It was agreed that the Executive Council will convene such committees as appropriate to identified needs.

The participants authorized the Executive Council to obtain necessary advice concerning incorporation, if deemed appropriate.

6. Program:

Several program suggestions for the first meeting were delineated by the Program Working Group. Topics/themes suggested were:

- 1) The role of behavior in increasing susceptibility to disease.
- 2) The role of behavior in resistance to disease.
- 3) Life crises and their influence on health.
- 4) Role of early experiences on stress tolerance in adult life.
- 5) Effect of "perceived control" on morbidity/mortality.
- 6) Research strategies, evaluation and measurement.
- 7) Health behavior change/maintenance/compliance:
  - smoking
  - obesity
  - exercise
  - alcohol
  - drug abuse
- 8) Roles of government, industry, health providers and the individual in the promotion of health.
- 9) Pain.
- 10) Coronary Prone Behavior.
- 11) Coronary risk factor reduction methods.
- 12) Standards of research, methodology and evaluation in behavioral medicine.
- 13) Evaluation of field research in health.
- 14) Ethical issues in behavioral medicine.
- 15) Exploration of male/female psychoendocrine differences.
- 16) Animal models.
- 17) Diseases:
  - epilepsy
  - hypertension
  - coronary heart disease
- 18) Prevention.

Dr. Eliot was instrumental in obtaining the requisite approvals and foundation funding for the use of "Heart House" (headquarters of the American College of Cardiology) in Bethesda for the first meeting of the Academy. This resource will be explored by the Program Committee to determine if size and facilities will accommodate structure, format and anticipated size of the first meeting.

7. Funding:

Dues assessment and the seeking of funding from private philanthropic sources will be reviewed by the Executive Council at their first meeting. Suggestions (e.g., Kroc, Milbank, Hogg foundations) will be solicited from the membership.

APPENDIX A

Working Groups

A. Name/Definition

Gary Schwartz - reporter  
John Basmajian  
Herbert Benson  
Joseph Brady  
David Clayman

B. Purpose/Scope

W. Doyle Gentry - reporter  
W. Stewart Agras  
Richard Evans  
John Farquhar  
J. Alan Herd  
David Mostofsky  
Morton Reiser  
Jim Shields  
Jerome Singer

C. Membership

Paul White - reporter  
Morton Bogdonoff  
J. Paul Brady  
Michael Cataldo  
David Glass  
Alan Gruber  
Leo Reeder

D. Program

Joseph Matarazzo - reporter  
Robert Eliot  
Michel Ibrahim  
Irving Janis  
Stanislav Kasl  
Sol Levine  
Adrian Ostfeld  
Redford Williams

E. Structure

Neal Miller  
Stephen Weiss