What is Behavioral Medicine?

by: Stephen I. Sideroff, Ph.D.

The earthquake on January 17 not only shook up the LA area. It sent a collective jolt through the psyche of its residents. Insomnia, nightmares, anxiety and the emergence of deeper feelings were just a few of the reactions found to be consequences. At the same time, headaches, flu-like symptoms and general “disease” have also increased during this same period. The earthquake, in fact, has heightened the impact of our constant companion—stress—and has demonstrated what we all intuitively know: emotional problems and trauma frequently turn up as physical manifestations.

Behavioral medicine is the study and treatment of behavior that affects physical symptoms. Behavior can refer to high-risk behavior, such as smoking or excessive use of alcohol or other drugs, or to poor eating habits, resulting in overweight, high cholesterol levels or a lack of necessary nutrients. It can also refer to the antecedents of these behaviors: in other words, the emotional conflicts that lead to overeating or the use of drugs. Finally, behavioral medicine can refer to dealing with emotions that, in themselves, cause body tension or hyperreactivity of the nervous system, resulting in stomach disturbances, headaches, backaches and neckaches, TMJ, and even elevated heart rate and blood pressure.

In scientific terms, we say that these emotional factors influence the “hypothalamic-pituitary-endocrine axis” of the body. We are rapidly learning how these systems in the body translate emotional upsets or stress into neurochemical impulses, which can alter the functioning of any system in the body, including the immune system.

Behavior is not always seen as in smoking or even the expression of anger. There is “covert” or internal behavior, such as our thoughts. If, for example, a friend or relative has not returned our call, and we begin to get upset, it is probably because we think, “he or she does not care about me, or is angry with me.” These thoughts will trigger anxiety or anger, which in turn creates tension and worry. Tension and worry can become a pain in the neck or a headache. It can become thoughts at night that cause sleeplessness. It can aggravate an already painful ulcer.

There are many goals of behavioral medicine that were designed to alleviate physical symptoms. By helping people change how they think about a situation or how they interpret a situation, we can reduce the tension and worry that trigger physical symptoms. In the example given above, if we interpret the lack of response by the friend or relative in a more neutral way, saying, “he or she is probably very busy,” we can avoid the tension and worry. By avoiding these emotional reactions, we reduce the body’s physical reaction, as described above, and thereby minimize the potential physical symptoms.

Emotions and behavior not only trigger physical symptoms, but also can be the result of physical symptoms. For example, prolonged pain and disability are typically accompanied by depression and insomnia. This, in turn, can cause additional tension and heightened pain sensitivity. In this case, behavioral medicine techniques are used to disrupt this cycle. Biofeedback can, for example, help teach the patient to be aware of and then reduce this body tension. By accomplishing this, patients are better able to relax as well as feel a sense of control over their bodies. This, in turn, can reduce the perception of pain.

In many respects, we tend to ignore the signals from our body until they turn into more serious symptoms or pain. Behavioral medicine treats the relationship between mind and body and helps bring them back into harmony.

Dr. Sideroff is a Clinical Psychologist in private practice. He is also Assistant Clinical Professor in the Department of Psychiatry in UCLA’s School of Medicine. For more information: (310) 828-1113.

Santa Monica Hospital Medical Center