

Short Commentary

Behavioral Medicine: A New Perspective in the Field of Health

Paraskevi Theofilou^{1,2*}

¹General Hospital of Thoracic Diseases SOTIRIA, Athens, Greece

²Hellenic Open University, School of Social Sciences, Patra, Greece

*Correspondence author: Paraskevi Theofilou, General Hospital of Thoracic Diseases SOTIRIA, Athens, Greece and Hellenic Open University, School of Social Sciences, Patra, Greece; Email: pandrotse@gmail.com

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The interest of the Health Sciences and Psychology in the relationships between illness and a person's behavior is certainly not late. Questions and concerns about the interaction between a biological disorder and the way one lives, feels, thinks, etc. the person who suffers, have occupied both medicine and clinical-psychological research and practice for many years. But mainly within the framework of a very new interdisciplinary direction (behavioral medicine - Verhal-tensmedizin), a more thorough investigation of the importance of behavior for the genesis and formation of many diseases and disorders - mental and/or physical - began [1,2]. Forerunners of this direction, with which Behavioral Medicine often collaborates even now, are Psychosomatic Medicine and Medical Psychology. These branches of course emphasize the importance of behavioral factors around health and disease issues, but they give different weight to their investigations, they mainly have a different theoretical background and do not deal so thoroughly with the experimental investigation of the importance of behavior for etiology, form, course and treatment of various diseases [1,2].

In the context of behavioral medicine, both psychological and physical factors that affect the person who is ill are taken seriously and equally. So, the controversy surrounding which is the most "correct" model of health or disease is normalized, while a serious attempt is made to equally evaluate the interdependence and complementarity of psychological and physical processes [3]. The importance of this way of thinking can be seen in many examples: in our behavior towards food, smoking, or alcohol consumption, in the way we are (or are not) able to face and process professional and/or emotional adversity (stress) or in our readiness to cooperate with the healers during the phase of restoring our health and so on [4].

It is obvious that the commitment to the therapy that is followed and in general to the medical instructions is an issue of a great importance. There are two dominant theories of adherence: The transtheoretical model of behavior change and the relapse prevention model [5].

The first model supports the view that long-term strategies are needed to maintain healthy behavior and examines how individuals adopt the behavior change process. According to this model, modifying an unhealthy behavior is not achieved in a single phase of change. Instead, individuals go through various phases in their attempt to change their unhealthy habit. The stages of change are as follows [5]:

1. The precontemplation stage, where the person has no intention of changing their behavior. In this phase the person still does not recognize the problem even though significant others have become aware of it and remind him of the need to modify his behavior
2. The contemplation stage, where the person begins to realize their unhealthy behavior and the problem it creates for their health, but still does not decide to commit to changing it. In this stage, which can last for years, the individual weighs the

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David Kirk



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