

Human Behavior

tion of knowledge from the various behavioral sciences in terms of their relevance to medicine, a task for which the psychiatrist, knowledgeable in the behavioral sciences and clinical medicine, is well equipped. Thus, Dr. Hine points out, while a few schools of medicine have initiated their human behavior programs in the form of separate departments, the great majority favor its organization as a division within the Department of Psychiatry. Experience over the country in the past few years appears to have borne out the wisdom of this view.

In addition to psychiatrists and other physicians with interest in the behavioral aspects of medicine, the faculty of human behavior programs is composed of scientists from the fields mentioned above, usually those members of the various professions whose interests include some aspect of medicine. For example, the sociologist is likely to be one with an interest in the processes of medical education or the social implications of illness. The psychologist, who has for a long time been a close colleague of the psychiatrist in clinical work, now brings to the human behavior program his knowledge of experimental, developmental and social psychology. The neurophysiologist or psychophysicologist studies the relationships of man's brain functions to behavior. His participation in this teaching is an extension of a long and important history of collaboration with psychiatry and with medicine in general.

At Duke the Department of Psychiatry's Division of Human Behavior came into being in 1961 under the direction of Dr. Albert Silverman. The program is designed to bring to first and second year medical students a body of knowledge concerning human behavior and to demonstrate that adequate patient understanding and care *must* include recognition of psychological and sociological as well as biological data.

For many years the relevance of anatomy or physiology or biochemis-

try to the practice of medicine has been unquestioned. Not so, the relevance of the behavioral sciences. The first function of a human behavior program is to demonstrate that the body of knowledge it presents is as relevant and essential to intelligent medical practice as are the older, "accepted" sciences. In the Duke program lectures are supplemented by small group conferences and, at times, by individual projects of the students' own conception. The essence of the small group meetings is the presentation and interviewing of patients from throughout the hospital with a view to clarifying the relationship between theoretical concepts and just-observed behavior. The possibility of a videotape library to fill in gaps in available patient material is being explored. Students are required to write up a patient from each of the various points of view presented by the faculty, thus demonstrating the contribution to the physician's total understanding of combining a variety of approaches to the same patient. The student response to this exercise has been particularly enthusiastic.

In addition to the several points of view presented formally as part of the course, the student's contact with a faculty of diverse clinical and research interests serves to broaden his viewpoint about the field of medicine. A sampling of interests from the members of the Duke Human Behavior program may convey to the reader some feel for this broadening process. One of the psychologists participating in the human behavior program studies that part of the nervous system most closely associated with emotions in order to determine ways in which changes in the nervous system itself, in the environment and in life experiences cause changes in emotional behavior. Sharing this interest in psychophysiology is one of the psychiatrists in the group who also has a special interest in clinical electroencephalography. Another of the psychiatrists has a background in pathology of the nervous system and EEG. A major research interest of one of the sociologists is a study of the

steps by which medical students become doctors and come to see themselves as doctors through their contacts with patients and faculty. An internist who teaches in the first-year human behavior course collaborates with a sociologist in the study of the effects of group pressures upon blood fat levels. A psychologist in the group is conducting research into the way in which the personality of the psychotherapist may affect the success of his therapy and the type of patient he is best able to help. Another sociologist includes among his research interests a study of the way obese people think of themselves and the way they are seen and responded to by physicians. He also is investigating patterns of activity and satisfaction in the aged, and patterns of drinking in adolescents. A child psychiatrist with extensive experience in the field of mental retardation includes among his present research activities a study involving the early identification of mental retardation by systematically studying normal and suspect young children with a view toward correcting the causes of retardation where possible or developing new methods of correction. All of the psychiatrists teaching in the first-year program devote portions of their time to clinical work which at times includes specialized activities such as the administration of the Duke Hospital Psychiatric In-Patient Service and supervision of the Psychosomatic Consultation Service. In addition to the regular freshman faculty, who teach throughout the year, other members of the Department of Psychiatry and other departments are brought in from time to time to contribute their specialized knowledge. The sophomore course, somewhat more oriented toward preparing the student for practical application of his behavioral insights during the clinical years, draws upon still other members of the Department of Psychiatry.

The essence of the human behavior program is the belief that an understanding of the behavioral sciences is relevant and necessary to the fully educated physician.