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This book originally appeared as the November, 1973 issue (Volume V, No. 4) of *Seminars in Psychiatry*, a quarterly journal published by Grune and Stratton. The book is edited by Lee Birk, M.D. and divided into sections which cover (1) General principles; (2) Clinical application; (3) The state of the art. Birk has written a brief overview of the book, a brief concluding chapter and a brief but useful introduction to each contributed chapter. Because of the highly technical nature of some of the material the orienting remarks by Birk are helpful. The editor himself does not provide any in-depth analysis of either "biofeedback" or "behavioral medicine," but several contributing authors develop in fragmentary ways, aspects of these topics.

Unfortunately, the implications of biofeedback for psychological influence (hypnotherapy, behavior therapy, psychotherapy, etc.) are the least well represented. An article by Budzynski on psychological applications is excellent from a procedural viewpoint, but presents a very narrow behavioral approach to some very complex neurotic and psychosomatic problems. The emerging role of cognition in behavior therapy and the behavioral approach to private events is not adequately presented. This is unfortunate because biofeedback has important contributions to make to the study of cognition.

A fine article by Charles Stroebel discusses the role of the placebo effect in biofeedback and even offers a "placebo-active therapy index model." Stroebel's analysis of this phenomena may have been more profound and his model more powerful had he been more acquainted, than he appears to be, with the hypnosis literature in general and the literature pertaining to the modification of suggestibility in particular.

In general, the studies in the book demonstrate that the application of a set of relatively objective and replicable procedures are fairly reliably associated with positive clinical outcomes. It is assumed that the procedures used are "operant conditioning," to which they bear some superficial similarities and that the informational
feedback variable is the critical variable. Other uncontrolled variables may include subject expectations, experimentee expectations, interpersonal or relationship variables (empathy, warmth, etc.), motivation and incentives, increasing suggestibility in the biofeedback training situation (Wickramasekera, 1973), and individual differences in readiness to use biofeedback skills. There is a need for long term follow-up of these impressive clinical cases (medical and psychological) and for more careful attention to the transfer of training with medical problems. It is assumed that a state of low physiological arousal is always associated with a state of "mental" relaxation. Clinical experience in biofeedback, behavior therapy and hypnosis indicates that this assumption clearly does not always hold for many severely disturbed neurotic patients. The discussion of the management of "resistance" or patient initiated "counter control" demonstrates the need for greater clinical sophistication on the part of the biofeedback clinicians represented in this book. In fact, there are hardly any clinical problems in psychotherapy which do not have their counterparts in biofeedback therapy.

Yet, there is a freshness, idealism and simplicity of approach which is reminiscent of behavior therapy in the early 60's. In fact, the biofeedback movement appears to be acquiring its own set of high priests, disciples, followers and even a fringe. The popularity of biofeedback has much to do with the paranoid spirit of our times (self-control is becoming a sacred work) and the "electronic-scientific" packaging with which biofeedback is associated in the popular mind.

The study of soft phenomena (fantasy, emotions, etc.) with hardware may expand the frontiers of inner space and ironically it may turn out that the hard-headed behavioristic methodology may make major contributions to the study of "private" or subjective events. Biofeedback may have a place as an adjunctive procedure in hypnotherapy (diagnostic or management). It could be useful for the cultivation of low arousal states and in the modification of cognitive and affective events. Biofeedback therapy may have a very real place in the area of the primary prevention of physical and behavioral pathology and it returns to the patient an active participant role in his own treatment. Biofeedback training may contribute to the modification of hypnotizability (Wickramasekera, 1975a) and it appears that changes in suggestibility are an inevitable concomitant of effective biofeedback training. Hence, experimentally it may be impossible to separate the effects of informational feedback and suggestibility in clinical biofeedback studies. Clinically it would appear wiser to use biofeedback to arrange the conditions for more sturdy and durable suggestion-placebo effects (Wickramasekera, 1975b). Biofeedback is contributing to a series of converging behavioral technologies that may shortly make the "non specific" placebo effect a specific effect (Wickramasekera, 1975b), an effect that in the future may be predictable and controllable and whose parameters are better understood than they are today.

REFERENCES


Luciano L'Abate, Ph.D.

This potpourri of child advocacy procedures is composed of nine parts: I. The emerging future in the backdrop of the 1970 White House Conference on Children and Youth, with articles by well-known child psychologists (five chapters) on the future needs of children; II. The conceptual revolution vis-a-vis the sickness model of mental disorders, intra- and interprofessional role conflicts, and diagnosis versus prevention versus treatment controversies (five chapters); III. Problems of education, intervention, care,