



Biofeedback and Family Practice Medicine

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During the past five years there has been a reawakening of interest in the psychotherapy of patients with medical disorders characterized as psychosomatic. For three decades, psychoanalysis and psychoanalytic psychotherapy were used extensively to treat and study psychosomatic disorders. Early in the 1960s, interest in this approach to these conditions faded, and the ·Psychosomatic Service· in most hospitals became the ·Consultation Liaison Service· (Lipowski, 1967). The recent focus of biofeedback on psychosomatic conditions provides a new technique with which the physician or psychiatrist may treat these patients (Rickles, 1981). In addition, the successful application of biofeedback training to a variety of complaints such as those presented in this volume has heralded the addition of biofeedback to the treatment modalities used for medical complaints. Frequently, psychological factors can still be seen; for example, when biofeedback treatment may require lifestyle changes on the part of the patient, the exploration of secondary gains or resistances before the disorder can be success fully treated, and the establishment of rapport and empathy which is so important for truly effective biofeedback training. Aside from certain psychological dimensions that are always present in biofeed back training, in this case biofeedback is being used in a primarily medical setting for primarily medical complaints.

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