Applied psychophysiology and biofeedback, along with their supporting organization, the Association of Applied Psychophysiology and Biofeedback (AAPB), have incredible products that have been proven able to help millions of people needing help in such arenas as education, sports, performing arts, business, and clinical treatment. So why isn’t the world beating a path to our doorstep?

I believe that there are three major problems and a host of minor ones blocking the path. They include the following: poor advertising of our products, lack of ways for potential clients to find appropriately trained practitioners, and less than optimal levels of research supporting our work.

Our invisibility to the general public has been discussed many times before. When Consumers Union surveys huge numbers of its middle class members to see what treatments they use for common problems—including those such as headache for which biofeedback has been proven to be superbly efficacious—biofeedback does not even get mentioned. Informal surveys indicate that when people are asked about biofeedback, they generally either never heard of it, mix it up with something else, or have vague recollections of hippies altering their states of consciousness in the 1960s. Numerous studies have shown that people are flocking to alternative medicine practices. For some conditions, more people go to alternative medicine providers than mainline providers. They are spending bundles on interventions that do not have a shred of evidence supporting their efficacy. Why aren’t they coming to us?

Biofeedback is not one of those shiny new techniques having its moment in the sun as the rumor mill spews outlandish claims across the land (before fading into obscurity in a year or two), so we need to have a way to let the general population know about us and our relatively well-demonstrated techniques. AAPB cannot afford to pay for advertising to put our techniques in front of everybody’s noses every week, so a different approach has to be worked out. Fortunately for us, the majority of middle class people now find out about ways to treat whatever condition they are diagnosed with by searching the Internet, rather than looking in books or just taking their health care providers’ words for what the options are.

AAPB has put much of its resources into redesigning its Web site to be friendly to the general public. We have major sections that explain how biofeedback helps disorders we can treat and provide the supporting evidence for efficacy. Of most importance, we hired web site optimization professionals to increase the likelihood that when anybody using a search engine enters search terms related to a problem biofeedback can help, AAPB’s site comes up on the first page of results. For example, if you enter the words “headache” and “treatment,” or “ADHD” and “treatment,” AAPB’s site should come up. This strategy is crucial because this is the only significant way people will learn about our techniques.

A closely related question concerns why so few primary care health providers refer patients for biofeedback services. My opinion is that it is the same reason most people do not think of trying biofeedback: they just do not know about it. My experience is that many providers now find out about treatments for problems they are not successfully handling by searching the Internet. When AAPB’s site comes up, they are directed to a special provider section that not only explains biofeedback but provides the detailed supporting evidence for efficacy of each well-established technique. This includes access to our most current white papers.

A problem for both patients and practitioners in rural areas and small cities has been finding competent practitioners who offer biofeedback-based interventions for the problem at hand. In order to solve this problem, AAPB has added a “yellow pages” section to its web site. Any member of AAPB who provides biofeedback-related services can be listed along with his or her credentials and specialties—be it educational, clinical interventions,
or others. Thus, when potential clients are attracted to our web site while looking for treatment possibilities, they can also find practitioners with appropriate training to work with them.

Of course, letting potential clients and referring health care providers know about our techniques is not going to do much good if they are not convinced of the techniques’ efficacy by the material on our site. Many of our best clinical researchers have developed—and are continuing to develop—white-paper analyses of the research supporting the efficacy of our techniques. Several of our most popular interventions have only achieved mediocre classifications such as “possibly efficacious” simply because of the dearth of solid studies. Why aren’t there droves of solid studies after all these years? Mostly because they cost a fortune in money and time to perform. These types of studies are usually supported by drug and instrument manufacturers and performed either by providers paid to perform the studies or by graduate students. The reality is that our manufacturers do not have sufficient funds to support expensive studies, and there are very few graduate students in the field so our source of inexpensive labor is scarce. AAPB and other organizations are encouraging appropriately designed studies and are developing multipractitioner databases so the needed evidence will exist. The field finally has a doctoral program, so student-based projects will gradually infuse the field with new life.

Speaking of students, one problem, the field has is that so many people offering biofeedback-based services have little to no training in biofeedback, and as a result the field’s reputation is harmed by their poor results. AAPB is working to change that by encouraging practitioners to recognize that they should not provide biofeedback-based services without proper training regardless of other degrees and licenses they may have. We are attempting to reach out to everybody offering biofeedback-based services so they are aware of not only the need for training but how to get it.

Please take a look at AAPB’s Web site (www.aapb.org) and see if you think it really meets the field’s needs. Try doing a search or two and see if our site comes up. We all win when it does come up and leads to a great site with convincing information that is easy to access.

Your comments and ideas are more than welcome.

—Richard A. Sherman, PhD

From the President-Elect: HRV Biofeedback Enters the Consumer Market

In the 1960s at the University of Wisconsin (when I wasn’t eating bratwurst, protesting the Vietnam war, sailing, or drinking beer), I was a part of Peter Lang’s group showing that people could “control” their heart rate with feedback. By the early 1990s, spurred on by the work of many psychophysiological—especially Steve Porges—Paul Lehrer and I independently at first and later in collaboration began to play with heart rate variability (HRV) biofeedback, which we thought at the time was a way of strengthening parasympathetic tone. Ira Rosenberg, as a lone clinician in Mendacino, California, had already developed clinical protocols based on his long experience using heart rate feedback.

By the way, I had dinner with Steve Porges recently in Chicago (as the Chicago White Sox rewarded my family’s masochistic loyalty of 50-some years and swept the Astros in 4!). He is bringing some exciting material and data to share with us in a keynote address at AAPB’s April 2006 annual meeting in Portland. His perspective on developmental disorders such as autism may turn out to be revolutionary. Do not miss it!

Over the years, we have learned how little we really knew about this fascinating and complex topic of cardiovascular biofeedback. Although we have progressed in our understanding, we still have a long way to go. Evgeny and Bronya Vaschillo have contributed the most to our current understanding, but the future looks bright for this type of applied psychophysiology. We are testing applications for what we have called resonant frequency training. By finding the precise resonant frequency for the client and having him or her practice a breathing/meditative technique at that frequency, we have found that many symptoms that are mediated by the autonomic nervous system can be affected. (This is a brand new idea that is 2,500 years old.) So far the clinical applications include asthma, irritable bowel syndrome/regional abdominal pain, chronic obstructive pulmonary disorder, cardiac syndromes, anxiety, blood pressure, and other disorders. Improved performance appears to be another outcome of this technique.

While we were chipping away at the science, a number of enterprising groups brought HRV biofeedback to the consumer market. This is quite exciting, because it broadcasts to the world that biofeedback principles can be translated into everyday life (business, health, education, etc.). The group that was first on the mark was the
HeartMath Institute (www.HeartMath.com) in northern California. Their Freeze Framer instrument, together with their message of discovering the power of “heartfelt” emotions, has captured a wide audience. They continue to expand, and rumor has it that they are coming out with a handheld device that will indicate “coherence” of the heart pattern. Coherence is the percentage of heart rate rhythms in the low frequency range divided by the total frequency spectrum. Another company, Helicor (www.Stresseraser.com), is just beginning to market a handheld device that feeds back information on slow heart patterns similar to those mentioned above. You get points for proper patterns, and 100 points/day keeps the doctor away. Another system that has achieved U.S. Food and Drug Administration (FDA) approval for the treatment of hypertension is the RESPeRate (www.resperate.com). Using pleasant musical feedback, the RESPeRate shapes the client to breathe slowly and effortlessly. A similar product from the same company called In Tone is being used for congestive heart failure in a similar manner. (We hope to have some data on this same topic soon from my student Kim Swanson.) Finally (at least to my knowledge—and I hope readers will let me know if I missed anyone), there is the Journey to the Wild Divine (www.wilddivine.com), a slick video game that requires control of HRV patterns to continue parts of the mystical journey. This one has the endorsement of the Dalai Lama and Deepak Chopra, which is pretty impressive. We can thank our own Bob Whitehouse for getting HRV into the mix on this product.

Why the surge of interest in this topic? We hope that it reflects the exciting potential of biofeedback. As the public begins to see the results, we should see the benefits for our profession as well. It sure is reassuring for me to see the interest in this topic, which seemed awfully esoteric not many years ago.

—Richard Gevirtz, PhD

One observation we have made is that AAPB does have a few more gray-haired members. Have any of you considered AAPB in your wills? The AAPB Foundation can take donations and bequests. If you would like to continue the growth of your field through research and student support, consider a bequest to the AAPB Foundation.

Speaking of sharing, AAPB members have a benefit that appears to be underused and that may possibly be occurring because members do not realize it is there or because they are not sure how to use it. It any case, this commentary will hopefully help you to engage this benefit as a resource to your research and practice.

With the start of 2005, our journal, Applied Psychophysiology and Biofeedback, became available online. In addition to the print version, you can review abstracts and full articles at no charge. The online version also has a search mechanism to help find topics you seek.

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Happy spring to all. Continue the sharing—come to the annual meeting.

—Francine A. Butler

From the Executive Director: A Time for Thanks and Sharing

These editorials are always due at holiday time, which makes one think of thanks and sharing. Thanks go to all of you who make AAPB an important part of your lives. To the dedicated Board members and all committee chairs and members, as well as those of you who think of AAPB in your work—you are appreciated.

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