

Attitudes towards Complementary and Alternative Medicine for Mental Health Issues: Initial Literature Review

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Abstract

Complementary and Alternative Medicine (CAM) defined as a category of non-conventional treatment aimed to improve personal nor public health status. Positioned as a diverse system to promote, prevent, and curate health behaviors, CAM has not been accepted in the field of conventional medicine. This study aims to address different attitudes towards CAM with the main objectives to seek the context of CAM usage and its position in mental health issues. Through a literature review, it was discovered that CAM has been shown to be utilized not only for physical but also psychological issues. Some studies have found the affiliation of age, gender, educational background, occupational background and socioeconomic status in the access of CAM. The position of CAM in the mental health issues depends on the beliefs within communities. As a categorization of medical health routine and products that are not currently considered in the health system, CAM mostly used as a complementary medicine along with conventional medicine routine. Despite off that, it was also founded that CAM works as a way of life in indigenous communities. The collected data works as a pilot study for advance research in CAM in order to raise awareness towards the usage of CAM for mental health issues.

Keywords: *Complementary and Alternative Medicine, Cultural Treatment, Non-Conventional Medicine, Psychology, Mental Health Treatment*

Abstrak

Complementary and Alternative Medicine (CAM) atau yang dikenal sebagai pengobatan komplementer dan alternatif, didefinisikan sebagai kategori pengobatan non-konvensional untuk meningkatkan kesehatan individu maupun publik. Tipe pengobatan ini belum diterima dalam sistem pengobatan konvensional, walaupun terkadang digunakan untuk mempromosikan, mencegah, dan menangani perilaku kesehatan. Studi ini ditujukan untuk mengenali perbedaan sikap terhadap CAM, khususnya mencari konteks penggunaan CAM, serta posisinya pada isu kesehatan mental. Melalui studi pustaka ini, ditemukan bahwa CAM telah digunakan dalam mengatasi masalah fisik maupun psikologis. Beberapa hasil penelitian sebelumnya menemukan kaitan antara usia, jenis kelamin, latar belakang pendidikan, latar belakang pekerjaan, dan status sosioekonomi dalam penggunaan CAM. Posisi CAM dalam isu kesehatan mental bergantung pada kepercayaan komunitas. CAM lebih banyak digunakan sebagai pengobatan komplementer bersamaan dengan pengobatan konvensional. Selain itu, CAM merupakan bagian dari kehidupan masyarakat adat. Implikasi studi ini berperan sebagai studi awalan untuk meningkatkan kesadaran mengenai penggunaan CAM pada isu kesehatan mental.

Kata Kunci: *Complementary and Alternative Medicine, Pengobatan Kultural, Pengobatan Non-Konvensional, Psikologi, Pengobatan Kesehatan Mental*

INTRODUCTION

Complementary and Alternative Medicine (CAM) is a non-conventional treatment to improve public health status (NCCIH, 2021). The term medicine refers to treating or preventing disease, whereas “therapy” refers to the treatment alone (Cohen et al., 2005; Kruskowski et al., 2003 in Wilson et al., 2011). The main function of CAM has been either for treatment or prevention of diseases. Referring to an alternative of orthodox medical treatment, complementary and alternative medicine highlights the multicultural perspective of health. Sensitivity to multiculturalism and biomedical perspective may explain and provide additional information the stimulus of one’s well-being.

The movement of integrative health increase popularity in a few national systems, for instance United States of America's National Center for Complementary and Integrative Health. As much as the model of integrative health is very recommended (Chan, 2019), the integration of CAM into conventional studies means an urgency to fill in the epistemology gap between beliefs and scientific based methodology. According to the different methodologies, it is necessary to understand CAM exclusively, in order to achieve a holistic comprehension over CAM. On the other hand, definition and context of CAM are far from a holistic acknowledgement. This could be caused by the attribution to cultural diversity, as CAM was known for the affiliation of traditional treatment (Liem & Rahmawati, 2017). Furthermore, CAM reflects the interactions of physical, emotional, spiritual, and social factors in empowering individuals or communities to develop and maintain healthy lifestyles (White, 2000).

Previous studies have shown the inclusion of CAM as a part of communities’ daily life (White, 2000; Liem & Rahmawati, 2017). Assessing in many national health systems, there’s an increase in the usage of CAM (Stapleton et al., 2015). Despite of the usage of CAM, the distinctions between CAM and conventional medicine has been unclear. Conflicting attitudes towards CAM emerges as it consists of treatment and products that are not scientifically proven (Stapleton et al., 2005). The wide variety of characteristic of culture indicates a need of delicate research of CAM and its various of meaningful forms. As far as the author comprehend, the understanding of CAM is still limited to the context of physical issues. Therefore, this study aims to seek the context of CAM in the issues of mental health. Based on the offer of CAM, it is important for individuals, students, and practitioners to be aware of the diverse approach in medical treatment, since the utilization and beliefs are increasing.

METHOD

Inclusion criterion. The author only included studies that assessed complementary and alternative medicine in the field of psychology or mental health. Further decision, the author included studies from physical treatment to assess any previous studies that will provide insights in the context of mental health. Studies that were conducted in a situational context (i.e., natural disaster or critical situations) were excluded from this study. The author recognized an abundance of studies of complementary and alternative medicine (CAM) in different disciplines. Therefore, studies from all disciplines other than psychology were also excluded to keep the context of this study in the issue of mental health. The author included studies written in English and Bahasa Indonesia. Quantitative, qualitative, and mixed methodologies are incorporated in the inclusion criteria.

Literature identification. The author established the keywords of “Complementary and Alternative Medicine”, “Non-Conventional Studies”, “Mental Health”, and “Psychology” to obtain the studies. Preliminary selection was determined by the title. If the keywords of “Complementary and Alternative Medicine” or “Psychology” were not listed, the study will be eliminated. E-Resources Perpustakaan Nasional Republik Indonesia were the database that gave access to Taylor & Francis, EBSCO, and ScienceDirect. The mentioned databases were the repository used to obtain the potential studies. Only the studies conducted in the last 10 years will be reviewed. The limitation on the publication date resonates in building a review on the recent literature that are still contextual to the current situation. The author searched E-Resources Perpustakaan Nasional Republik of Indonesia. Understanding the broad disciplines, the author added the keywords of “Psychology” in the keyword of “Complementary and Alternative Medicine” and had a total of 41,900 studies. Within the final results of 41,900 studies. After initial screening of the titles, the author found 13 studies that are ready to continue the process of screening, 8 studies available to be access in Taylor & Francis, 4 study available in EBSCO, 5 studies available in ScienceDirect.

Screening for inclusion. The selection process continues to the abstract review. The abstract should include the discussion of complementary and alternative medicine in the field of psychology, or at least the studies of psychiatry. After initial screening of the abstract, the author found 15 studies that are included for quality assessment.

Quality and eligibility assessment. The author skim read the full text studies to evaluate the eligibility of the studies. After the process of skim reading, a total of 10 studies included in this study and continues to deep-read the full article.

Data extract and analysis. From each study the author seeks the following topic, (1) What is the context of complementary and alternative medicine usage, (2) The forms of CAM that usually accessed, (3) Community characteristics within the users of CAM, (4) The position of CAM in the issues of mental health, (5) The attitudes towards CAM.

RESULTS AND DISCUSSION

Aim 1. The context of CAM

Complementary and Alternative Medicine (CAM) has various of definitions. Emphasizing the definition of CAM is necessary in understanding its holistic role in the society. Complementary and Alternative Medicine refers to a non-mainstream approach that is used together with (complementary) or in place of conventional medicine (alternative) (NCCIH, 2021). In Indonesia, CAM is defined as a non-conventional treatment aimed to improve public health status including promotive, preventive, curative, and rehabilitative ways (Indonesia Health Ministry, 2007). CAM includes medical and health care systems, practices, and products that are not generally considered part of conventional medicine (Liem & Newcombe, 2017; Nahin et al., 2009; White, 2000). CAM was also known as traditional medicine (Liem & Rahmawati, 2017) or naturopathy (a medical system that combines traditional practices and health care approaches in Europe during the 19th century) (NCCIH, 2021). As a non-conventional medicine, it is understandable that the focus on CAM is to treat the whole person, rather than the individual physical or psychological aspects. Therefore, CAM is considered as a part of biopsychosocial awareness within the health system. This statement was supported with the definition of CAM in White (2000), CAM is a reflection of multicultural view of mental health and illness.

CAM is known as a multimodal approach. The variety of models surrounds in natural, energy, holistic, non-conventional medicine (White, 2000). Complementary medicine itself can be classified with nutritional, psychological, physical, or combinations of both approaches (NCCIH, 2021). With the various of approaches emerging, it was believed that the demand of CAM has been increasing (Eisenberg et al., 1998; Stapleton et al., 2015; Wilson et al., 2011). Despite of the increase in CAM usage, traditional medicine as a part of CAM has been a way of life for some communities (Liem & Rahmawati, 2017). Many believes that traditional medicine, as a part of CAM has been a union in culture and tradition. This idea was supported by Liem & Rahmawati (2017) that alternative and traditional medicine is an indispensable element in Indonesia's wholeness.

Aim 2. The forms of CAM that usually accessed

Table 2. The forms of Complementary and Alternative Medicine (CAM)

Complementary and Alternative Medicines			
Mind-body practices	Energy-based techniques	Biological-based therapy	Body-based therapy
Meditation	Acupressure	Herbal medicine	Chiropractic
Hypnosis	Acupuncture	Homeopathy	Naturopathy
Aromatherapy	Yoga	Detoxification	Acupressure
Breathing exercises		Diet and Nutrition	Massage therapy
Religious-spiritual therapy			

Complementary and alternative medicine may be categorized in to four themes. Mind and body medicine, biologically based, body-based therapy, and energy-based techniques. Acupressure, acupuncture, herbal medicine, massage therapy, and traditional healers (Liem & Rahmawati, 2017). Naturopathy is a system of medicine that seeks to treat diseases by utilizing natural resources (White, 2000). Ayurvedic is an Indian medical system, usually practiced in Indian indigenous communities with natural remedies (White, 2000). Additionally, traditional therapies weren't included on the emerging themes as it has its own history, context, and meaning. Traditional therapies such as Balian (Balinese traditional healer), Tabib (Indian healers in herbal methods), and Sinshe (Chinese healers with traditional Chinese herbs) was found within the data (Liem & Rahmawati). Interestingly, Liem and Rahmawati (2017) discovered the forms of CAM that was understood as alternative medicine within communities, i.e., Bedah ayam (a spiritual medication method), Dukun Potong, Sangkal Putung, or Sandro Pauru (A healer that treats bone fractures). The participants categorized them as alternative medicine since it has spiritual aspect that is internalized by local communities without any interventions from conventional medicine (Liem & Rahmawati, 2017). Based on these findings, there is a different understanding between complementary and alternative medicine. The author acknowledged the different functions, techniques, and meaning within the forms of CAM as well. These findings gave the understanding of different roles within the forms of CAM (complementary or alternative based functions).

Aim 3. Community characteristics within the users of CAM

The definition interpretation of CAM could be characterized as local wisdom. Therefore, the users of CAM would be different from one another culture. Moreover, when the context of CAM narrowed down to traditional medicine, it contains the belief aspect as a strong determinant in the usage of CAM. Age, higher education, higher socioeconomic status, and gender may be the demographic characteristics emerging in some countries (Astin, 1998; Eisenberg et al., 1993; Kelner & Wellman, 1997; MacLennan et al., 1996), but other samples shows that those variables weren't the determining predictors of the usage of CAM (O'callaghan, 2003). Little to know about specific common characteristic within the user of CAM. The usage of CAM no longer limited to diseases treatment, but also for health promotion and preventive initiatives (Stapleton et al., 2015). Australian adults (n=161) appeared to use CAM for their personal usage due to postmodern values (O'Callaghan & Jordan, 2003). Many Americans was known to already use a number of energy techniques that links the mind and body (White, 2000). The findings of Liem & Rahmawati (2017) highlighted the fact that many communities misinterpreted the difference of complementary and alternative medicine. The lack of knowledge may lead to a gap in assessing characteristics of CAM users, since the users may not recognize that they are using CAM. Based on the collected studies, not only indigenous communities use CAM, but also non-indigenous communities.

Aim 4. The position of CAM in the issues of mental health

Based on the definition of complementary and alternative, ideally the position of CAM is either an additional approach along with conventional medicine (complementary), or an independent approach outside of any interventions of conventional medicine (alternative). With both positioning, so far CAM has been kept monitored by the health system. In fact, integrative health emerges as a new concept in the health system. Integrative health brings conventional and complementary approaches in to a same dimension. With various of combinations, integrative health aims for a coordinated care system by collaborate with conventional institutions and complementary providers (NCCIH, 2021).

Yet the positioning of CAM in mental health issues are still in the process of unraveling. Positioning was a prolonged discussion in the context of CAM usage. Besides from the paradox of its effectiveness, the different meanings of CAM could contribute in the positioning of CAM. The lack of familiarity over the definition of CAM could cause a confusion in the positioning of CAM. Liem & Rahmawati (2017) have found that there was no single meaning of CAM among the Indonesian psychology community. The different

interpretation leads to the mispositioned of CAM. This was shown in the discussion in Liem & Rahmawati (2017), the usage of complementary and alternative medicine appears interchangeably. This was caused by the shifting of definition in 'alternative medicine' in to 'complementary' over the last few decades.

Aim 5. The attitudes towards CAM

Even if CAM has a history of being a society's way of life, complementary and alternative medicine do not perceive as an equal status in the medical field, as well as psychology curriculum (Ditte et al. 2011). Recent studies in assessing society's attitude towards CAM has led to a common uncertain attitude. Understanding that psychology and medical curriculum are evidence-based knowledge and method. This means that so many factors contribute in defining one's attitude towards CAM. There was a significant difference between medical and psychology students in German, with the results of having medical and psychological students are less convinced of CAM (Ditte et al., 2011). The findings are contrast to the sample in USA, British, and Canada medical students with a rather positive attitude towards CAM (Baugniet et al., 2000; Frye et al., 2006; Furnham & McGill, 2003; Greiner et al., 2000). In Asia, participants from Indonesia were significantly greater than the neutral midpoint score (Liem & Newcombe, 2017).

Besides from geographic comparison, there are other contributing factors such as age, gender, educational background, occupational background and socioeconomic status in the attitudes towards CAM. Assessing the correlations between age and attitudes towards CAM, it was found that age did not play a part in the access of CAM. Age did not significantly predict attitudes towards CAM or CAM usage (Stapleton et al., 2015). This statement was supported by Liem & Newcombe (2017) which stated that age was not significantly related to the attitude of CAM. Although, age itself is a dependent variable that follows other factors. Chan (2019) found a negative attitude associated with older age, even if older age was correlated with a high usage of CAM. This finding correlates with the indicator of CAM knowledge, as people perhaps did not recognize their activities as CAM.

Knowledge and attitudes of CAM then sought within various of educational background and occupational factors. It was found that the attitudes toward CAM were significantly higher in STEM, social science, and ecology students compared to professional programs students (Chan, 2019). It is understandable if professional programs students have less positive attitude towards CAM, and was proven by Stapleton et al. (2015) where New Zealand psychologists demonstrate a less positive attitude towards CAM. In contrast,

Stapleton et al. (2015) also added that higher levels of education are linked to a higher positive attitude towards CAM, and greater willingness to refer or recommend CAM. This statement lies on the scientific belief itself. Stapleton et al. (2015) stated that stronger beliefs regarding to scientific validity leads to the emerging questions towards the validity of scientific methodology in psychological training. In another case, Liem & Newcombe (2017) conducted a study that discovered a low knowledge of CAM within Indonesia's clinical psychologists. In the contrary, the low knowledge of CAM followed with a high positive attitude towards CAM. In fact, clinical psychologists in Indonesia reported to be interested in learning CAM (Liem & Newcombe, 2017). This in fact gave the idea that age, gender, educational and occupational background are a dependent variable that is adaptive to the communities based on its beliefs and characteristics. The dynamic collaboration between individual and communities' characteristics could be relevant in understanding the attitudes towards CAM.

CONCLUSION

Complementary and Alternative Medicine (CAM) has various of definitions. Categorized in to mind and body medicine, biologically based, body-based therapy, and energy-based techniques, including traditional methods are the forms of CAM. Complementary medicine is a non-mainstream approach that is used together with conventional medicine, whereas alternative medicine takes in place of conventional medicine. In present days, CAM has not only used by indigenous communities, but non-indigenous communities as well. The positioning of CAM in mental health issues are still in the process of unraveling. The lack of knowledge between complementary or alternative medicine may caused the difficulty in understanding the positioning of CAM. Future studies may assess the different meaning of CAM in various of communities in finding a contextual meaning. The attitudes of CAM differentiate by various of factors. Even if age, gender, educational background, and occupations affect one's attitude towards CAM, those factors weren't a strong predictor. This study does have limitations in the number of studies that were deeply read. The limited scope of studies may not represent all of the context, knowledge, attitudes, or beliefs towards CAM. It was difficult to draw conclusions about the belief, knowledge, and usage of CAM without interventional studies. Based on these limitations, future studies may initiate interventional studies to completely understand the meaning, attitudes, knowledge, and beliefs towards CAM.

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