

Complementary and Alternative Therapy for Psychologists

A review of



Complementary and Alternative Therapies Research

by Tiffany Field

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Reviewed by

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Tiffany Field opens her book *Complementary and Alternative Therapies Research* with the statement,

The purpose of this book is to provide clinicians, graduate students, and medical students information and recent research data on CAM [complementary and alternative medicine] therapies (e.g., acupuncture, massage therapy) that have been used effectively with psychological and medical conditions (e.g., depression, cancer). (p. 4)

A review of this book, therefore, should examine whether and how this objective has been reached.

This is an important book, and it is important that the American Psychological Association is the publisher of this book. Since the 1990s, over one third of medical patients have been using complementary and alternative therapies for everything from stress relief to easing the complications from surgery, yet traditional psychologists are still not systematically exposed to these methods in graduate school, nor are they trained how to use them (Eisenberg et al., 1998). Therefore, it is important to provide information about theories, practices, and research in areas of complementary and alternative therapy for psychologists (Dittman, 2004).

My own experience bears out the need for this education and training. During my years attending conferences and training sessions in complementary and alternative medicine, I noticed that there were many creative medical professionals present, but rarely psychologists (Dossey, 1996, noted the same thing). While these health care professionals used complementary and alternative practices capably, they nevertheless often applied them mechanistically. What were missing were a process understanding of support groups, an existential dimension of dealing with death and mortality, and an appreciation of the importance of the therapeutic relationship as key to the healing process.

While serving for several years on whole-person health care task forces within the American Psychological Association (APA), I observed increasing interest in mind/body medicine, as evidenced by, for example, a Town Hall symposium, Integrated Health Care, at the 1998 Annual Convention of the American Psychological Association. However, much of the focus has been on how to collaborate successfully with health professionals, not about integrative practices. It is time for psychologists to learn about complementary and alternative practices and find ways to bring them into their own practices.

The problem with *Complementary and Alternative Therapies Research* is that it is not equal to such an important mission. Although it offers a good start, it is still misleading in important areas. As an introduction to complementary and alternative therapies, it should be accurate in describing the field.

Definition of Terms

Since the field of complementary and alternative medicine is so complex and has many cultural contexts, a definition of terms should have been included. How are *complementary* and *alternative* approaches, for example, similar to and different from mind/body therapies or integrative therapies? Each term relating to complementary and alternative medicine therapies has its proponents, and each has an equal number of health care professionals who find it objectionable. Multiple stereotypes have abounded—for example, the belief that alternative medicine is not amenable to research—because the general public doesn't understand the meaning of complementary and alternative medicine-related terms. Cultural

issues such as how the word *traditional* is used with regard to indigenous versus conventional medicine should have been addressed.

Micozzi, for example, is a medical doctor and anthropologist who has discussed the use of the word traditional in relation to indigenous healing practices in his consideration of the cultural context that determines what is mainstream and what is alternative; however, Field does not cite Micozzi's (2007) excellent book *Complementary and Integrative Medicine in Cancer Care and Prevention: Foundations and Evidence-Based Interventions*. This oversight is one example of the many ways Field's book is restricted to a narrow physiological perspective and misses larger cultural/philosophical/psychological dimensions of this important kind of healing work.

Complementary and Alternative Therapies

It is not clear how Field derived her list of sample complementary and alternative therapies. Her description of massage therapy is the most complete, and her own program, the Touch Research Institute at the University of Miami School of Medicine, is well known. However, her section titled Other Massage Methods (p. 25) includes Thai massage and the Rosen, Trager, Rubenfeld, Feldenkrais, and Alexander methods. However, the Feldenkrais and Alexander methods are not massage techniques; they are sophisticated movement exercises more like yoga—touch and massage are not essential components of either method.

In addition, Field's grouping of complementary and alternative therapies does not show a clear rationale. For example, she groups yoga and Pilates together in one chapter. Yoga is an ancient set of practices with serious philosophical dimensions, whereas Pilates is a relatively new set of purely physical exercises that were developed for dancers. She pairs music therapy, which requires minimally a bachelor's degree and years of supervision, with aromatherapy, which is not even an established professional activity. Her description of music therapy has vignettes of someone playing music and then having physiological activity measured; she does not discuss the sophisticated dialogue based on music that is the language of a music therapist (Spintge & Droth, 1987). In contrast, a German psychologist, David Aldridge, has used qualitative methodologies to study music and issues of spirituality and palliative care (Aldridge, 2007), and his work should have been reflected in her review of music therapy.

Field's list of complementary and alternative therapies is heavily biological, and she leaves out essential components of the human experience. She does not consider important emerging fields such as narrative therapies (Epston, White, & Murray, 1992), journal-writing therapies (Pennebaker, 1990), poetry therapy, and other new therapies being used for medical and psychological conditions. Nor does she consider the arts, which are ancient healing practices (McNiff, 1992). The American Art Therapy Association and the American

Dance Therapy Association have extensive standards for the training and quality control of practitioners. Another example is the Society for the Arts in Healthcare (<http://www.thesah.org/template/index.cfm>), a fast-growing interdisciplinary group of health care professionals who use art at the bedside, design healing environments, and so forth. These cultural resources should not have been relegated to the Appendix but should have been integrated into the major integrative therapy lists.

Assessment

Assessing effectiveness and outcome is essential to understand the healing aspects of complementary and alternative therapies. Given the current emphasis on evidence-based medicine, now is the time to use multiple streams of data to evaluate the effectiveness of these therapies.

Field uses a purely physiological approach in describing and assessing these methods, and she does not avoid the bifurcation of mind and body so common in conventional medicine. Her methods do not integrate mind and body; for example, she describes her own relaxation after trying tai chi by writing: “The relaxation seems to come from having to concentrate so hard that you forget your problems” (p. 11). Field measures change over time in terms of body physiology, such as using decreased cortisol levels to measure increases in vagal activity. In addition, she uses the measurement of vagal activity as the dependent variable to assess the effectiveness of treatments for a range of conditions (her use of the term *conditions* also indicates a pathologizing perspective), so that it is not clear what is unique or specific about any one of them. What is the meaning of massage versus herbs in someone’s treatment (Frankl, 1959)?

Field, whose specialty is touch in massage therapy, doesn’t consider the psychological implications of being touched, by whom, and issues of intimacy for massage outcome. What is the meaning of a particular intervention? What are the psychological/clinical implications? Where are the nonpathological ways of talking about psychology, such as speaking of it in terms of growth, wellness, or resiliency? Field’s response to these questions is mechanical. Her psychological measurements stay reductionistic: Changes in “anxiety” and “depression” are mostly used to describe psychological change over time, and these changes are measured in terms of pulse rates and cortisol levels.

This would be exactly the place to introduce more sophisticated assessment measures: for example, the use of grounded theory, as in the work of Strauss and Corbin (1997), to study nursing treatments, or the hermeneutic studies of Patricia Benner (1994) at the University of California to study levels of skill acquisition in nurses.

Another dimension missing in Field’s reductionistic menu is that of time. Given the demand for quick fixes on the part of insurance companies and patients, it is important to

explain the time constraints of complementary and integrative methods. Some of her measurements of the efficacy of massage, for example, are based on a schedule of three massages each week. Who, realistically, has that much time available for treatments? How can treatments offered three times each week be compared with weekly treatments? And the measurement was taken immediately after the treatments. What do we know about the effectiveness of these treatments over time? What is the meaning of measurements over time? For example, one study on the effect of massage on lower back pain found massage to be more effective at 10 weeks than was self-care. But learning preventative self-care as in, for example, exercising and moving correctly, is ultimately the priority, even if it takes longer. And how do we train and assess clinical proficiency of integrating complementary methods over time?

Conclusion

Complementary and Alternative Therapies Research outlines some of the major therapies and research in complementary and alternative medicine. Field has provided a bibliography and a valuable list of resources that will help psychologists make more appropriate referrals. If psychologists are more open and educated about complementary and alternative therapies, then perhaps their patients will talk to them openly (as they could not do in the 1990s), and patient care can be more collaborative. This would be a significant contribution to a more integrated health care environment.

Unfortunately, *Complementary and Alternative Therapies Research* does not go nearly far enough beyond the dichotomy of conventional and complementary therapies to describe truly integrative methods. The next steps need to be research that integrates the best of quantitative and qualitative methods as well as education and training in integrative mind/body, East/West, and multicultural approaches.

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