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The President's Column

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Greetings,

As the summer draws to a close, we reflect on its events and prepare for the fall.

The big event in August was APA's 117th Annual Convention, which was held in Toronto from Aug. 6–9. The Presidential theme, "The Future of Psychology," showcased key addresses in the areas of practice and science. In particular, APA has been working tirelessly with the Obama administration on healthcare reform, including reports from the Task Force on Psychology's Contribution to End Homelessness. There was also a first "Community Day on the Role of Families in the Prevention and Adaption to HIV/AIDS."

I was interested in the number of workshops dealing with trauma, and presented a continuing education segment on *Whole Person Approaches to Trauma: Posttraumatic Growth* with Morgan Sammons, Stanley Krippner, and Rick Harvey. I found a great deal of interest in the topics of resiliency and existential issues of meaning in this workshop and others, and even provocative presentations that challenged the diagnosis of PTSD as a discrete phenomenon. The Division of Trauma Psychology (Div. 56) is growing rapidly, is very open to methodological and cultural diversity, and now has a journal and glossy newsletter.

Why should SFPA members spend large amounts of money to attend a huge and often overwhelming conference far away? I do think it important to network with divisions, that are primarily content oriented, and can provide new information and access to researchers and clinicians. I used to chair CODAPAR, APA's Committee on Division/APA Relations, and saw how divisions can give members a sense of home within APA and network members with national and international colleagues with similar interests. We can become a bit provincial and comfortable in San Francisco, and we can gain an important perspective on our professional through education and advocacy on a broad national and international scale.

Finally, the larger perspective can be brought back to our own neighborhood. We certainly need to address social issues here and help psychologists become involved with the community. We hope to host an event in the winter to do this. Please email me with your ideas and talents, and we hope to see you at our fall "Day of Wellness and Self-Care for Psychologists" on October 4th for rejuvenation and resiliency building, and our open house on September 13th.

Best wishes for an exciting fall,

Ilene

continued from page 11

Complementary and Alternative Therapies Research, by Tiffany Field, Ph.D., American Psychological Association, 2009

Reviewed by Ilene Serlin, Ph.D., ADTR

It is an important first step for APA to publish a book about alternative and complementary methods, since this is a growing new field of practice and since so many people are seeking integrative methods. However, the book that was published, *Complementary and Alternative Therapies Research,* has serious flaws that perpetuate stereotypes and uninformed assumptions about CAM.

Below is an excerpt from a review that I wrote for APA's *PsycCritiques* that addresses these critiques. I hope that it stimulates an interesting discussion about the role and place for CAM in an informed psychological therapeutic practice.

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). This review looks at whether and how this objective is reached.

APA's publication of this book sets a valuable precedent. 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, Davis, Ettner, Appel, Wilkey, Rompay, & Kessler, 1998). Providing information about theories, practices, and research in areas of complementary and alternative therapy for and by psychologists make a good contribution (Dittman, 2004).

Yet it is only the first step to identify clinically sound CAM approaches; It is time for psychologists to 1) Identify and contribute our uniquely psychological perspective on health and wellness, and 2) Integrate them into their own clinical practices.

My own experience bears out the need for this education and training. During over 25 years attending conferences and training sessions in complementary and alternative medicine, I noticed that there were many 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 sometimes 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.

Within APA, I served on Whole Person Health task forces and organized 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 and tool kits. It is time for psychologists to learn about complementary and alternative practices and find ways to bring them into their own practices (Serlin, 2007a, 2007b).

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. The following areas are problematic:

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? Multiple stereotypes exist that keep people from seeking appropriate help.

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

Nor is it 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 last two are not massage techniques but sophisticated movement exercises more like yoga. In addition, Field's grouping of complementary and alternative therapies does not show does not make clinical sense. For example, 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. She describes music therapy through vignettes of someone playing music and then having physiological activity measured, rather than looking at outcome in the language (Spintge & Droth, 1987) or method-

ology (see Aldridge, 2007) related specifically to 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 well-being. 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, while the Society for the Arts in Healthcare (http://www.thesah.org/template/index.cfm) is a fast-growing interdisciplinary group of health care professionals who use art at the bedside, design healing environments, and so forth.

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 perpetuates the bifurcation of mind and body so common in conventional medicine. 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)—the aim of therapy is not to forget problems, but be with them or work them through. Field measures change over time in terms of body physiology, and uses 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 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, for example? (Frankl, 1959).

Field, whose specialty is therapeutic touch, 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 health, such as growth, wellness, or resiliency? Field's response to these questions is mechanical.

This would be exactly the place to introduce more sophisticated assessment measures like grounded theory, as in the work of Strauss and Corbin (1997) to study nursing treatments, or Patricia Benner's (1994) hermeneutic studies of skill acquisition in nurses. Another dimension missing in Field's reductionistic approach is that of time. 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 what is the meaning of time; since learning preventative self care, like exercising and eating well, is ultimately the health priority, even if it takes longer than symptom reduction?

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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