

Use of Alternative Health Care Practices by Persons With Serious Mental Illness: Perceived Benefits

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Perceived benefit has been identified as an important factor influencing the decision to use alternative medicine for various health problems.¹ Although research examining the use of alternative health care practices in the treatment of psychiatric disorders has been

increasing,²⁻⁷ little is known about the specific benefits experienced by users with mental illness. A few studies^{4,5} have attempted to address this issue by having respondents assess the extent to which a given practice was experienced as helpful. This report presents preliminary findings on the perceived benefits of alternative health care practices used by adults with serious mental illness (SMI) who participated in a larger exploratory study on the role of such practices in mental health recovery.

METHODS

A national purposive nonprobability sample of adults with SMI who reported mental health benefit from alternative health care practices was recruited via Internet announcements, mailings to mental health organizations, notices in newsletters, and word of mouth. Data were collected through a mail survey instrument developed by the first 2 authors and validated through expert review. The survey included several open-ended questions about each alternative practice used by a respondent. Demographic and clinical data were obtained through closed-response items validated and used repeatedly in research conducted by the first 2 authors.

We used respondents' own labels to code the reported practices. These labels generally were consistent with categories of alternative health care practices reported in the literature.^{1,4-6} When a respondent did not label a practice, we applied a code based on consensus. For this report, we coded all types of religious and spiritual practices described by respondents into a single broad category. We used an open coding process to inductively develop categories for reported benefits.⁸⁻¹⁰ Examples of coded benefits include increased emotional stability ("I don't have panic attacks any more," "It has helped my obsessions to lessen," "I experience fewer symptoms of schizophrenia"); improved concentration ("helps to focus my thoughts," "concentration is better"); increased inner strength/empowerment ("gives me strength," "empowers me"); and increased sense of well-being ("gave me a sense of well-being," "helps me feel better"). We used consensus to code reported benefits and conceptually organized the empirically

TABLE 1—Distribution of Use of Alternative Health Care Practices, by Psychiatric Diagnosis

Practices	Schizophrenia (n = 40), No. (%)	Bipolar (n = 70), No. (%)	Major Depression (n = 39), No. (%)
Religious/spiritual activities	23 (57.5)	29 (41.4)	22 (56.4)
Meditation*	11 (27.5)	38 (54.3)	16 (41.0)
Massage	8 (20.0)	25 (35.7)	15 (38.5)
Yoga	9 (22.5)	12 (17.1)	9 (23.1)
Guided imagery*	2 (5.0)	16 (22.9)	9 (23.1)
Herbs	6 (15.0)	14 (20.0)	4 (10.3)
Chiropractic	6 (15.0)	8 (11.4)	6 (15.4)
Nutritional supplements	6 (15.0)	10 (14.3)	4 (10.3)

Note. Differences per practice between diagnostic groups were assessed by χ^2 test.

* $P < .05$.

derived categories into 7 domains of individual functioning: physical, emotional, cognitive, self, social, spiritual, and general.

RESULTS

The sample of 157 individuals who completed the survey in 2001 was predominantly middle-aged (mean \pm SD = 46.6 \pm 10.6 years); 70% were female, 89% White, 67% unmarried, 72% college educated, 39% employed full-time, and 24% employed part-time. Most were diagnosed with bipolar disorder (45%), schizophrenia spectrum disorder (25%), or depressive disorder (25%). Sixty-five percent of respondents reported multiple psychiatric hospitalizations, 86% were currently taking psychotropic medications, and 41% had a coexisting medical condition. Compared with the larger population of persons with SMI in the United States, individuals in our sample were older and more likely to be female, White, college educated, and employed.¹¹

Most respondents (86%) identified multiple practices as beneficial to their mental health. The most frequently reported practices were religious/spiritual activities (50%), meditation (43%), massage (31%), yoga (20%), guided imagery (18%), herbs (16%), chiropractic (13%), and nutritional supplements (13%). Respondents reported using many other practices, including aromatherapy, breathwork, reiki, tai chi, past-life/regression therapy, homeopathy, ayurvedic medicine, acupuncture, acupressure, and reflexology. Table 1 shows

the distribution of the most frequently reported practices by psychiatric diagnosis. Compared with respondents with bipolar disorder or major depression, those with schizophrenia spectrum disorders were significantly less likely to use meditation ($\chi^2_2 = 7.57, P = .02$) or guided imagery ($\chi^2_2 = 6.35, P = .04$).

Benefits attributed to the most frequently reported practices are presented in Table 2. Although additional benefit categories were established, Table 2 includes only those benefits identified by at least 20% of the users of any of the reported practices. We expect that additional data and further qualitative analysis will lead to the development of a more precise and internally consistent taxonomy of benefits.

DISCUSSION

Although preliminary and based on self-report data from a nonrepresentative sample, these findings increase existing knowledge about the use of alternative health care practices by adults with SMI. First, some individuals with SMI seem to benefit from a variety of alternative practices, including body-manipulation modalities such as massage and chiropractic. More frequently used practices include meditation, massage, yoga, and guided imagery. Second, religious or spiritual activities, such as prayer, worship attendance, and religious or spiritual reading, appear to be commonly practiced and experienced as beneficial by individuals with SMI. Third, alternative practices seem to promote a recovery process beyond the management of emotional

TABLE 2—Distribution of Perceived Benefits of Alternative Practices Commonly Used by Respondents With Serious Mental Illness

Benefits	Religious/Spiritual							
	Activities (n = 78), No. (%)	Meditation (n = 68), No. (%)	Massage (n = 49), No. (%)	Yoga (n = 31), No. (%)	Guided Imagery (n = 28), No. (%)	Herbs (n = 25), No. (%)	Chiropractic (n = 21), No. (%)	Nutritional Supplements (n = 20), No. (%)
Physical functioning								
Muscle relaxation	4 (5.1)	8 (11.8)	41 (83.7)	11 (35.5)	5 (17.9)	2 (8.0)	7 (33.3)	0
Improved sleep	0	3 (4.4)	3 (6.1)	3 (9.7)	3 (10.7)	7 (28.0)	1 (4.8)	2 (10.0)
Increased energy	4 (5.1)	5 (7.4)	8 (16.3)	5 (16.1)	3 (10.7)	5 (20.0)	2 (9.5)	8 (40.0)
Reduced pain	1 (1.3)	3 (4.4)	17 (34.7)	3 (9.7)	3 (10.7)	3 (12.0)	12 (57.1)	5 (25.0)
Improved health	15 (19.2)	18 (26.5)	11 (22.4)	17 (54.8)	4 (14.3)	8 (32.0)	6 (28.6)	7 (35.0)
Emotional functioning								
Increased emotional calmness	31 (39.7)	52 (76.5)	29 (59.2)	18 (58.1)	13 (46.4)	12 (48.0)	5 (23.8)	5 (25.0)
Increased emotional stability	27 (34.6)	22 (32.4)	8 (16.3)	8 (25.8)	5 (17.9)	8 (32.0)	2 (9.5)	8 (40.0)
Cognitive functioning								
Improved concentration	7 (9.0)	16 (23.5)	2 (4.1)	6 (19.4)	3 (10.7)	1 (4.0)	0	2 (10.0)
Self-functioning								
Increased self-awareness	15 (19.2)	11 (16.2)	7 (14.3)	4 (12.9)	6 (21.4)	0	2 (9.5)	0
Increased self-esteem	12 (15.4)	5 (7.4)	3 (6.1)	8 (25.8)	4 (14.3)	0	0	2 (10.0)
Increased inner strength/ empowerment	21 (26.9)	12 (17.6)	3 (6.1)	7 (22.6)	6 (21.4)	1 (4.0)	1 (4.8)	0
Social functioning								
Improved interpersonal relationships	19 (24.4)	12 (17.6)	1 (2.0)	2 (6.5)	4 (14.3)	1 (4.0)	0	2 (10.0)
Decreased social isolation	20 (25.6)	5 (7.4)	4 (8.2)	9 (29.0)	1 (3.6)	3 (12.0)	4 (19.0)	3 (15.0)
Spiritual functioning								
Greater meaning and purpose in life	28 (35.9)	15 (22.1)	0	2 (6.5)	2 (7.1)	0	0	0
Connectedness to nature or higher power	30 (38.5)	10 (14.7)	8 (16.3)	3 (9.7)	2 (7.1)	0	0	0
Feeling spiritually nurtured	17 (21.8)	2 (2.9)	0	0	0	0	0	0
General functioning								
Feeling centered/grounded	12 (15.4)	17 (25.0)	6 (12.2)	9 (29.0)	3 (10.7)	2 (8.0)	3 (14.3)	0
Increased capacity to cope	10 (12.8)	15 (22.1)	3 (6.1)	2 (6.5)	8 (28.6)	0	1 (4.8)	0
Increased sense of well-being	13 (16.7)	6 (8.8)	9 (18.4)	5 (16.1)	3 (10.7)	4 (16.0)	4 (19.0)	4 (20.0)

and cognitive impairments by also enhancing social, spiritual, general, and self-functioning. Fourth, alternative practices appear to benefit not only individuals diagnosed with the predominantly studied conditions of anxiety and depression³⁻⁵ but also persons with the most severe psychiatric disorders. Fifth, psychiatric diagnosis may influence the choice of alternative health care practices. For example, meditation and guided imagery seem to be used less frequently by individuals with a schizophrenia spectrum disorder. Although these findings suggest that alternative health care practices may support the healing and recovery of some persons with SMI, further research is needed to understand the patterns of use and the effects of specific practices on this population. ■

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Contributors

Z. Russinova conceived and designed the study. Z. Russinova and N.J. Wewiorski developed the survey instrument and implemented the study. All 3 authors analyzed the data, interpreted the results, and wrote the article.

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Human Participant Protection

This study was approved by the Boston University Charles River Campus Institutional Review Board.

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