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● Research Article

The meaning of complementary, alternative and traditional medicine among the Indonesian psychology community: a pilot study

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ABSTRACT

OBJECTIVE: Complementary, alternative and traditional medicine (CATM) is a new field, as well as a promising area of study and practice in psychology. It is important to research the cultural context and meaning of CATM, including its definitions and examples, among different communities of psychology because CATM's use is dependent on how it is understood by the members. The aim of this pilot study is to provide an interpretation of the Indonesian psychology community's understanding of CATM through a qualitative approach.

METHODS: Online interviews with open-ended questions and purposive sampling were used. Participants were dominantly psychologists or lecturers in clinical psychology area. Ten males and 12 females with an average age of 28.0 ± 2.5 years voluntarily participated in this study. Interviews were audio-recorded, transcribed verbatim, and reviewed and analysed by the two authors to ensure accuracy of interpretation.

RESULTS: It was found that there was no single meaning of CATM among the Indonesian community of psychology. Participants were not familiar enough with the terms and tended to use them with overlap. It can be suggested that "complementary medicine" and "alternative medicine" or "complementary-alternative medicine" combined provides more suitable terminology for use among Indonesian psychology community when communicating with other health care professionals.

CONCLUSION: The understanding of the terms and examples of CATM were diverse and were often used interchangeably in the projects/interviews. It was also found that Indonesian psychologists required more education regarding CATM. In addition, future studies with more participants from various aspects of the psychology community should be conducted to capture a more representative sample.

Keywords: complementary and alternative medicine; traditional medicine; holistic medicine; integrative medicine; health psychology; Indonesia

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1 Introduction

The definitions of, and distinctions between complementary, alternative and traditional medicine (CATM) and conventional medicine have been unclear and inconsistent across nations and cultures.^[1,2] CATM's ambiguous meaning inhibits the effort to create integrated and holistic medicine. Therefore, it is important to document how CATM is understood within the field of psychology, particularly because of the growing interest in this promising topic. Psychology, as a part of the mental health field, benefits from CATM in several ways. Preceding studies have shown that various CATM modalities, such as acupuncture, herbal medicine, and yoga, benefit mental health clients.^[3,4] Unfortunately, there is a knowledge gap in CATM study. Previous studies of CATM have mostly been conducted in non-Asian nations by practitioners of conventional medicine.^[3,5] Such studies mainly rely on the definition of CATM from the National Center for Complementary and Alternative Medicine in the USA.^[6,7]

It is crucial to understand the meaning of CATM, including its definition and examples, among the various fields of psychology (such as clinical, educational, social, and industrial-organizational psychology). Additionally, diverse cultural contexts may bring different understanding of the term. This understanding will provide a more comprehensive view for integrating conventional medicine and CATM.^[8,9] In Indonesia, for example, alternative and traditional medicine has been part of the culture for a long time. This pilot study focused on a sample of the Indonesian community of psychology based on the understanding that CATM is an essential part of the Indonesian culture, tradition and natural heritage.^[10-12] The purpose of this pilot study is to explore the meaning of “complementary medicine”, “alternative medicine” and “traditional medicine” among the Indonesian psychology community, through a qualitative, descriptive approach.

2 Methods

2.1 Study design

To explore the meaning of CATM in the Indonesian community of psychology, a qualitative and descriptive study was used to discover and understand the participants' point of view.^[13,14] The meaning of CATM in the psychology community was surveyed using online interviews which incorporated video and audio calls software. This allowed for a broader exploration process despite the distance between researcher and participants.^[15] The ethical clearance for this study was granted from the University of Ciputra.

Purposive convenience sampling was used to gain a

wide variety of experience and ensure research credibility. Participants were selected from the attendance list of a health psychology mini-seminar held in Indonesia in early 2015. The seminar was predominantly attended by psychology students, lecturers and psychologists. The inclusion criterion was that participants hold at least a bachelor's degree in psychology from a university in Indonesia. Participants were predominantly psychologists or lecturers in the field of clinical psychology.

2.2 Data collection

The data were collected through open-ended questions in an online interview that lasted 20–35 min. Three open-ended questions in Indonesian were asked to participants: 1) What is the meaning of “complementary medicine” and give an example; 2) What is the meaning of “alternative medicine” and give an example; and 3) What is the meaning of “traditional medicine” and give an example. Participants were told to answer based on their own knowledge, without looking at any scientific or popular references, as there were no wrong or right answers in the interview. Interviews were audio-recorded and transcribed verbatim. The recruitment of participants discontinued when data saturation was reached after the 19th interview and the next three interviews were conducted to validate the saturation.

2.3 Data analysis

A pseudonym with initials was used to protect each participants' identity. To ensure the trustworthiness of this study, several steps were taken.^[16] All verbatim transcripts were reviewed and analysed by both authors to ensure their accuracy. A summative approach to qualitative content analysis was used because it enabled basic insight into how a word is interpreted by the participant.^[17,18] Each participant's answer was read thoroughly several times to obtain a sense of the whole and primary perception, and then essential sentences were highlighted.^[19] To conclude, participants' answers were compared and their commonality was sought. This process was conducted independently by each author and then the findings were compiled to ensure quality of analysis.

3 Results

A total of 22 participants (10 males and 12 females) with an average age of 28.0 ± 2.5 years voluntarily participated in this study (Table 1).

3.1 Complementary medicine

Fifteen participants interpreted complementary medicine as a complement for conventional medicine or prescribed drugs. They perceived that the aim of complementary medicine is to create a more comprehensive and optimal medication for patients. Only AA said that complementary medicine has been scientifically tested and is therefore safe

**Table 1** Participants' demography (sorted by the type of psychology field and occupation)

No.	Initial	Sex	Age (year)	Highest degree (field)	Occupation
1	AA	F	28	Master's (CP)	Psychologist
2	PAY	M	26	Master's (CP)	Psychologist
3	BM	M	31	Master's (CP)	Psychologist
4	HV	F	28	Master's (CP)	Psychologist
5	MW	F	26	Bachelor's (CP)	Provisional psychologist
6	SM	F	28	Bachelor's (CP)	Provisional psychologist
7	VJ	M	25	Master's (CP)	Lecturer
8	YAS	F	30	Master's (CP)	Lecturer, psychologist
9	IP	F	32	Master's (CP)	Lecturer, psychologist
10	NM	F	29	Master's (CP)	Lecturer, psychologist
11	IYK	M	27	Master's (CP)	Researcher
12	PW	F	24	Bachelor's (CP)	Researcher
13	ER	F	28	Master's (EP)	Psychologist
14	YB	M	29	Master's (EP)	Psychologist
15	TT	F	28	Master's (EP)	Psychologist
16	RES	F	29	Master's (EP)	Psychologist
17	TA	M	28	Master's (SP)	Lecturer
18	ES	M	27	Master's (SP)	Lecturer
19	JE	M	26	Master's (SP)	Lecturer
20	PPH	M	33	Bachelor's (IOP)	Master student
21	HP	M	27	Master's (IOP)	Human resources manager
22	CK	F	28	Master's (IOP)	Human resources manager, psychologists

F: female; M: male; CP: clinical psychology; EP: educational psychology; SP: social psychology; IOP: industrial-organizational psychology.

for patients. On the other hand, 30% were unfamiliar with the concept of complementary medicine. Furthermore, two participants interpreted complementary medicine as the same as alternative or traditional medicine.

3.2 Alternative medicine

Ten participants viewed alternative medicine as a substitute for conventional medicine. Four participants stated clearly that the reason why patients use alternative medicine is usually because conventional medicine is no longer effective for them. Thirty percent of participants perceived the meaning of alternative medicine as the same as complementary medicine, with a purpose of supplementing conventional medicine. RES stressed that alternative medicine is not scientifically tested or standardized, while YB added that it is an irrational practice. On the other hand, PAY perceived that alternative medicine has been scientifically tested so it is safe to consume. Three participants emphasised that alternative medicine is not recommended by health professionals and is usually chosen and consumed by patients without professional consent. They said that alternative medicine is practised by experienced people with traditional medical knowledge but no conventional medical knowledge. However, according to MW, some physicians also practise

alternative medicine.

3.3 Traditional medicine

Thirteen participants interpreted traditional medicine as an ancestral heritage that has become a belief in particular areas of Indonesia. Traditional medicine is an indigenous medication that uses natural ingredients, traditional methods or approaches. The participants perceived that the practitioners of traditional medicine obtain their knowledge from parents or through training-experiences.

Because traditional medicine is characterised as local wisdom, it can be understood that traditional medicine in one culture will be different from another culture. Two participants highlighted that traditional medicine is a knowledge and method outside of conventional medicine that lacks clinical testing. However, RES stated the opposite, where traditional medicine—especially herbal medicine—has been scientifically tested.

3.4 CATM methods

When participants were asked about the examples of CATM, there were some overlapping answers, as shown in Figure 1. Participants recognized acupressure, acupuncture, herbal medicine, massage therapy and traditional Indonesian healers as complementary as well as alternative and traditional medicine. *Balian* is a Balinese

traditional healer who helps the sick with spiritual and herbal methods.^[20] *Tabib* is a name for someone who has skill with using medicinal herbs, usually related to Indian culture. *Sinshe* is a name for someone who is an expert in Chinese medicine and usually uses traditional Chinese herbs for medication.^[21]

Participants mentioned six examples of complementary medicine. Some participants could give specific examples of applied complementary medicine:

“... maybe like hypnotherapy that helps physician in surgery to relieve patient’s pain.” (TT)

“... when suffering from headache the person drinks physician’s prescription and also goes to masseur for reflexology as a relaxation therapy.” (PW)

On the other hand, three participants appeared to have a different understanding of the question because complementary medicine was an unfamiliar term to them:

“For example, operation surgery and prescriptions drugs from the hospital.” (YB)

“For example, hospital provides medical service and drugs as the pharmacotherapy (conventional medicine), while perhaps examples of complementary medicine are like medic rehabilitation, occupational therapy, physiotherapy, etc.” (MW)

“An example is acupuncture with the help of an electric device to speed up the stimulus.” (SM)

Participants mentioned various methods for alternative medicine. PW could give a precise example of Chinese

medicine used as alternative medicine:

“For example, when suffering from headache, the person does not drink physician’s prescription but (takes) Chinese medicine.” (PW)

Gurah is a Javanese method that combines *jamu* and massage to help people with respiratory illness and sinusitis. Participants classified this method as alternative medicine because they said that most patients used *gurah* if conventional medicine is no longer effective.

Religious and spiritual therapies are considered to be alternative medicine, and include water has been prayed over and healing prayers. However, some participants exhibited scepticism towards religious and spiritual therapy.

“...usually it is chosen when conventional medicine feels ineffective, for example mystical and spiritual therapy using water.” (AA)

“... irrational therapy that uses irrational power such as healers with special praying power, who claim that they can cure all illness.” (YB)

Regarding traditional medicine, participants mentioned the specific name of a traditional method and herbal medicine. *Kerokan* (coining) is a method scraping the back ribs with the edge of a coin with oil or balm and is used to cure symptoms of cold. *Bobok* comes from plants that are then threshed and applied to certain body parts:

“For example, one type of *bobok* is threshed or shredded ginger that is then smeared or placed on the vagina of a

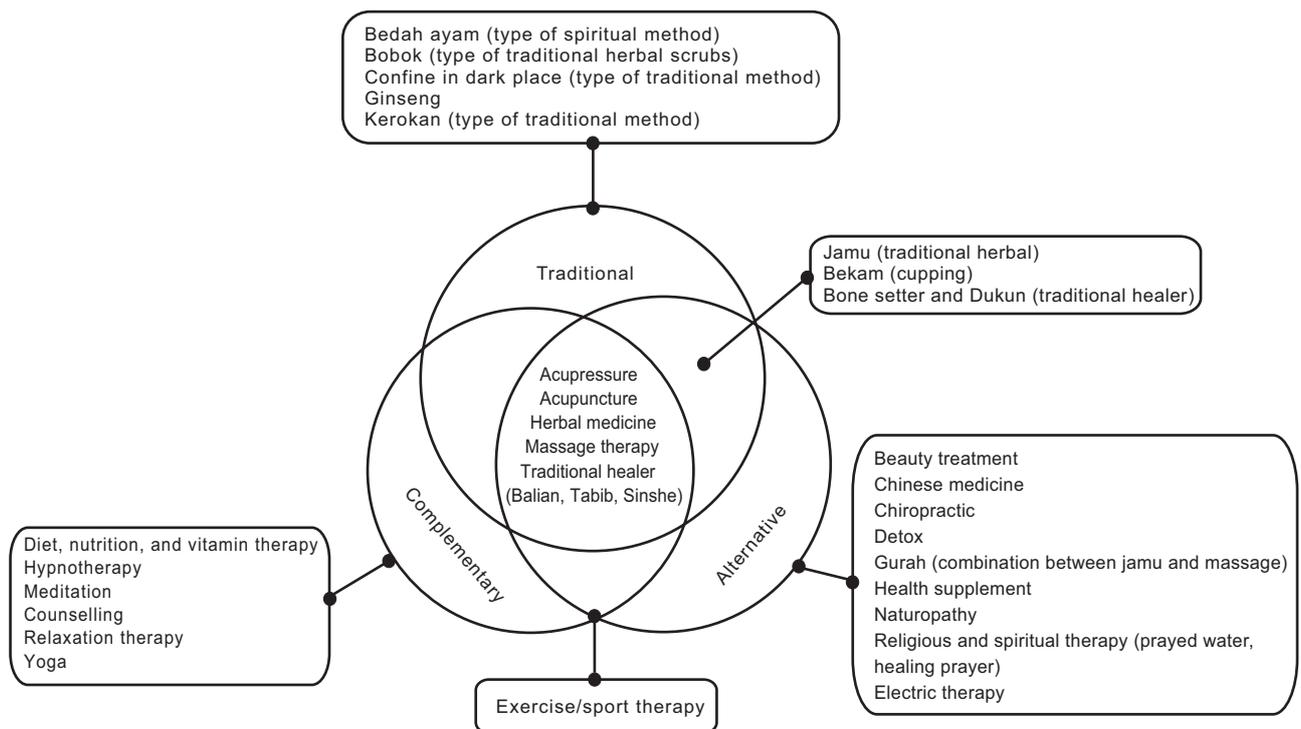


Figure 1 Examples of complementary, alternative and traditional medicine



new mother. People say it helps speed up the healing of the stitches (to dry).” (ER)

Examples of two traditional methods given by HV were *bedah ayam* and confinement in a dark place without touching water for 40 d. Local people believe that the illness can be detected with the chicken (*ayam*) as a representation of the patient’s body. The healer recites prayers upon the chicken, palpates its skin and finally dissects (*bedah*) it to see the condition of its internal organs. After the illness is detected, the chicken is boiled and consumed to cure the illness. Another traditional method is confining a patient in a dark place. It is believed that the cause of the sickness is a bad spirit; to recover their health, the sick person must be confined in dark place so the bad spirit leaves the body and stays in the place of confinement.

Ginseng is considered a traditional medicine but not a part of *jamu* or herbal medicine. *Jamu*, in Javanese, means a traditional medicine from plants, which consists of various ingredients (not only herbs and plants). At times minerals and the flesh of animals have also been used in *jamu*.^[22] Meanwhile, herbal medicine is different from *jamu* because it is a drink purely made from plants, particularly its leaves, and is based on clinical research.

Other examples that are categorized as both alternative and traditional medicine are *bekam*, *Dukun Potong* and *Dukun* (the last two being traditional healers). *Bekam* (cupping) is a method using cups that are attached to the skin surface to cause local congestion. A bone setter (or in some areas called *Dukun Potong*, *Sangkal Putung* or *Sandro Pauru*) is someone who treats bone fractures with traditional methods, sometimes accompanied by herbal medicine.^[21] A *Dukun* is someone who is believed to have the ability to cure sick people through spiritual or mystical methods and is usually able to contact spirits.^[23] It was also found that the connection between religion and spiritual beliefs, alternative medicine, and traditional medicine was emphasised in the interviews:

“... because (traditional medicine) is originally from traditional practices, it has a spiritual aspect that is believed by local people. So, that is why traditional medicine is a parallel with alternative medicine for me.” (TA)

“... (alternative medicine) is the second option that covers traditional medicine or religious therapy based on local beliefs.” (PAY)

There is only one method categorized as both complementary medicine and alternative medicine, which is exercise or sport therapy. Some participants consider that sport therapy can replace conventional medicine, but other participants said that exercise functioned to support conventional medicine.

“For example, bone treatment for a fractured foot

with drugs is primary care and treadmill sessions that complement this.” (PPH)

4 Discussion

4.1 CATM among Indonesian psychology community

The current pilot study aimed to explore the meaning of CATM among samples of the Indonesian community of psychology using a qualitative and descriptive approach. The interviews discovered that there was no single meaning of CATM among the Indonesian psychology community. Some participants were not familiar with or had never even heard about “complementary medicine” before.

Despite participants’ lack of familiarity with “complementary medicine”, their description of it was explained more clearly than “alternative medicine”. It also appears that some participants used “complementary medicine” and “alternative medicine” interchangeably. It is presumably because the definition of each term in regulations from the Indonesian Government is not clearly explained.^[24] In the ministerial decree of the Indonesian Ministry of Health concerning complementary-alternative medicine, there is no differentiation or further explanation of the terms “complementary” and “alternative”. Moreover, the term “alternative medicine” has shifted gradually into “complementary medicine” globally over the last few decades.^[8,25]

On the other hand, participants were very familiar with “traditional medicine.” The interpretation of “traditional medicine” was related with the terms “heritage,” “indigenous” and “experience.” This means that practices identified as traditional medicine within one Indonesian area may differ from other areas.^[9] Participants believe that traditional medicine lacks scientific evidence. Therefore, traditional medicine is more likely to be viewed negatively by the psychology profession since they rely on scientific knowledge. Complementary and alternative medicine (CAM) is perceived as better because some of the methods are supported by clinical testing.

Some participants showed that they have an overlapping understanding between complementary, alternative and traditional medicine by giving intersecting examples of CATM, such as acupressure, acupuncture, herbal medicine, massage therapy and traditional healers. *Bekam* was perceived as an example of alternative as well as traditional medicine. This method is believed to be attached to the Islamic religion or Middle Eastern cultures,^[26,27] and it supports the idea that religion and spiritualism are valued by Indonesian people.

However, it was also found that some examples were classified exclusively into one method only. For example, participants mentioned specific methods like *bedah ayam*

and *bobok* that they recognized as examples of traditional medicine. However, ginseng was not classified as *jamu* because ginseng is known to be imported from Korea and not considered to be a part of Indonesian culture.^[28] In the past, *jamu* has been sold without a label and freshly prepared from plant material. It can be found in street markets, stalls or door-to-door with the bottles stored in bamboo baskets. Today, *jamu* is also being manufactured on an industrial scale and can be found in supermarkets or other modern stores.^[22] The word *jamu* itself comes from the old Javanese language and represents how CAM has been a part of the daily life of Indonesian people for a relatively long period of time.^[29,30] This is why herbal medicine was perceived in the pilot study as complementary-alternative-traditional medicine, while *jamu* was recognised only as alternative or traditional medicine.

Based on the definition and example of CATM above, participants from different levels of educational background (Bachelor's or Master's) and occupation type (psychologists or academic lecturers) gave quite similar responses. The participants' attitudes towards CATM also showed similarities despite the diversity of the field of psychology. However, it is assumed that participants who work in a health setting are more familiar with CATM than others. AA and BM are clinical psychologists in a hospital and they are more familiar with CATM, in contrast to PAY (junior psychologist in a private bureau) and MW (provisional psychologist in a university bureau), who are not familiar with the topic. An alternative explanation of this finding is that in 2007 the Indonesian government officially recognised and regulated complementary-alternative medicine in health settings.^[24]

4.2 Implications for psychology education and service

The interviews with the community of psychology in Indonesia reveal that they have diverse understanding about the meaning of CATM. Some of the participants disclosed their unfamiliarity with CATM concepts. Therefore, it is suggested that basic education about CATM should be provided to students majoring in psychology. As part of the mental health community, their knowledge about CATM could be disseminated to clients and colleagues.

Compared to "traditional medicine", participants showed a more positive attitude to "complementary medicine" and "alternative medicine" because it is supported by more scientific evidence. In other health fields, CAM is commonly used because they are more representative of its purpose and sounds more scientific to respondents.^[31] Thus, it is suggested that psychology practitioners use the term CAM, or "complementary and alternative medicine," to build the same perception, when communicating with other health professionals.

4.3 Limitations and future directions

As far as the authors are aware, this is the first report about the meaning of CATM among Indonesian community of psychology. However, as this is a pilot study with only a small number of participants, the result may not reflect the broader perspectives of the general Indonesian psychology community. Thus, a more representative study with samples from broader field of psychology fields (non-clinical psychology field) and a wider age range should also be conducted. In the future, other topics, such as the knowledge of CATM, the source of the CATM knowledge and attitudes towards CATM, should be investigated among Indonesian psychology practitioners.

5 Conclusion

In summary, this pilot exploration study demonstrated that the Indonesian community of psychology were aware of "complementary medicine," "alternative medicine" and "traditional medicine." However, the understanding of the terms and examples of CATM was diverse and was often used interchangeably by some participants. This suggests that the Indonesian community of psychology needs a deeper introduction to CATM. Based on the interviews, it seems that the phrases "complementary medicine" and "alternative medicine" or combined as CAM are more suitable terms for use among Indonesian psychology practitioners and when communicating with other health care professionals.

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7 Conflict of interest

The authors have no conflicts of interest to declare.

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