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From the Editors

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From *the* Editors

Complementary and Alternative Medical Therapies: A Second Look

Holistic, wellness, developmental, and preventative are some of the terms used to define counseling. These terms definitively link physical and psychological health (i.e., mind and body). Western medicine is slowly coming to realize that Eastern healing concepts, which have been around for thousands of years, also have merit in our current health care system (Koshikawa, Nedate, & Haruki, 1992). Jung embraced the Eastern symbolism and conceptualization of the mandala to explain the concept of wholeness and relatedness (Smith, 1990). In addition to these characteristics of the mandala, Jung admonishes that "...the centre of the circle [mandala] as an expression of wholeness would correspond not to the 'I', but the self as the epitome of the total personality" (Jung, p. #, 1968). This article is a call to the counseling community that we need to incorporate more of these Eastern treatments into our therapeutic work.

Since the 1950's, the United States has seen an increase in the use of complementary and alternative medical therapies (CAM). Research shows that in the next 25 years the demand for CAM will continue to increase. Most CAM therapies are used to prevent future illness or to maintain health (Kessler et al., 2001). Examples of these treatments include: massage (bodywork), chiropractic care, acupuncture, yoga, tai chi, meditation, breathing, diet/nutrition, and aromatherapy (Morgan, 2001).

Many clients visiting conventional mental health providers also use complementary and alternative therapies. In fact, individuals with self-defined anxiety and severe depression use CAM therapies more than conventional therapies. It is very likely that these therapies will increase as insurance coverage expands. Kessler et al. (2001) suggests that asking clients about their CAM use could maximize the usefulness of therapy.

In one study, De Lisle, Dowling, and Allen (2012) suggest that mindfulness can improve problem gambling outcomes, and call for more research in this area to improve therapeutic outcomes with problem gamblers. In another study, Witkiewitz, Marlatt, and Walker (2005) offer preliminary data that provides initial support for the effectiveness of one type of mindfulness practice in reducing alcohol and drug use, and substance use-related problems. In addition, research into the clinical utility of Buddhist-derived interventions (BDIs) has increased greatly over the last decade (Shonin, Van Gordon, & Griffiths, 2014). Although clinical interest has predominantly focused on mindfulness meditation, there has also been an increase in the scientific investigation of interventions that integrate other Buddhist principles such as compassion, loving kindness, and non-self. Shonin et al. (2014) conclude that integrated Buddhist principles may be effective treatments for a variety of

psychopathologies including mood-spectrum disorders, substance-use disorders, and schizophrenia. They also suggest more research into this area and, more importantly, a need for greater dialogue between Buddhist teachers and mental health clinicians and researchers to safeguard ethical practices (Shonin et al., 2014).

In 2008, LCA implemented a “Gratitude Project” that was embraced by counselors throughout the state. In actuality, this project certainly incorporated the concept that gratitude = mindfulness. Recently, study after study has proven the myriad health (physical and mental) benefits of gratitude = mindfulness = kindness. The impact of the project renders similar conclusions to those that were established by the Institute of HeartMath, which found that “when people consciously experience appreciation and gratitude, they can restore the natural rhythms of their heart” (Science of Coherence, 2001). When we look at prevention, we need to look at the developmental stages of our clients. What if we were teaching our children and adolescents to practice mindfulness, Buddhism, yoga, and to incorporate more of these Eastern philosophies into their everyday lives? This might prevent more serious physical and/or mental illnesses and/or help control them (Nilsson, 2014).

For example, Milligan (2006) discusses a yoga program on college campuses that is considered an approach for addressing student stress problems and increasing the diversity of services offered by university counseling centers. A student who is reluctant to seek traditional counseling may see this type of therapy as an acceptable alternative. Barriers and stereotypes held by some students about seeking counseling services can be overcome by offering an alternative

type of therapy service (Milligan, 2006). Often as counselor educators, the authors convey this journey as a process that the client is assisted through by the counselor, and as a journey that the counselor must go through to be of assistance to others. Smith (1990) describe this journey from Jung’s perspective that “through the process of individualization, the psyche is unified, and one’s life is transformed; the symbol of this new, unified state of being (i.e. the mandala)” (p.#).

These editors have seen firsthand how Eastern treatments such as yoga, breathing, massage, chiropractic care, acupuncture, diet, and aromatherapy can help manage a variety of disorders. Many times, these CAM treatments will never fully “cure” the disorder. However, in many cases the disorder is managed by these treatments and not by psychotropic drugs, and, in most instances, there are minimal to none of the negative side effects associated with western drug treatments. As a result, if we can have transformed lives with our hearts in rhythm then a look into these approaches is well worth their inclusion into each of our journeys.

References

- De Lisle, S. M., Dowling, N. A., & Allen, J. S. (2012). Mindfulness and problem gambling: A review of the literature. *Journal Of Gambling Studies*, 28(4), 719-739. doi:10.1007/s10899-011-9284-7
- Jung, C. G. (1968). *The collected works of C. G. Jung* (Vol. 12). *Psychology and alchemy: Bollingen series xx*. Princeton, NJ: Princeton University Press.
- Kessler, R. C., Davis, R. B., Foster, D. F., Van Rompay, M. I., Walters, E. E., Wilkey, S. A., & Eisenberg, D. M. (2001). Long-term trends in the use of complementary and alternative medical therapies in the United States. *Annals of Internal*

Medicine, 135(4), 262-268.
doi:10.7326/0003-4819-135-4-
200108210-00011.

No. 3 , 211-228.
doi:10.1891/jcop.2005.19.3.211

- Koshikawa, F., Nedate, K., and Haruki, Y. (1992). When west meets east: Contributions of eastern traditions to the future of psychotherapy. *Psychotherapy*, 29(1), 1-9. doi: 10.1037/0033-3204.29.1.141.
- Milligan, C. K. (2006). Yoga for stress management program as a complementary alternative counseling resource in a university counseling center. *Journal of College Counseling*, 9(2), 181-187. doi:10.1002/j.2161-1882.2006.tb00105.
- Morgan, D. (2001). Assimilation from the east and the spectrum of consciousness. *Journal of Psychotherapy Integration*, 11(1), 87-104. doi: 1053-0479/01/0300-0005.
- Nilsson, H. (2014). A four-dimensional model of mindfulness and its implications for health. *Psychology of Religion and Spirituality*, 6(2), 162-174. doi: 10.1037/a003.
- Science of coherence (2001). Institute of HeartMath. Retrieved from: <http://www.heartmath.org/research/overview.html>
- Shonin, E., Van Gordon, W., & Griffiths, M. D. (2014). The emerging role of Buddhism in clinical psychology: Toward effective integration. *Psychology of Religion and Spirituality*, Vol. 6, No. 2 , 123-137.
- Smith, C.D. (1990). Jung's quest for wholeness: A religious and historical perspective. State University of New York, Albany.
- Witkiewitz, K., Marlatt, G. A., & Walker, D. (2005). Mindfulness-based relapse prevention for alcohol and substance use disorders. *Journal of Cognitive Psychotherapy: An International Quarterly*, Vol. 19,

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