

# Pleasure, transformation and treatment. Use of alternative medicines to treat emotional illnesses in Mexico City<sup>1</sup>

## Placer, transformación y tratamiento: uso de las medicinas alternativas para problemas emocionales en la Ciudad de México

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### Resumen

Se presenta un análisis del uso de las medicinas alternativas para la atención de problemas emocionales. La información se obtuvo de 36 entrevistas de investigación social realizadas en la Ciudad de México, se analizó mediante la categorización de significados, y bajo un modelo propuesto por Bishop et al. (2008). Las prácticas y recursos fueron utilizadas como tratamiento complementario, alternativo o convencional, también como experiencias placenteras y procedimientos de transformación personal. Con los tres primeros tipos de uso se atendieron padecimientos específicos; como "experiencias placenteras", se buscó obtener bienestar psicológico; y con la última modalidad, se obtuvo orientación para intervenir adecuadamente en alguna situación problemática. La categorización de Bishop et al. (2008) resultó útil para integrar prácticas que aún cuando son ampliamente usadas y cuentan con legitimidad social, se ignoran en el campo de la salud. Con estas prácticas se pretende ampliar el repertorio de recursos de cuidado y satisfacer necesidades que los servicios formales no cubren.

**Palabras clave:** Medicina alternativa; Salud mental; Bienestar; México.

## Abstract

The article analyzes the way alternative medicines are used to deal with emotional problems through a model proposed during a previous study. The information was obtained from 36 social research interviews from Mexico City, it was analyzed using the categorization of meanings, within the model proposed by Bishop (2008). The practices and resources were used as complementary treatment, alternative or conventional, also as pleasurable experiences and procedures involving personal transformation. The first three types were used to treat specific illnesses; like pleasurable experiences, psychological health was sought after and with the last modality, orientation was found to intervene appropriately in a problematic situation. Bishop's Categorization proved to be useful for integrating practices that even though they are widely used and have social acceptance, they are ignored in the health field. With these practices it is pretended to enlarge the repertoire of care resources and satisfy the needs that the formal services do not cover.

**Keywords:** Alternative Medicine; Mental Health; Wellness; Mexico.

## Introduction

The use of Complementary and Alternative Medicine (CAM) has gained more momentum; because they had been studied in different fields of knowledge; it is difficult to define them because they bring together a wide range of knowledge and synthetic practices that are constantly changing. The National Center for Complementary and Alternative Medicine at the National Institute of Health in the United States, defines them as a group of systems for medical attention, curing practices and products (herbs, minerals, vitamins, etc.) that are not considered by the "western, allopathic" medicine or biomedical (National Center for Complementary and Alternative Medicine, 2008). It is called "complementary medicine" when it is used together with the "allopathic" medicine; while the term "alternative" makes reference to the use of this type of practices instead of the "western" medicine.

Nowadays, a considerable number of people try to improve their health through the CAM, and the increment in their use has been documented among populations of more developed countries such as USA, Canada, Australia, Israel, Germany and the UK (Wu et al., 2007; Berthold et al., 2007; Fang and Schinke, 2007; Kirmayer et al., 2007). In the Latin American countries there are some reports about the prevalence of their use; in Chile 71% of the population has resorted to such practices ever in life; in Colombia 40 % and in Mexico, between 15% and 20% (World Health Organization 1999; Nigenda et al., 2001).

The academic interest for these practices respond not only to its growing popularity; but also to the discussion on the loss of the monopolistic exercise of biomedicine (Haro, 2000). At the same time, the diversity of ways of use that they present, show that there are attention needs that do not satisfy the allopathic health system and possibly originate in the cultural and social conditions in which people live.

Among the unmet care needs, those related to emotional problems stand out from the rest. The international literature suggests a high use of these practices for the treatment of mental and emotional problems (Collinge et al., 2005; Weze et al., 2006; Rodrigues-Neto et al., 2008; Russinova et al., 2009; Heiligers et al., 2010) particularly to attend depres-

sion and anxiety (Kessler et al., 2001; Gallagher et al., 2001). In Mexico, surveys have reported that a significant percentage of the population with emotional disorders use CAM. The prevalence of its use for depressive disorders ranges between 18% and 26% and for anxiety disorders between 6% and 26 % (Medina-Mora et al., 1997; Medina-Mora et al., 2003; Berenzon et al., 2009).

There are lots of reasons why people decide to use CAM among others, the pursuit of wellness, dissatisfaction with conventional medicine and the perception that they are harmless (Barnes et al., 2008). In addition, previous experiences with professionals of the conventional medicine and practitioners of CAM delimit the use of these practices (Furnham, 2007). The decision to use CAM is also linked with care options that are available and pathways that are used to request advice or assistance (advice from friends and/or family members, pharmacists, general doctors, etc.). There are other more complex reasons that are related with the personal and cultural beliefs and with the philosophical views held about life and health (Kristoffersen et al., 2008). This could explain in a significant measure the acceptance and the use of CAM among the Mexican population because cultural processes have been hosted, adequate, and maintained in force, knowledge and practices of different cultures (Indigenous, African, Asian) and different epistemological frameworks (religion, science, Gnosticism).

Bishop et al. (2008), based on an ethnographic study done in England, proposes four ways in which people use CAM: "Pleasurable experience" (treat), alternative use, complementary or conventional. The pleasurable experience refers to an enjoyable activity that is not associated with a specific health problem. Complementary use refers to the used to strengthen the effects of other treatments basically conventional or biomedical. The alternative method is to treat pathological entities using therapies that replace the biomedicine and the conventional use occurs when people think that CAM therapies are consistent with biomedicine or even part of it. The uses: complementary, alternative and conventional, are grouped into "treatments".

The purpose of this study was to analyze the ways in which a group of inhabitants of Mexico City used

alternative medicine to treat emotional problems. The analysis was made by the ways of use proposed by Bishop et al. (2008) mentioned in the previous paragraph. This model was chosen because it allows the inclusion of practices that are generally excluded although they are used to obtain some kind of emotional or psychological wellbeing.

## Methodology

### Population

12 men and 24 women that lived in six different neighborhoods from Mexico City were interviewed; everyone of them used one or more CAM to treat an emotional illness. The selection of respondents was done using a theoretical sampling (Sierra, 1998), where the number of people interviewed is not the most important point, but the information they provide to interpret the topic of interest is.

The information was gathered using an interview guide; with this instrument it establishes a list of topics and general areas necessary for the verbal interaction that the interviewer systematized in order to think over the interviewer's speech prosody and to organize the topics he will talk about (Sierra, 1998). The key themes of the guide were i) history of the disease, ii) career or seeking a care path, iii) characteristics of the resources and / or treatments used; v) perception towards the professional and the service provided (doctor-patient relationship) and vi) therapeutic efficacy.

All the interviews were made in the participants' homes; most were performed in one session and lasted approximately 90 minutes. In some cases it was more than one meeting was necessary to discuss all the topics. He requested permission to record conversations and used pseudonyms to protect the identity of participants. Each interview was audio-recorded and written on paper.

### Analysis of information

The "categorization of meanings" technique was applied (Kvale, 1996) to encode the content of each interview in a series of mutually exclusive categories. This allowed to structure narratives into units of information that facilitated the understanding of a phenomenon and their occurrence along the

interview. The first criterion for establishing the categories were the topics proposed in the instrument and as the material was coded, sub-categories were obtained. There was a consistency in the categorization of over 90% and the discrepancies in the coding were resolved by discussion and a joint review of the original stories.

Subsequently a more specific coding and analysis of the CAM was made, using the categories proposed by Bishop et al. (2008): a) pleasurable experiences, b) complementary use, c) alternative use d) conventional use. A category called “Procedures for Personal Transformation” was also included, although it is not part of Bishop’s model, it was established to incorporate practices that the ones being interviewed mentioned.

The practices, resources and services analyzed were:

- Mexican Traditional Medicine: is a set of methods and resources mainly inspired by per-Hispanic cultures that, gradually, were combined with Spanish and African medical elements. This knowledge and practices are transmitted by generations and the most common are the herbals and the cleaning. These latter ones are ritual procedures used to prevent, diagnose and / or alleviate many diseases depending on the person who cleans, eggs are used, bunches of herbs, prayers or songs.
- Healing Practices adapted from other cultures: the techniques and resources from traditional medical systems, for example, the massages of the traditional Chinese medicine or vegetarian food based in the knowledge of Ayurveda. Other types of practices were also considered, like Bach flowers, Iridology, certain forms of imagery, body reading and all combinations in between.
- Homeopathy: is an integral medical system that seeks to stimulate the body’s ability to heal itself. Very small doses are used of highly diluted substances that at higher doses in the individual, it would produce a disease or symptoms associated with it. This medical system is governed mainly by the “law of similarity” (the similar is cured with the similar).
- Practices of divination: reading cards.
- Spiritual-advice: are the recommendations offered by the representatives of different religions like priests, pastors, rabbis, etc.

Ethical considerations: The research project was approved by the Ethics in Research Committee of the National Institute of Psychiatry Ramon de la Fuente. According to the standards of this committee, it was considered that the project did not involve any risks and therefore it could obtain the consent verbally. To request the consent from the participants, we informed the objectives and purposes of the research, the confidentiality of the data and asked permission to record the interviews and publish the information collected.

## Results

### Who used the popular practices and informal services

Twelve men and twenty women participated, nineteen from middle-high class and seventeen from the lower class. The average age for men was 40 years and 43 among women. Additional data can be seen in Chart 1. Some therapies were used in two or more modes (see chart 2).

### Pleasurable experiences

In this category were included yoga, massage, reiki and body moving classes. With these activities the interviewed did not intend to relieve or cure any suffering but to obtain some kind of welfare, for example, to feel relaxed. We believe that this way responds mainly to a sociocultural phenomenon related to the consumption of goods and services for health and wellness. The peculiarity is that the welfare is understood as obtaining intimate feelings of relaxation, balance and tranquility. Using a set of practices and habits, people seek to satisfy their demands for psychological well being and meet the expectations that were created (Lipovetsky, 2007).

The Yoga and the Body movement classes were activities that were practiced on a regular basis and involved supporting the idea that discipline brings physical and mental benefits.

When one of the interviewed spoke about the benefits that she usually gets after yoga class, she said, “ Well when I go out from my class, I feel really relaxed, very comfortable and without stress. Yes, you feel amazing!

**Chart 1 - Demographic data of the participants: age occupation, educational level and marital status**

Pseudonym	Age	Occupation	Education	Marital status
Héctor	25	Employee	Middle School	Free union
Mireya	54	Home	Middle School	Divorced
Hernán	78	Retired	Collage	Married
Mariana	67	Home	Collage	Widow
Ernesto	32	Auto employee	High school	Married
Amanda	49	Home	High school	Married
Gabriela	36	Employee	Collage	Widow
Greta	43	Employee	Postgrad	Married
Dulce	22	Employee	High school	Married
Miriam	33	Own Employee	High school	Married
Alejandra	46	Employee	No answer	Widow
Lourdes	55	Home	Middle School	Widow
Liliana	42	Home	Middle School	Married
Blanca	58	Home	High school	Divorced
Rebeca	46	Employee	Collage	Divorced
Griselda	38	Home	Middle School	Free union
Esteban	38	Employee	Middle School	Married
María	60	Home	Middle School	Divorced
Abraham	50	Employee	High school	Married
Amalia	38	Employee	Middle School	Divorced
Mercedes	39	Home	Middle School	Married
Guadalupe	39	Employee	Postgrad	Single
Rocío	37	Employee	Collage	Single
Elizabeth	35	Home	Middle School	Married
Carmen	37	Home	Middle School	Free union
Cristina	62	Home	Middle School	Widow
Bertha	29	Home	Middle School	Married
Violeta	43	Employee	Middle School	Widow
Omar	48	Employee	High school	Married
Soledad	46	Home	Middle School	Married
Eduardo	34	Employee	Postgrad	Single
Alfredo	36	Employee	Collage	Single
Arnoldo	35	auto-Employee	Technical studies	Single
Rafael	32	Employee	Collage	Single
Joaquín	33	Employee	Collage	Single
Heberto	47	Auto- Employee	Collage	Free union

**Table 2 - Resources and categorization services on pleasurable experiences, treatments (complementary, alternative and conventional), and procedures for personal transformation**

Resources and Services	Pleasurable experience	Treatments			Procedures for personal transformation
		Complementary	Alternative	Conventional	
Traditional medicine Mexican		X	X		
Meditation			X		
Reiki	X		X		
Bach Flowers			X		
Relax Exercises		X	X		
Respiration Exercises				X	
Aromatherapy		X			
Yoga	X				
Massage	X				
Body move	X				
Bioenergetics				X	
Homeopathy		X	X		
Religious advisor		X	X		
Card reading					X
Body Reading					X

Massage and reiki were perceived mainly as a way to indulge, Greta said this about massage “I think one should indulge with such things, no?... the truth is that always, I mean, the hands will always have a magical effect, no? The hands of other people, especially if they have some knowledge. It’s a combination of massage and the digit puncture, then it is really, really relaxing”.

It should be noted that people who reported this way of use were located in a low and middle-high socioeconomic level, even though they were predominant among respondents than the ones who had higher incomes. According to participants, the implementation of these activities demand availability of mood, time and money. If you do not have any of these, then it is not possible to perform them.

**Treatments**

In this category they were grouped the complementary, alternative and conventional uses, all of the gathered practices had the objective to attend and / or prevent any disease or problems related to this. That is, the treatments responded to a specific health claim.

The respondents mentioned that the reasons for going to this type of treatments were : feeling sad, stressed or anxious, to have financial problems, family conflicts, perceived insecurity and “nerves”. The latter is a cultural syndrome common among the Latin-American population, manifests itself as physical and emotional pain resulting from conflicts in several areas of life.

Some symptoms are difficulty to breath, nausea, diarrhea, vomiting, headaches, stomachache, chest and backache, irritability, sadness, anxiety, fear and hopelessness (Guarnaccia and Farias, 1988).

**Complementary**

In this case, the therapies were used to strengthen other treatments mainly the biomedical and they included: relaxation, Mexican traditional medicine (cleaning), homeopathy, and religious advisor and aromatherapy. Several interviewed said that when they had an organic disease or a mental disorder, they felt bad emotionally and stressed; and even when they received biomedical treatment, the professionals of formal services did not give them any help to solve the emotional distress, stress or

other consequences that the diseases brought them. One of the interviewees explained the way how she attended one of the problems associated with a mental disorder.

Rocío presented a bipolar disorder and said that since the first crisis she received a drug treatment. At the same time and at different periods of her life, she searched the help of a Catholic priest to alleviate the loss of friends and the stigmatization by her relatives. “The first time I had a crisis, and I was already a little bit better, I told my mom that I wanted to go and see a priest because I did not know what happened to my friends, I mean, why they had been apart from me and why they said that my disease was contagious. I felt uneasy.... I became a person who went more to church.”

Another type of discomfort derived from problematic situations such as divorce and mourning because they caused anxiety, worry, shame, and other uncomfortable feelings. It was common that, during the separation process, some women felt anxiety because they thought that when separated from their partner, they went against the rules of the religion they professed. In these cases, the religious advisors were the main sources of help.

One of the women interviewed used “aromatherapy” to complement a psychological treatment. She used scented candles and incense to reduce the domestic “neurosis” and avoid getting altered within the environment where she perceived her problems. “With incense, aromatic candle, with things like that. Then I started to try them and it worked. “Guadalupe

### **Alternative**

With this type of use, people replaced the biomedicine, and they included relaxing exercises, the reiki, homeopathy, resources of Mexican traditional medicine, Bach flowers, meditation and consultation from religious counselors. This substitution was observed when participants said they used to drink tea to calm down the “nerves” and to deal with some difficult situation like the death of a family member, relationship problems or work problems.

This was the case of Mercedes, who faced the sadness and the anxiety, she prepared the teas that her grandmother recommended, “ She used to tell me that when we could not sleep, we should drink

a flower tea, so we could be a little bit more calm”.

Other participants used them because they were dissatisfied with the dehumanization and mechanization of Western medicine; also because they thought these were safe healing resources and avoided the use of medication, this confirms the assertions raised in other studies (Barnes et al., 2008; Furnham, 2007). For example, the medication and the Bach flowers, according to the interviewed, they have an effect in the soul and the emotions flow positively over the interpersonal relationships

Amanda, said that she has been using Bach flowers for fifteen years to treat the feelings of insecurity and sadness caused by problems she had in her childhood, as well as those caused by menopause, “ ... The Bach flowers are... well, at least in my opinion, they helped me a lot in my emotions. The emotions of the soul, the body and everything... I am using alternative medicines so I don't saturate the body so much with drugs “.

### **Conventional**

In this modality breathing exercises and bioenergy were grouped. Those who used this thought that both were consistent with biomedicine or were part of it, although strictly speaking non of the counts with an official recognition. We considered that they had this perception because they observed that some health professionals such as general doctors and especially psychologists used CAM.

Mireya said that whenever she felt nervous she did some breathing exercises that the nurses from a hospital taught her years ago, and she described this activity, “ You have to begin to concentrate, you start guiding yourself. For example, I do this because sometimes I have a ball here (over the shoulders), because I am really tense. I focused myself in that area, and I repeated it three times. And you continue like that in each of the spots that hurt until you arrive to your toes... and suddenly in feels that you do not have anything, like you were floating.”

### **Procedures for Personal Transformation**

This category is not part of Bishop's et al. model (2008). However, it was established to accommodate the practices that the interviewed mentioned, and that gave them welfare or guidance to intervene in areas or situations that caused them dissatisfaction,

anxiety, low self esteem or an uncomfortable emotional state. The category includes two diagnostic procedures, reading of cards (a form of divination) and body reading.

Reading letters and rites involved are related to emotional dimensions such as love, death and disease. In general, people use the lecture because they feel confused and they pass through a problematic situation to which they don't find concrete or effective solutions. In Mexico, a close link exists between the practice of divination as a way of diagnosis and the quackery still valid in urban areas (Domínguez, 2009).

One of the participants, Rafael, resorted to a "witch" and the explanations that she gave him about past experiences and others to come, helped him to improve his attitude: "I asked her general questions (to the reader) and yes, she really is good, she said things about my past that I still could not overcome or that I was in the process of overcoming a relationship ¿no?"

The body Reading consisted on knowing the vital experiences, feelings, thoughts, way of being and acting of a person by visual examination of their body structure. The basic idea is that all experiences, emotions or even feelings shape each part of the body. Two of the respondents attended the body reading and hoped that the information would help them modify personal aspects they did not like. Alfredo narrated his experience,

"For me it was really revealing.... It is very clear for me how my personal history has been seen in the body and also how you can improve it. She told me (the reader) that I did not walk well, that I stepped to the edge of the foot... So I have improved the way I step because when you step well you are more stable, physically you are more stable and I imagine that also mentally, like if you relaxed a little bit ¿no?"

Going to any of the two types of readings involved the idea that wellness is a variable state that depends from different aspects like past experiences, personal relationships, economy, even luck or destiny. We observe that the interviewed attributed a significant value to the possibility of having information or tools that could help them create a positive change either on their living situation or behavior.

## Conclusions

Among the benefits presented by the model proposed by Bishop et al. (2008) to analyze the different uses of CAM in the Mexican population with emotional discomforts, we found that it shows the complexity which structured the use of these therapies, because one may be used, in one moment in an alternative way and in another, in a complementary way.

We considered that the different uses fulfill two functions; one is to maximize the healing resources and ensure the access to a range of potential options. This is very important if you considered that there exists a considerable quantity of people that not always count on the medical services provided by the state nor sufficient resources to access private services (Frenk et al., 2006; Acuña and Bolis 2005; Organización Panamericana de la Salud 2009; Dirección General de Información en Salud, 2009).

In view of the above, it is pertinent to emphasize that the alternative use of a resource or therapy that in certain contexts (developed countries or middle classes and higher classes in peripheral countries) could be called alternative to the biomedicine, among lower income groups it becomes the only medical option. So that the flexibility of use of each of the CAM confirms the difficulties in establishing generalizations or exclusive categories (Kelner and Wellman, 2000).

The second function of the CAM is to address different aspects of the same problem because in one single medical system it is not possible to satisfy the complexity of the event (Bronfman et al., 1997; Berenzon and Juárez, 2005). In the Mexican population it is common that heterogeneous visions coexist for explaining health and disease, so that one person may use scientific notions and at the same time magical-religious conceptions to give sense to an episode of discomfort. Therefore, the resources and services he uses, will adjust to the different meanings that the individual assigns to the problem.

Another advantage of Bishop's et al. model (2008) is related to what was stated in the previous paragraph. The model made visible some of the needs that even they could be discussed within the field of health and mental health, were recurrently expressed by the interviewed: the search of relax-



ation and of a practice that addresses both at the same time organic ailments and emotional upsets.

Particularly, the information provided by the category “pleasurable experiences” allows the exploration of what was mentioned above and that manifested itself in the interest in doing activities (yoga, “psycho-physical” workshops) or to receive a service (massage, reiki, etc...) that gives a pleasant sensitive experience. We found that it has a relation with a phenomenon that Lipovetsky (2007) describes as a clear disposition to consume products, services, radio programs and television, articles, web pages, guides, etc, under the argument of health. In this way, different scopes of life like tourism, alimentation, and personal care tend to acquire sanitary characteristics, and CAM are usually combined with these types of activities.

Talking about the practices included in the category of procedures of personal transformation. We think that they are socially legitimated ways of satisfying the concerns that involve feelings of sadness, anxiety and / or stress and that usually comes with emotional problems, family or financial. According to De la Torre and Mora (2001) it is common that people use CAM with the objective of reaching personal development and transformation, besides wellness and healing. He says that the success of these practices is the use of a vast symbolic world to approach conflicts and problems associated with contemporary life in large cities. We believe that the role of personal transformation procedures in the repertoire of the CAM should be explored further in future research.

We believe that the findings presented by applying the model of Bishop et al. (2008) provide information of the peculiarities of the use of CAM among the Mexican urban population and could be considered as an approach to understand the role of CAM in other Latin American populations. Among the limitations of the study is that the information could not be generalized to rural populations or Anglo-Saxon countries because of the number of participants, and that all the above is related to the emotional and mental health.

Finally we believe that in further studies it is recommended to consider the sociocultural aspects

that contextualize the use of CAM. On the other hand, take into account that many of the practices grouped as complementary and alternative medicines come from different philosophical frameworks and different worldviews; which present methodological difficulties to compare them or to measure them under the terms of bio medicine. We think that it is important to ask ourselves ¿Which epistemological perspectives and methodological tools validated by the academic community could explain the clinical aspects and the efficacy, safety and at the same time the subjective needs covering CAM?

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