Integrative Mental Health: Ancient Techniques and Tradition

as a New Way of Modeling Psychotherapy

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Abstract

For centuries philosophers, scientists, medical doctors and psychologists have debated the interconnectivity between mind and body. Some see mind and body as unable to be separate and some view the systems as entirely separate functions. Recent western research has shown that, regardless of whether illness originates in mind or body, both systems are co-dependent and co-morbid. The modern practice of psychotherapy isolates practitioners and clients from the numerous benefits of ancient and integrative techniques. By applying techniques such as meditation, laughter therapy, acupuncture and traditional Chinese medicine, mind-body interventions, integrative depression interventions, clinical hypnosis, and yoga practice, the model of healing is much more holistic and therefore more sustainable. Many of these techniques are accessible and cost-comparable to modern techniques. Perhaps the most appealing aspect of these techniques is that there are little to no side effects, contrary to unfavorable side effects of modern psychotropic medication. A holistic, integrative method to psychotherapy is ethically responsible, time-tested, and offers many treatment options currently absent from western models.
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Integrative Mental Health: Ancient Techniques and Tradition
as a New Way of Modeling Psychotherapy

*Psychology and Integrative Mental-Health*

America’s modern society seems to be fixated, if not romanced, with the possibility that mental illness can affect a person’s physical health as much as acquiring a virus on a crowded bus. The veteran community finds themselves in the middle of a mental health crisis as the death toll of soldiers due to suicide prompted by Post Traumatic Stress Disorder threatens the lives of our armed forces as much as a day on the frontline of the battlefields. Each year, seasonal disorders such as the common cold and the flu virus threaten to keep children from school and the workforce on the couch, yet research shows that when human beings experience stressors, their immune systems are compromised. Humans are around viruses daily, no matter what the season, so what is it that makes the immunity gatekeeper relax his standards and allow the virus in? Could it be that humans are unable to adapt to the amount of stressors in modern society and western medicine is no longer to offer all of the solutions? Is it possible that ignoring and separating mental health from physical health, and only spending money and effort on the latter is backfiring on people living in modern society?

A view of mental health that incorporates all elements of human bodies and functioning while exploring both eastern and western medicine techniques could be the answer to optimum health. Through integrative mental health care, it is possible to increase attention to detail and critical thinking, decrease or eliminate symptoms of depression, rid the body of harmful toxins that cause weakening of the immune system, overcome addictive behaviors, prevent anxiety and panic attacks, lower blood pressure, sleep better, wake better, experience more joy, be more resilient, and in some cases may even prevent the rapid spreading of some cancers.
These techniques are more than just “soft” sciences. Eastern medicine techniques have been around for centuries before the first American hospital was built. Generations of humans have survived and thrived by employing these methods. In a time where western medicine has become an issue on the ballot, a business seeking a profit, and an option that can only go so far in diagnosis and assessment, it is time to start incorporating integrative methods into the world of mental health in order to best serve those seeking healing.

Meditative Practice and Mental Health

In order to fully understand the benefit of adapting a meditation practice, it is essential to see the human self as changeable, flexible and suffering prone (Baer, 2003). The first steps in optimal health come from understanding the body and tuning in to the signals being given. Some may say that this can only be experienced through the “emptying of self” in meditation. Through meditation, a person can let go of habitual physical and mental activity that distracts and distorts from the cues of the body.

A tangible benefit of meditation is relaxation, often in the midst of constant stressors, and lowering of body temperature and heart rate. Meditation has also been proven to develop more crisp attention skills, notice when the mind seems to be diverting attention, and decreases the likelihood of having an “attentional blink”. The phrase “attentional blink” was discovered when researchers conducted a study that monitored subjects’ ability to notice random letters in a sequence of numbers on a screen (Nielsen & Kaszniak, 2006). One group of participants was given the exercise and then lead through daily meditations for one month before given the exercise again. The other group was not lead through meditation before given the exercise again. Participants in the meditation group significantly improved in their ability to notice the letters in
a series of numbers versus their counter-parts who did not have a meditation practice. They experienced fewer “attentional blinks”.

Those who have a long-term practice of meditation report a much higher emotional clarity than before they started meditation. They are more able to notice their emotions and external triggers. John Kabat-Zinn and his colleagues (1992) took this concept a step further and suggested that a regular meditation practice could significantly prevent a relapse of a major depressive episode in individuals who have previously experienced episodes. Anxiety symptoms such as panic attacks and nervous breakdowns can also be interrupted by grounding techniques learned in meditation (Appel, P.R., 1999). In general, a knowledge and understanding of processes within the body that usually go unnoticed can be helpful in preventing distressing experiences.

*Creative implementation of meditative techniques.* Meditation has a bad reputation in our society for being boring, pointless, unproductive, and sometimes, just plain weird. How many times has Hollywood portrayed the person dressed in all colors of the rainbow, sitting on a lily pad, chanting unheard languages and calling upon gods who look like characters from Lord of the Rings? In reality, meditation is about simplicity. It can be done in a silent room or on a crowded subway ride. What is important is the focus on the breath and the falling away of any influential, disruptive thoughts that prevent a person from listening to what is happening within their skin.

So, how can meditation possibly help a therapeutic practice? For one, many clients schedule their therapy in the same way as all of their board meetings, eye exams, aerobic classes, and school plays; they become just another busy hour in the day. For the sake of the client getting the most out of their session, and the most for their money, it is in their best interest for
them to be in a state of mind that allows for free flow of emotions and processing mental components to more effectively get to the root of their presenting problems.

One tactical way to incorporate meditative processes is to engage the client in a short meditation and grounding before talk therapy begins. Ask them to notice and take inventory of their emotions, of things in the room, physical sensations, and things that are blocking them from being fully present in therapy. Encourage them to let those things go and approach the session as their true selves. It is also important to recommend an at home meditation practice. Five minutes a day will seem like an eternity to someone who has never had a meditation practice but it is a good place to start. The benefits are indisputable and arguably necessary in a society where many people turn on their auto-pilot switch after waking and take little or no time to allow their emotional processes to catch up.

Laughter and Mental Health

For years the health benefits of laughter have been explored, whether scientifically tested or not. The phrase “laughter is the best medicine” is so rampant that perhaps now instead of taken as heed-worthy advice, it is met with a groan of nauseating familiarity. Even someone who claims to have never had their nose in a peer-reviewed journal may state that they simply feel better after an extended guffaw but do not know why. Practitioners of integrative medicine seek to figure out the scientific and common sense ways in which laughter can improve mental functioning.

Gulshan K. Sethi, MD has spent the last few years studying laughter and what effect it has on mental health. He coined the term “Laughter Therapy” and has traveled all across the nation teaching practitioners how to incorporate laughter into therapy. His research shows that laughter has been proven to, first and foremost, dissolve and replace distressing emotions (2010).
Simply, a person cannot be sad or anxious when laughing. Laughter as an emotion takes up more mental “space” than emotions such as sadness and anxiety which can occur simultaneously. Laughter also reduces stress and increases healthy energy by releasing endorphins, mimicking what happens when humans engage in exercise or sexual activity. When dealing with feelings of hopelessness or depression, experiencing laughter can often shift a person’s perspective to view the situation in a much less threatening way.

There are guidelines for practitioners who choose to incorporate laughter into therapy to ensure that the full benefits of laughter are experienced by the client. First, for laughter to be therapeutic, it must occur naturally and without force by the individual. In this way, the endorphins are naturally triggered. Without a natural stimulus, laughter is merely muscle movement, lacking in mental health benefits (Sethi, 2010). Second, the person must be in a meditative/calm state, paying attention to mood and breath. Ideally, the client is so in tune that they can feel the shift of their emotions when experiencing laughter. Without this, emotional shifts may go unnoticed and run the risk of being discredited by the individual. The person may continue to feel that there is no way they can feel anything besides the negative emotions at their forefront.

Dr. Sethi has extended his research about laughter to explore what laughter can do for people in every day life, outside of therapy. His research shows that people experiencing chronic physical pain experience a relief during laughter due to the rise in endorphins; a natural pain killer. Endorphins are also a natural stress reducer and therefore, can lessen the severity of Type II diabetes symptoms. When a person is laughing their core muscles contract rapidly. Ten minutes of medium to high intensity laughter has the same muscular benefits as doing one hundred abdominal crunches.
Laughter can be detoxifying. With normal breathing patterns, a person always has a small amount of air in the lungs that does not get dispelled. This air can become stale and potentially carry harmful substances that can be absorbed by the body if it is not forced out. While there are many ways to expel the air through deep breathing, exercise, or vigorous breath work, laughter is something that should occur regularly enough to rid the body of stale air and inhale fresh air. When laughter occurs regularly, a person may experience a stronger immune system and decreased risk of infection (Sethi, 2010).

Although it seems innocent enough, laughter can also be responsible for producing pathological responses in those with mental illness. Inappropriate laughter may be a sign of chemical intoxication. Laughter can also be a coping response to anxiety and therefore, may be used as a tool in pushing away distressing emotions rather than dealing with them in a healthy way.

Those experiencing psychosis may produce laughter that is seemingly unprovoked or misunderstood by those around them. Physical characteristics of malicious laughter are much different than healthy laughter. The intensity and social appropriateness of the laughter is important to note. Often, those laughing extremely loudly by themselves or in offense to others are not receiving the benefits of laughter. Laughter can also be directed towards subjects as a way to distance themselves hierarchically, such as a joke based on racism. If laughter occurs in any of these situations, the benefits of laughter are far overshadowed by the person’s negative mental state and must be examined before using laughter therapy (Sethi, 2010).

Creative implementation of laughter therapy techniques. Without going too far into a statement about the changing times and how modern lifestyle affects mental health, consider this fact; on average, a child laughs 300 to 400 times per day while an adult laughs approximately
twelve to fifteen times per day (Sethi, 2010). Our society is quick to search for what psychotropic drug is missing that is keeping people from living healthy, fulfilled lives. Could it be that one of the many things that would help us survive as a species is simply turning on your favorite comedian or episode of a sitcom?

Incorporating laughter into therapy with severely depressed individual may seem futile and trite, however, with what the research states about the benefits of laughter and its proven ability to shift perception and lessen stress hormones, practitioners need not write the idea off so quickly. At the very least, laughter can promote the Adlerian concept of social interest. When the therapist presents themselves as someone with an appropriate amount of empathy, caregiving, and humor, others will naturally be drawn to them. When social interest is present, healthy relationships can form, promoting change.

Humor can be a tool for encouragement or a tool for mockery. It is imperative that a practitioner aiming to incorporate laughter therapy into their practice understand the line between the two. When social interest is not present there is no underlying driving assumption that all members in the therapeutic process are striving for positive change in the client, and laughter therapy may be taken as mockery, further isolating the client from the therapist. However, when humor is safely and mutually incorporated into therapy, with a trust relationship between therapist and client in place, the results could lead to a permanent shift in perception and a prognosis of the client’s presenting problem that is much more hopeful.

Acupuncture and Traditional Chinese Medicine (TCM) in Mental Health

At first glance, acupuncture may appear to be solely about the body, having very little to do with mental health. Acupuncture as modern society knows it may be understood to be a “soft” treatment of headaches, muscle aches, or as made popular by a certain television series, a
last-ditch attempt to cure infertility. In many cases acupuncture may be a last option, “tried everything else” type of treatment. However, research shows that incorporating acupuncture or traditional Chinese medicine (TCM) can result in greater overall health and resistance to stressors. For centuries before western medicine was practiced, Chinese medicine was responsible for the survival and thriving of humankind. For modern practitioners, incorporating these techniques can promote holistic healing.

Acupuncture’s main focus is on the concept of “Qi”, often pronounced “Chi”, which represents the energy of life. Each person has unique Qi that circulates throughout their body and with other living things in their environment. Qi is the manifestation of physical and mental function. In order to maintain normal function, Qi has to move sufficiently, smoothly, and in the right direction (Yang & Monti, 2009). At any given point in the body, Qi may become stagnant and cause distress of physical body and mental state.

Practitioners of TCM understand that there are certain emotional regulatory processes that can be manipulated through the focus on the nerves in major organs (Flaws & Lake, 2001). The experience of joy can be manipulated through directing the Qi to the heart and small intestine. Anger holds its place in the liver and gall-bladder. Worry and obsession look very familiar to a TCM practitioner and are generally addressed by a focus on the spleen and stomach. The emotional process of grief tends to manifest through the lungs and large intestine, and fear finds its home in the kidneys and bladder.

Acupuncture as a tool for mental health and emotional regulation was among the first purposes of the development of the science (Yang & Monti, 2009). It was only recently that the physical and muscular benefits of TCM were recognized. However, the physical benefits seem to be more widely accepted as scientific over the emotional energy regulation aspect. To
manipulate emotional energy centers, a practitioner must locate certain points on the skin where both physical and emotional processes can manifest. These areas are based in nerves which connect to the brain and regulate hormonal and emotional processing.

Research on TCM has shown that a regular practice can improve symptoms of anxiety, addiction, depression, insomnia, and chronic pain (Yang & Monti, 2009). However, skeptics still question efficacy. Any practitioner will agree that TCM is more effective if done very frequently, but few are able to do so because of the cost and lack of third-party coverage. This affects the amount of measurable data that can be held up against the data surrounding more modern techniques.

*Creative application of acupuncture (traditional Chinese medicine) and psychotherapy.* What does society look for when considering a new treatment option in health care? What possible side effects are? What previous patients have reported? What the research says about how effective it is? Perhaps the most convincing argument for TCM and acupuncture is that put quite simply; it has always worked. As mentioned previously, centuries ago, humans were using TCM and acupuncture in conjunction with herbal therapy and healthy diets as their main method of health care. They did not have to separate physical and mental health because TCM addressed the individual as one.

Concepts in Adlerian psychology go hand in hand with the concepts of TCM. For one, the individual is seen as a whole, complete with a unique set of experiences and genealogical makeup. Alfred Adler would also warn practitioners that “anything can also be different” (Ansbacher & Ansbacher, 1956). This provides a modern framework for why integrative medicine is so important. When western medicine does not have an answer, practitioners and patients have a tendency to assume finality. Encouraging clients to seek out TCM or even
having a go-to referral for clients can prevent hopelessness in both the client and the practitioner. Traditional therapy may not be able to access the emotional processes that TCM can and vice versa. What traditional therapists may diagnose as a phobia, to a TCM practitioner may be an interrupted Qi in the kidneys and bladder. Who is to say that either one is more correct if “anything can also be different”? Integrating TCM and acupuncture into traditional therapy provides a holistic interpretation of the problem and a more complete healing process.

**Mind-Body Therapy for Anxiety/Traumatic Stress**

The debate over the amount of interconnectedness between the processes of the mind and the manifestations of the body has long been present in research articles in numerous journals throughout the psychological world. Modern medicine tells society that symptoms of the mind and body can be related, but require differential treatment. Ancient eastern medicine cannot conceptualize a separation of the two and always addresses both aspects as one. With such a rise in health care costs and coincidentally, an examination of whether people are receiving the highest quality of treatment for their money, mind/body mental health treatment has risen up as a healthy marriage of western and eastern traditions (Astin et. al, 2003). If an individual can only pay for a certain amount of sessions, mind/body therapy can help to address all aspects of the individual rather than one troublesome area.

Traditional therapists incorporate an assessment of the individual or family within the first few therapy sessions. It is a way to direct therapy, set goals, understand expectations, and provide a measurable way to examine the efficacy of the therapeutic process along the way. For integrative mind/body therapists, much of the assessment is similar to traditional therapists. The main difference is a focus on special elements that may not be brought up in traditional therapy that integrative practitioners believe to be just as important in diagnostics and treatment.
Anxiety and traumatic stress are of particular interest to the mind/body therapist because symptoms can be greatly influenced by lifestyle factors.

Mind/body therapists are concerned with the person’s diet. Specifically, when dealing with complaints of anxiety, this may lend an understanding to environmental elements that may be decreasing or promoting anxiety within the individual. Integrative therapists are also concerned with how much sleep a person typically receives since amount of sleep has a direct correlation with prominence of anxiety symptoms (Monti, Sufian, & Peterson, 2008). A person’s amount of daily exercise is taken into account. In most cases, exercise can improve anxiety symptoms but also has the potential to worsen them if not incorporated in a healthy manner.

Those who claim to have a mind/body approach to therapy develop their practice in response to the question; why treat only one aspect of an individual when there are numerous powerful factors present? These types of practitioners have developed and incorporated certain psychosocial interventions that manifest in both the mental body and the physical body. Mind/body therapy consists of traditional talk therapy and an incorporation of hypnosis, meditation, relaxation, quigong/tai chi, herbal supplements, yoga, expressive art therapy, or any other treatment that the therapist and client deem appropriate for the person’s anxiety symptoms (Monti, Sufian, & Peterson, 2008).

What was it that led mind/body therapists to explore the possibility of a new paradigm of treatment for anxiety and trauma? Many practitioners felt that traditional western medicine can only decrease stress to a certain extent. Traditional talk therapy is often not specialized enough to deal with severe trauma victims and could be ignoring many factors of a person’s lifestyle that prevent healing. Anxiety medications can reach dormant levels within a person’s body and
would often require new prescriptions or constant change in dosages without much of a change in symptoms. Western medicine has been revered for its advances in the treatment of cancers and other chronic illness, however traditional treatment of cancer in western medicine fails to acknowledge that the anxiety and stress surrounding diagnosis has been known to cause poorer health and prolonged symptoms (Monti, Sufian, & Peterson, 2008).

When engaging in mind/body therapy, individuals can expect to be taught skills in decreasing the avoidance of negative emotion, which often leads to anxiety “blow ups” due to prolonged repression. These skills are not limited to strictly psychological interventions. Practitioners have been known to prescribe treatments like meditation and yoga outside of therapy that help an individual become connected with processes of the body, including emotional (Monti, Sufian, & Peterson, 2008). In therapy, a person can work on incorporating and understanding negative emotion that arose during a mind/body practice.

In the same way, by engaging in mind/body practices, an individual can decrease unwanted anxiety-producing intrusive thoughts. Individuals practicing mind/body alternatives become mindful of each though and deal with it immediately. For trauma victims, this is particularly effective because it aims to decrease the number of flashbacks that are seemingly unprovoked but may have shown early warning signs within the emotions of the individual (Monti, Sufian, & Peterson, 2008). Trauma victims may also be experiencing physical pain related to the trauma, stored in the muscle memory of the body. Mind/body interventions can decrease physical symptoms by targeting areas of the brain responsible for pain reception and seek to decrease stress-based pain (Monti, Sufian, & Peterson, 2008).

Anxiety and trauma responses manifest themselves through the sympathetic and parasympathetic nervous responses within the human body. Mind/body techniques, particularly
exercise, yoga and meditation, tai chi, and relaxation techniques can aid in regulating these nervous systems (Monti, Sufian, & Peterson, 2008). Specifically, many of these practices regulate the vagas nerve and vagal tone, which is responsible for restoration and conservation of bodily energy and the resting of vital organs. A measurable shift in anxiety can be examined when a person employs the use of mind/body techniques in times of high anxiety or severe traumatic reprocessing.

Other changes that happen in the body during high stress experience are a result of a deregulated autonomic nervous system (ANS) (Monti, Sufian, & Peterson, 2008). When the ANS is not regulated, an excessive activation of the sympathetic nervous system compensates causing manifestations of negative psychological symptoms, changes in brain chemicals necessary for emotional regulation, changes in hormones, and changes in immune variables (Monti, Sufian, & Peterson, 2008). When the ANS is compromised, most individuals turn to the “fight, flight, or freeze” response to a stressful situation. Decreasing these responses by mind/body interventions can lead to improved immune function, healthy coping mechanisms, and integration of objective and subjective aspects of an illness (both lab results and emotions experienced) into a healthier coping schema.

With mind/body interventions, essentially the control is given back to the individual in dealing with strenuous anxiety and traumatic emotional responses. By modulating the ANS with relaxation, a person can replace automatic responses with chosen ones and increase options for problem-solving. A feeling of control, in itself is enough to reduce anxiety surrounding the possibility of “blow ups”, nervous breakdowns, or flashbacks that are severe enough to interfere with daily life (Monti, Sufian, & Peterson, 2008). Most western approaches to anxiety focus on decreasing anxiety that has already manifested itself throughout the nervous system. Anxiety
medications are instructed to be taken when the individual can feel the anxiety symptoms and fear that they will worsen. Calming techniques provide skills to decrease the intensity of anxiety symptoms that may already be at their most intense. Mind/body interventions provide options for the individual and teach skills that both prevent and treat anxiety symptoms, allowing for an individual approach to healing.

*Creative implementation of mind/body therapy and anxiety.* Severe anxiety and trauma, to the inexperienced mental health practitioner, are often met with a lack of confidence in their ability to treat them effectively. Because these symptoms manifest themselves so prominently within an individual and are rooted in experiences that most people in connection with them cannot fully be empathetic towards, there is a tendency to tiptoe gently around they symptoms so as not to ignite them. Many victims of trauma and severe anxiety may be forced to see specialists who can more effectively treat the symptoms. However, by employing the use of certain mind/body techniques within therapy, it is possible for even the most untested therapist to provide skills of relief and empowerment to their clients.

Alfred Adler theorized that human bodies have the ability to compensate for areas that are less efficient. He also translated this into emotional processing. For example, if a person feels rejected by their family of origin, they may try to compensate by developing a keen sense of humor that draws people to them to avoid feelings of loneliness (Oberst & Stewart, 2003). This concept can also be applied to the mind/body approach to regulating the ANS. The knee-jerk response of the ANS is not useful to the individual experiencing anxiety or trauma. The “fight, flight, or freeze” response to anxiety-producing stimuli can result in nervous breakdowns, emotional “blow ups”, or avoidance of emotions. Since this does not serve the individual, with
mind/body interventions, they have the ability to compensate and gain control by employing coping mechanisms that are much more useful.

Mind/body interventions in anxiety and trauma have measurable, research-backed, results in altering the levels negative nervous responses. So why do these interventions constantly take a backseat to modern techniques like anxiety medication? Both medication and mind/body interventions alter the chemicals within the brain and attempt to influence the nervous system. The main difference is that modern treatment may result in extensive side effects and can only be prescribed by specialized professionals. Therapists see clients with anxiety about as often as medical doctors see patients with the flu. With modern medicine, therapists may not be encouraged to deal with severe forms due to the possibility of mismanaged emotions, thus worsening the situation. Mind/body interventions can be done safely and gradually as an addition to traditional therapy and can be taught by most practitioners, thus giving the feeling of control back to the individual. Healthy compensation skills can be experienced within therapy, empowering the individual to heal themselves from within.

Integrative Approaches to Depression

Though depression as a psychological illness has only been diagnosed in the western world for under a century, the concept of a person experiencing such deep sadness that they become ill and a general report of “disconnection” from the outside world has been around as far as ancient texts can recount. Many eastern practices refer to feelings of depression as an imbalance of energy or Qi within an individual. Early predictions about the cause of depression led some to believe that there was a spiritual possession that overcame seemingly healthy individuals. Looking back, this hypothesis may seem unscientific; however, many practitioners today agree that there seems to be a body, mind, and spiritual shift in an individual experiencing
depression. Though originating in the mind, the disorder plays itself out in the person’s body and has the power of changing their personality. With such an unpredictable and permeating presence, all aspects of a person’s lifestyle must be considered when assessing depression. This allows for combat against the disorder from multiple angles.

Conventional treatments of depression generally include a combination of psychotropic medication and psychotherapy, and base treatment plans on physiological modalities. This type of treatment produces measurable results, yet there are roadblocks to treatment that may keep the individual from complete healing. One of these roadblocks is the side effects to anti-depressant medication (Lopez & Murray, 1998). Many people taking anti-depressants report feeling a general disconnection with their emotions, including pleasurable emotions like sexual attraction. Anti-depressants in some cases can cause weight gain or loss or even produce manic-like energy making it difficult to sleep.

Another road block that affects those seeking treatment is the stigma of the disorder. Those unfamiliar with the disorder may not understand the severity of the symptoms and the fear of social stigma may prohibit someone from obtaining professional help. Treatment of depression can be very expensive for an individual whether or not they are covered for health insurance. Though the industry is on the verge of a paradigm shift in this area, mental health treatment is covered far less than physical/biological health (Lopez & Murray, 1998). The cost of treatment, the social stigma, and the side effects have ignited a desire in affected individuals for something natural and homeopathic that may be more physically and financially sustainable than psychotherapy and medication.

An integrative approach to depression seeks to combine conventional and traditional treatments and make them accessible to clients. Integrative professionals work with each
person’s unique makeup of genetics, life experience, physiology, psychology, and belief symptoms to create a treatment plan with the highest expected effectiveness (Wagner et. al, 2000). These treatment plans aim to have little or no side effects and cost significantly less than mainstream treatment (Lopez & Murray, 1998). A unique aspect to integrative treatment of depression is the way in which the client’s ability to heal themselves is honored and relied upon. There exists an element of control and empowerment in the client self-examining and learning what their body is telling them any given day. With the skills learned in integrative therapy, they can respond accordingly (Lopez & Murray, 1998).

For centuries dietary and herbal supplements have been used to regulate bodily function, however, due to a shift in western dietary consumption, many of the essential nutrients needed are absent from most people’s daily intake (Linde, et. al., 2005). Rather than obtaining nutrients in their natural form, those seeking to utilize herbal and dietary supplements must now take them in addition to their regular diet. Though this adds a bit of inconvenience into an over-scheduled life, the benefits of herbal supplementation in a holistic treatment of depression are invaluable.

St. John’s Wort is a supplement most commonly used to regulate depression and anxiety. There are little to no reported side effects for those who incorporate this herb into their treatment. Many report that there is not a violent shift in emotions but rather, maintenance of a secure emotional baseline after taking the supplement for a few months (Linde, et. al., 2005). Another not-so-common supplement showing up in more treatment plans today is SAMe (S-adenosyl methionine) (Bressa, 1994). SAMe has been used as an anti-depressant in Western Europe for the past 25 years. Only recently have American scientists recognized its ability to regulate serotonin, dopamine, and norepinephrine. Folate has also been under close scientific study recently due to research connecting depression with folate deficiency. More commonly known
as vitamin B9, folate is easily obtainable in a healthy diet by incorporating foods like dark leafy greens, dark beans, strawberries, oranges, and even baked potatoes. There is no direct causality proven in research yet, however many sources of folate are recommended by dietitians as a normal part of a healthy diet whether or not there is a direct link to depression.

Another trendy supplement that may be pivotal in the treatment of depression is Omega-3 fatty acid, or “fish oil” as it is known in the mainstream. Omega-3s act as a natural inflammatory both for muscular tissue and nerve fibers (Bressa 1994). A person taking Omega-3 supplements may experience a restriction of inflammatory cascades occurring in severe depression. This super-supplement also has the ability to increase metabolism and decrease the general feeling of lethargy that clients with depression frequently report. While studying the effects of Omega-3s on metabolic function, researchers found that an element called 5-HTP (hydroxytryptophan), which can be taken as a supplement, is an immediate metabolic precursor to serotonin release. What this means is, a person experiencing an unhealthy imbalance of serotonin may be able to regulate when and how much is released by taking a 5-HTP supplement (Bressa, 1994). The side effects of 5-HTP as opposed to general anti-depressants are significantly less severe and cost less overall.

Another recent discovery in the treatment of depression is the substance inositol (Bressa, 1994). Inositol is a naturally occurring component of glucose and is a key player in chemical pathways that control the number of receptors on a cell’s surface that bind serotonin and other neurotransmitters. Combined with a 5-HTP treatment, the incorporation of inositol as a supplement could encourage not only a steady release of serotonin but also insurance that neurotransmitters are receiving the hormone, thus regulating the system in two ways (Bressa, 1994).
Any good integrative mental health practitioner will claim that a multi-directional approach to treatment is better than one. Though herbal research has experienced monumental advances in understanding, implementation with other modalities in integrative health is going to produce the best overall results for the individual. Mind/body practitioners approach depression from a holistic perspective and offer some treatment options they believe to be essential in complete treatment.

As mentioned previously, meditation practice has undeniable benefits in regulating human emotions. Specifically for depression, a regular practice of meditation and its ability to regulate sympathetic and parasympathetic nervous systems may offer a complete understanding of a depressed person’s emotional shifting. Beyond understanding, meditation can aid someone in self-calming or self-motivating and prevent the “drowning” feeling once negative emotions have overcome the individual (Katon, 2003). Naturally, there are few health risks associated with incorporation of a regular meditative practice into treatment for depression. In a similar manner, yoga practice has been proven to modulate the nervous system by intense focus on bodily cues and responses (Katon, 2003). This will be discussed in greater detail further on.

Relaxation techniques are also useful in training the body to relax or to decrease painful muscle symptoms of depression. Particularly, a technique called Progressive Muscle Relaxation (PMR) is used in individuals who find themselves very agitated during bouts of depression. This technique involves step by step voluntary muscular contraction and then relaxation (Katon, 2003). The brain is trained in relaxing muscles and areas of muscular tension are discovered and forced to relax. Mental relaxation is a natural follow-up to muscular relaxation. Acupuncture, as mentioned, can help regulate the energy within a depressed individual and may also help control pain as a side effect of depression (Katon, 2003). Tai chi/Qigong practice can teach an
individual with depression to regulate their breathing and mental focus. The spiritual component of Tai chi/Qigong is a gradual strengthening of a person’s Qi or “life energy”, increasing overall wellness and immune function.

Other integrative approaches to depression include aerobic exercise (for those who are at appropriate levels of overall health), massage therapy, and a newcomer to the integrative mental health field; phototherapy. The benefits of regular aerobic exercise go beyond usefulness in the treatment of depression, however of particular interest to those treating depression are the increased levels of endorphins, increased response of neurotransmitters, derailment of negative thought patterns, and increased social contact if done in groups (Katon, 2003). Those with severe depression report a lack of desire to exercise or be in community even though these elements could be the pathways to healing.

If aerobic exercise is simply too difficult for the depressed individual, massage therapy offers a manual release of endorphins and serotonin and can help modulate the parasympathetic nervous system. Massage therapy naturally detoxifies muscles which can cause a harmful release of toxins if appropriate amounts of water are not consumed post-session. Over time, these detoxifying processes with increased water consumption may decrease dormant environmental or bodily toxins, improving immunity and preventing illness, which can often complicate symptoms of depression (Katon, 2003).

Phototherapy, also called “light therapy” involves the use of lights that mimic sunlight and is of particular interest to those who suffer from Seasonal Affective Disorder (Katon, 2003). Generally, this type of therapy is used in darker winter months. The lights act as a melatonin suppressant which causes an increase in serotonin reserves. A person’s regulatory system can then draw on these reserves when the amount of naturally occurring serotonin is prohibited by
lack of sunlight. Phototherapy is most effective when patients are exposed to bright white light for 30 minutes in early morning hours every day for a week. Most experience a shift in overall positivity and perception of depressive symptoms (Katon, 2003).

The main message that integrative medicine hopes to send the psychological world about depression is that it is complex and should be treated as a complexity. The most important aspect when treating a client is that they are a unique makeup of factors contributing to depression symptoms (Rollnick, Miller, & Butler, 2007). Giving responsibility to the client and empowering them to seek alternatives in treatment if they are not feeling relief ensures the most effective treatment plan. The responsibility of practitioners is to provide the myriad of options to the client, thoroughly explaining the pros and cons of each and guiding them in choosing their own unique treatment.

*Creative application of integrative techniques for treating depression.* Modern treatment of depression operates from a one-size-fits-all model. Though there may be some variation in the type and amount of anti-depressants prescribed and whether or not it is coupled with traditional talk therapy, these two methodologies are the most common in treatment. If an individual is not experiencing relief of symptoms, very little options are considered in western medicine. When psychotherapy and medicine fall short, the message is sent that if they cannot get better with these treatments, they cannot get better.

Adlerian psychologists are constantly looking to figure out what “fictions” people are living by that are causing them distress (Ansbacher & Ansbacher, 1956). Fictions are guiding statements believed to be true by the individual that determine a person’s course of action or inaction throughout their life. Modern medicine offers the fiction that if a person’s depression cannot be treated with medication and psychotherapy, the disease is chronic and must be
accepted. Integrative medicine proves this fiction to not only be untrue, but harmful to the individual seeking treatment.

Rollnick, Miller, & Butler (2007) explain a phenomenon that occurs when an individual is informed that there are alternative options to treatment; patients may be encouraged to refrain from continuing to view themselves and their depression in the same hopeless way. This, in itself is a catalyst to healing. Alfred Adler often spoke of the concept of “spitting in the soup”. Once an individual is informed about the inconsistencies and harmful consequences of continuing on one path, they will no longer be able to continue on the path without a conscious realization of the risk, often prompting them to choose a new path (Oberst & Stewart, 2003). The soup will no longer taste the same once they know there’s some spit in it.

Integrative therapists seek to spit in the soup of those seeking treatment for depression. By offering them many different options and pathways to take, clients can be empowered and encouraged if the road they are on suddenly ends. Perhaps even motivating them to change direction before the direction they are going lends them to a frustrating destination. A refusal to consider holistic factors contributing to each individual’s experience of depression symptoms may even be considered negligence on the part of the practitioner. With skyrocketing health costs and damaging side effects to many modern prescriptions, if a practitioner’s aim truly is to do no harm, then the benefits of integrative approaches to depression must be considered with equal consideration to modern treatments.

Clinical Hypnosis and Mental Health

The silver screen has had a hey day with portraying hypnosis, often causing a lack of willingness to expose oneself to the practice for fear of losing control. A popular corporate office comedy depicts an individual who remains in a hypnotic trance for months and is suddenly
overcome with the confidence to quit his unsatisfying job, ask out the girl of his dreams, and conspire a get-rich-quick scheme. Many “hypnotists” make a decent living by frequenting high school events, putting people in a “trance” and encouraging them to perform sexual acts to a metal folding chair; all while the person is seemingly unaware of their behavior. Naturally, those seeking hypnotherapy treatment for a variety of symptoms are going to drum up these images when deciding to make the appointment or not.

First, it is important to understand what hypnotherapy is not. Therapeutic hypnosis is not done to clients. It is a conjoined process between client and practitioner. The client never loses consciousness or self control throughout the session. Contrary to Hollywood portrayal, the person does not reveal any secrets, increase gullibility, or weak-mindedness and is not prevented from their ability to remove themselves from a trance state (Frederick & McNeal, 1999). And unfortunately for the inexperienced practitioner hoping to add a little excitement to his practice, hypnotherapy will not cause clients to make love to a stool or sing like Cher unknowingly.

Hypnotherapy is a state of inner absorption, concentration, and focused attention. The experience of hypnotherapy can be compared to a mental “magnifying glass” to make the sun, or in this case, a person’s emotions more focused and powerful in order to lend understanding to the individual. When an individual is in a trance state, it enables their mind/body to accept and share true intentions, beliefs, and expectations (Frederick & McNeal, 1999). Trance states magnify the power of belief, provide a highly relaxed and altered state of mind, and keep the mind focused and responsive to therapeutic suggestion (Frederick & McNeal, 1999). In some cases, persons experiencing a hypnotic trance can control blood pressure, heart rate, muscle tone, and skin temperature (Gurgevich et. al., 2006).
Though the idea of an encouraged hypnotic trance state may still seem too risky, consider the trance states that are acceptable and prominent within culture today. Everyday trances include prayer, meditation, driving (with obvious risks if this trance state is too relaxed), watching television, video games, running, daydreaming, or any other activity that causes the individual to feel as if they have shifted into “auto pilot” and are not aware of specific movements within body or mind. In these states, a person may experience a detachment from stress and overall relaxation, an ability to ignore distraction thus improving concentration, and the possibility of a negative influence depending on the trance stimulus (Gurgevich et. al., 2006).

In order for hypnotherapy to be effective, three “must haves” should be present in the session; motivation, belief, and expectation of change (Kogon et. al., 1998). Measurable transformations within individuals engaged in regular hypnosis include overall relaxation, expansion of bronchial airways, decreased heart rate (or increased if necessary), blood pressure regulation, control of amount of bleeding in some cases (White et. al., 2008), control of bodily temperature, and reduction in muscular tension (Gurgevich, 2003).

Therapeutically, hypnosis has the power to limit a person’s obsessive focus on symptoms of mental illness as well as limit negative psychological responses to environmental stimuli (Astin et. al., 2003). When further answers about a person’s mental illness are needed, hypnosis can often explore and treat underlying dynamics causing distressing symptoms (Appel, 1999). Hypnosis seeks to reveal processes that are unknown or downplayed in a persons waking conscious life. The client undergoing hypnotherapy still has the ability to withhold information that they do not want known and at no point will feel as though they are being controlled. The simple benefits of the relaxation process of hypnotherapy are worth incorporating hypnotherapeutic techniques into an integrative mental health treatment process.
Creative application of clinical hypnotherapy techniques. Those who are best understood receive the best treatment. Though hypnosis as a practice of its own is very costly and inaccessible for many people living outside of metropolis areas, hypnotic techniques can be applied to traditional talk therapy in order to provide a complete assessment of the individual and direct therapy in a way that will be most useful. An overall understanding and dispelling of myths surrounding hypnotherapy may make hypnotherapeutic techniques of equal consideration to any other psychotherapeutic intervention.

Alfred Adler explains that distressing human behavior is a direct result of a person’s mistaken beliefs about themselves or others. In therapy, the goal is to uncover these mistaken beliefs and rewrite or reincorporate them into a person’s schema in a way that is non-harmful for the individual (Ansbacher & Ansbacher, 1956). Hypnotherapy can help to reveal these mistaken beliefs if there is difficulty retrieving them in traditional therapy. When attempting to collect an early recollection from a client to shed light on where mistaken beliefs arise from, encouraging the client to enter a hypnotic state may help maintain focus on the event of their early childhood and provide a more complete description. A full, holistic, understanding of the individual is what is most vital in developing ongoing treatment plans. If hypnotherapy allows for access to thoughts unaware to the client and practitioner, it should be treated with equal merit as traditional methodologies, and used to enhance the experience of therapy for the client.

Yoga and Mental Health

The benefits of a regular yoga practice can be useful to all individuals whether or not they are experiencing mental illness. For centuries, yoga has been not only a physical practice but a holistic lifestyle. The main themes in yoga are connectedness to the body and emotions, acceptance of aspects within the body or within surroundings that are unable to be controlled
externally, and a general peacefulness with and interconnectivity of all living beings. While this may sound like new age wishful thinking, a constant practice and meditation on these concepts can provide inner peace and strength for an individual dealing with temporary or chronic mental illness.

Amy Wientraub, in her monumental book *Yoga for Depression* (2004) explains that the yogic view of depression differs dramatically from western viewpoints. When a person is depressed, in yogic understanding, their *prana* or “breath of life” is constricted. This can be cause by a variety of situations. When a person feels a general sense of separation from their bodies or views their mind and body symptoms as unrelated, they are in a state of *avidya*. Suffering is referred to in ancient yogic Sanskrit as *duhka*, which literally translates to “obstructed space”. Alternatively, *sukha*, which is a state of happiness, refers to “unobstructed space”.

A person’s moods are also understood as a variance of types of energy and can shift rapidly depending on inner or outer stimulus. In yoga teachings, a *rajastic* mood refers to someone experiencing anxiety, mania, and depression symptoms that are anxiety-based. This type of mood is to be met with an intense yoga practice such as *vinyasa* or *ashtanga* and then finish with a meditative calming practice. In this way, the internal energy of anxiety will be combated with physical movement and the mind will be encouraged by relaxation to return to a sustainable baseline emotion (Wientraub, 2004).

When a person is experiencing a *tamastic* mood, the symptoms are dysthymia, lethargy, and major depression. This type of mood should be met with a slow, lethargic practice and build to a more physical, energetic practice. This allows the body to gradually shift in energy level rather than experience a spike in energy that may further tire the individual (Wientraub, 2004).
The ultimate goal for yoga practice is to bring oneself to a state of *satva* or balance of moods. In this state, a person will not experience a severe increase or decrease in energy and is more resilient to elements of the environment.

As a mental health intervention, yoga offers clients the ability to focus conscious attention to breath and sensations in the body which can lead to a change in muscle memory and chemical levels in the brain. As a physiological intervention, yoga can help to improve lung function by breath work and cardiovascular exercise. Many styles of yoga were developed as a preparation of the body for relaxation and meditation; the health benefits were not focused on as a separate entity but rather a way to maintain optimal health. In ancient Indian temples, yoga was practiced daily and was of equal importance to eating and drinking. In order for humans to experience both mental and physical benefits of yoga, they must have a consistent yoga practice of four to five hour-long sessions per week (Wientraub, 2004).

Biologically, yoga serves as a regulatory intervention for many hormones and nervous reactions that promote healthy function. Yogic practice energizes the solar plexus and cerebral cortex, and can lower levels of cortisol (a stress-producing hormone) within the brain. Yoga poses also stimulate the vagas nerve which regulates the vagal tone; a natural source of energy for the nervous system. Breath work in yoga aids in sending O2 and glucose to the brain, improving clarity and mental function. Oxytocin levels are elevated during yoga practice, improving the natural sexual response cycle. With the cardiovascular component to yoga, a person’s heart rate variability is elevated, making them more resilient to environmental factors (Wientraub, 2004).

Often those who have experienced bodily trauma or periods of high anxiety will store these experiences in their muscle memory, forcing them to re-experience the negative
psychological responses. Yogic language calls this phenomenon *samskaras*. *Samskaras* imprints in our subconscious experiences accrued through life. Physical yoga practice releases *samskaras* held in the body and brings conscious awareness to karma – patterns of repeated behavior (Wientraub, 2004).

Post-traumatic stress disorder often affects muscles as well as mental processes of the affected individual. Yoga may be a way to release those muscle memories and create new neural pathways, thus interrupting the cycle of negative responses to stress. When compared with Dialectical Behavioral Therapy, eight sessions of vinyasa yoga followed by relaxation have been proven to decrease the severity of hyperarousal symptoms significantly. Participants report more of an ability to notice hyperarousal and intervene before it becomes distressing (Cope, 2006).

When engaging in yoga, it is necessary to take steps in mental preparation and maintenance throughout the session in order to experience the psychological benefits. First, each session should include a set intention for the yoga practice outside of the practitioner. Often, students are encouraged to “send” the energy they create to someone who needs it, decreasing the possibility of a narcissistically-driven focus on the exercise component of yoga. Everything done throughout the session should have purpose, whether it mental focus or challenging the body. Practitioners of yoga will benefit by completing a “body scan” during various points in the practice. This helps the individual to be aware of hidden emotions and sensations in the body (Wientraub, 2004). Acute breath awareness and shifting of breath patterns is important in assessing amount of anxiety. Awareness of amount of physical and emotional balance throughout the session is critical in developing a practice that seeks to regulate this balance (Gordon, 2008).
Yoga can be used as an intervention for extreme anxiety or hyperarousal of nervous responses such as panic attacks or nervous breakdowns. During yoga, practitioners can expect to cultivate a greater awareness of their surroundings. This aids in grounding of the self to the current situation. Instructors often direct students to become aware of sounds within the room and feelings on their skin; all in an attempt to remind the body that they are present in the moment and focus on the past or future is not helpful during practice. Students are also instructed to elicit feelings of self acceptance and gratitude which can lead to a healthy perception of themselves and their mental illness (Cope, 1999).

*Creative application of yogic techniques in psychotherapy.* A critical pinnacle in effective mental health treatment is self care for mental health practitioners. Without a consistent, purposeful separation of a therapist from the stress of their clients, therapists run the risk of burnout, at the very least, and at the very worst, doing harm to their clients. As mentioned, yoga practice is beneficial for anyone regardless of whether or not there is a mental health diagnosis. Much has already been discussed surrounding the benefits of those experiencing mental health, but as important as preaching the importance of integrative strategies into mental health is the actual implementation of these techniques by mental health professionals into their own self care routine.

Yoga is unmatched in its ability to create a mental haven of separation from environmental stressors and focus on ones own body and emotional processes. Though much mental dedication is required to train the mind to focus primarily on breath, if this can be achieved, the person will experience a renewal of body, mind, and spirit. For mental health practitioners, this means a constant renewal of energy to work with difficult clients while handling stressors in their immediate surroundings. Mental health workers may benefit from any
of the integrative techniques presented in this discussion but yoga, with its numerous physical and mental benefits and ease of access for most individuals, can be instrumental in ensuring a therapist’s healthy level of physical and mental health when taking on clients in high stress situations.

Conclusion and Future of Integrative Mental Health

Integrative medicine and mental health is much more than just a movement in bohemian culture. It is a long-standing, respected, proven methodology that has kept humans around for centuries. Elements of a person’s diet directly correlate to their amount of mental illness. Levels of therapeutic breathing have a direct effect on the autonomic nervous system and a person’s ability to fight paralyzing anxiety. By recognizing and exploring the idea that bodily energy, a concept difficult for most western practitioners to grasp, may have a significant affect on physical and mental illness, worlds of possibilities open themselves up to those feeling stuck in their disruptive state. Integrating ancient techniques coincides with Adler’s view that the individual is more than just instincts and drives but rather a complex assortment of many

Every medical profession has a business aspect and requires a certain amount of profits in order to be self-sustaining. Integrative practitioners are no different. In fact, due to the lack of recognition and acceptance of integrative practices, many of them must be paid for out of pocket. Those individuals who chose to pay for them out of pocket do so because they are jaded by traditional health care and health care coverage. Throughout the most recent health care debate, at no point was the effectiveness of traditional health care considered; the debate reached a plateau on topics surrounding which procedures were covered by third parties.

Integrative mental health seeks to not only provide a cost-comparable alternative to western medicine but also to challenge federal regulations on third-party coverage by exposing
the sub-par effectiveness and limitations of modern medicine. Practitioners of integrative medicine aim to make their practices as accessible as other forms of medicine. Perhaps the most potentially beneficial goal of integrative mental health is to provide a care team of individuals, in connection with one another, versus numerous primary care providers who treat individuals while oblivious to other possibilities in care.

The future of integrative mental health has plenty of room for both western and eastern techniques for the benefit of each individual seeking treatment. This is what makes integrative mental health **integrative**. The combination of modern diagnostic technologies and ancient modalities that view the body as interconnected can bring mental health care to a more efficient, more clinically responsible, and greater level of healing power than it currently has today.

Numerous organizations have risen up in response to this national crisis in responsible and thorough health care. Dr. Andrew Wiel, a founding father of modern integrative medicine, pioneered the first national gathering of integrative practitioners in Phoenix, Arizona in March 2010 when he hosted the National Integrative Mental Health Conference. This gathering of numerous individuals from equally numerous health care subsystems ignited a movement that seeks to challenge all health care professionals to recognize the benefits of incorporating both eastern and western medical modalities.

Alfred Adler was considered to be ahead of his time when he began to practice from a viewpoint that recognized the holism of each individual. Individual psychology challenged the notion that humans were basically mechanical responders to a short list of drives and desires and that only these drives were appropriate when conducting psychotherapy (Ansbacher & Ansbacher, 1956). Adlerian psychology viewed each individual as a unique makeup of past experiences, current situations, and ingrained elements that influenced behavior.
On a larger scale, integrative mental health attempts to globalize the idea that humans, though they may be born in western countries, are not viewed holistically through a western lens. Their illnesses are divided into subsections with different specialists for each; often leaving the individual without attention to crucial factors that may be affecting their health. It is possible that, years from now, the side effects of irresponsible prescribing of psychotropic medication because there are simply no other options may actually cause a regression in our ability to safely and effectively treat mental illness.

Integrative mental health may be ahead of our time in viewing the mind and body as whole and in tandem, but it is time for us to catch up. Incorporating integrative methods does not have to be overwhelming for the practitioner who claims to know nothing about meditation and thinks that gingko biloba is the new hipster tea bar down the road. By encouraging clients merely to seek out other complimentary practices with traditional psychotherapy, practitioners are giving the individual power to heal themselves in connection with professionals.

Though a review of the research may show that the effectiveness of complimentary and alternative medicine falls short in comparison to western medicine, it is important to consider that these techniques may be ancient in some civilizations but Americans are merely getting their feet wet in the possibilities. Research is expensive, particularly when not backed by pharmaceutical companies and health insurance representation. The acceptance of eastern techniques could mean a significant loss in revenue for these companies. Giving the power of healing to the individual seeking treatment ultimately means less money in the pockets of those controlling the health care system. However, if practitioners aim to not only be able to provide excellent care to their clients but also to explore a way in which they can maintain their own
health and vitality, preserving their energy for therapeutic empathy, then incorporation of integrative techniques is no longer a choice, it is a responsibility.
References


