PROCEEDINGS OF THE XXIX SCIENTIFIC CONFERENCE

EMPIRICAL STUDIES IN PSYCHOLOGY

MARCH 31ST – APRIL 2ND, 2023 FACULTY OF PHILOSOPHY, UNIVERSITY OF BELGRADE



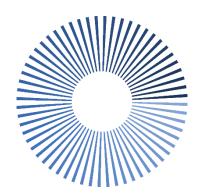
INSTITUTE OF PSYCHOLOGY LABORATORY FOR EXPERIMENTAL PSYCHOLOGY FACULTY OF PHILOSOPHY, UNIVERSITY OF BELGRADE

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Deprez time-marker (G. Boulitte, Paris)

Device for setting a fine time base for kymographic recording. It provides oscillations for intervals down to 0.005 sec. A pen is attached to the plunger of an electromagnet. The movements of the plunger may be varied with a conical regulator. The device now lacks the pen. The author of this device is French electrical engineer Marcel Deprez who conducted the first experiments to transmit electrical power (DC) over long distances. Dimensions: $18.5 \times 4 \times 4.5$ cm; Net weight; 145 g; Voltage: V DC = 2-4 V

From the collection of old scientific instruments of the Laboratory of Experimental Psychology, Faculty of philosophy, University of Belgrade

To Prevent or to Cure: How People Use Traditional, Complementary and Alternative Medicine

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Abstract

To understand the reasons behind the trend of growing use of traditional, complementary and alternative (TCAM) practices this study sought to uncover how people use them - to prevent disease/promote health, to treat medical conditions by complementing official medical treatments, or as an alternative to them. A sample of N=583 Serbian citizens completed an online questionnaire assessing four TCAM domains: Alternative medical systems (AMS), Natural product-based practices (NP), New Age medicine (NA), and Rituals/Customs (RC). Participants indicated whether they had used a given practice in the past year, and if yes, how they used it. Overall, participants used TCAM preventively in two-thirds of cases, but we also found a significant association between TCAM domain and way of use. AMS was used alternatively more than any other TCAM domain, NP was the most prevalent complementary treatment, while NA and RC were predominantly used preventively. Our results suggest that different domains of TCAM practices may impact people's health differently, depending on how they are used, which should inform interventions.

Keywords: alternative medicine, traditional medicine, preventive TCAM use, alternative TCAM use, health behaviors

Introduction

Traditional, complementary, and alternative medicine (TCAM) denotes a broad set of healthcare practices that are not a part of conventional medical systems (World Health Organization [WHO], 2019). Despite their questionable effectiveness (WHO, 2013), the use of TCAM practices is growing, with half of the general population using it in developed countries (Posadzki et al., 2013). People use these practices for different purposes: 1) to promote health and prevent disease (preventive use), 2) as an addition to conventional medical treatments (complementary use), and 3) as a substitution for conventional treatments (alternative use). While some TCAM modalities do not cause harm (e.g., herbal teas as a complementary treatment for the common cold), others can have detrimental effects on health (e.g., lead pouring as a treatment for anxiety) or interfere with conventional therapies (e.g., using herbal remedies during chemotherapy; Meijerman et al., 2006). However, empirical evidence about how individuals use different TCAM practices is still scarce.

A previous study in Serbia (Purić et al., 2022) suggested that TCAM practices group into four domains: 1) Alternative medical systems (e.g., acupuncture, homeopathy, quantum medicine), 2) Natural product-based medicine (e.g., herbal teas, balms, minerals, antioxidants), 3) New age medicine (e.g., meditation, mindfulness, healing crystals), and 4) Rituals/customs (e.g., prayers for health, water from healing springs, red string around the hand). Unlike previous, conceptual taxonomies (e.g., Kaptchuk & Eisenberg, 2001), these four domains were obtained empirically, based on self-reported use patterns. Furthermore, this novel classification is based on the behavior of Serbian citizens, making it more relevant for the local context, given the cultural specificities of TCAM practices (Kemppainen et al., 2018).

In this study, we aimed to explore how each of the four TCAM domains is typically used - for preventive, complementary, or alternative purposes.

Method

Participants

A total of N = 583 adult Serbian citizens (74% women; $M_{age} = 39$, $SD_{age} = 12.1$) voluntarily took part in the study and were not compensated for their participation. An average participant had spent 17.11 years in formal schooling (SD = 2.66), had moderately high self-perceived socioeconomic status (M = 4.06, max = 6, SD = 0.86), and held a somewhat left-leaning political orientation (M = 3.01, from 1 = left to 7 = right; SD = 1.54). Data were collected online in July 2022 through social networks using the snowball method. The research was approved by the Research Ethics Committee at the Faculty of Philosophy, University of Belgrade, Serbia, reference number 935/1 (https://osf.io/bv7yh).

Instruments and measures

Participants filled in a checklist of 32 TCAM practices (Purić et al., 2022), grouped into four domains: Alternative medical systems (six items, Cronbach's $\alpha = .52$), Natural product-based practices (nine items, $\alpha = .77$), New Age medicine (ten items, $\alpha = .67$), and Rituals/Customs (seven items, $\alpha = .71$), and asked to indicate whether they used them in the past year. In addition, for each selected practice, participants were asked to consider their most recent experience with a given practice and indicate if they used it for advancing health (preventive use), simultaneously with official medicine therapy (complementary use), or instead of official medicine therapy (alternative use).

Data Transformations

Since only participants who responded that they had used a particular practice in the past year were asked in which way they used it, different participants responded to a different number of items. Subsequently, summary scores for preventive, complementary, and alternative ways of using would not be directly comparable. Therefore, for each participant, we calculated the proportion of TCAM use within a given TCAM domain for each of the three ways of use. We multiplied these proportion scores by the number of participants who used either of the practices from a given domain to obtain observed frequencies.

Results

TCAM practices were most frequently used ($\chi^2(2) = 588.24$, p < .001) for preventive purposes (63%), followed by complementary (31%) and alternative purposes (6%). Also, practices from four different domains were not used equally frequently ($\chi^2(3) = 319.05$, p < .001), as shown in the last row of Table 1.

The association between TCAM domain and way of use was significant ($\chi^2(6) = 107.23$, p < .001; Table 1). To better

understand the nature of this association we created a mosaic plot which visualizes contingency tables (Figure 1) using the mosaic function of the vcd package for R (Meyer at el., 2006; 2023). Tile size indicates the relative frequency of use for both different domains and ways of use. For example, looking at the horizontal axis only we see that Natural-product based practices were the most often used TCAM domain, while Alternative medical systems were used the least.

Table 1. Frequency of use for different TCAM domains and ways of using

Use / Domain	AMS	NP	NA	RC
Preventive	52	308	218	173
Complementary	48	195	47	45
Alternative	27	36	12	6
Total	127	539	277	224

Note. AMS - Alternative medical systems, NP - Natural product-based, NA - New Age medicine, RC - Rituals/Customs

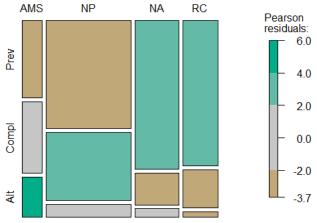


Figure 1. Pearson residuals for the association between TCAM domain (AMS - Alternative medical systems, NP - Natural product-based, NA - New Age medicine, RC - Rituals/Customs) and way of use (Alt - alternative, Compl - Complementary, Prev - Preventive).

On the other hand, tile color indicates the relative size of Pearson residuals i.e. demonstrates which cells contributed to the association. Yellow tiles indicate significantly lower and green tiles significantly higher frequency in a cell than would be expected if there were no association. It is evident that Alternative medical systems were more frequently used in an alternative and less frequently used in a preventive manner, while New Age medicine and Rituals/Customs were predominantly used preventively, and to a much lesser degree in a complementary or alternative way. Natural-product based practices were more frequently used in parallel with

official medical treatments and less frequently used preventively compared to other practices.

Discussion

Overall, almost two-thirds of participants used TCAM practices preventively, followed by complementary use, while a minority of participants used these practices instead of official medicine. However, when broken down by type of practice, TCAM domains had different patterns of use. New Age medicine and Rituals/Customs were used preventively more often than other practices, perhaps because many can be incorporated into one's daily or weekly routine (e.g. practicing yoga, meditation, religious practices). Unsurprisingly, complementary use was the most frequent for natural-based products, which are typically presented in media as quick and easy cure-alls (Lazić et al., 2023). Finally, as suggested by their name, alternative use of TCAM was most common in the case of Alternative medical systems, which are based on unconventional ideas about health and disease (WHO, 2019).

To our knowledge, this is the first study not only in Serbia, but worldwide, to offer insights on how various TCAM domains are used. However, our convenience sample was predominantly female and highly educated, so future studies should ascertain these trends on a representative sample. Moreover, it is also important to explore whether some stable characteristics of participants (e.g. socio-demographic, health-related or psychological) are predictive of their preferred manner of TCAM use.

Our findings have important implications, as observed patterns of use may impact people's health differently. While New Age medicine and Rituals/Customs may not be particularly effective in preventing disease, they may not be harmful to health either. However, active ingredients in natural products can interact with drugs or produce side effects, underlying the importance of consulting with healthcare professionals when using these products complementary to treatment. Although the least common, rejecting evidence-based official medicine in favor of alternative practices can cause the greatest harm, since there is no strong evidence in favor of either their safety or efficiency (Ernst, 2019). Knowing the harms of uninformed use of TCAM, providing patients with reliable and responsible sources of information, as well as designing interventions to help patients use evidence for effective decision-making, may prove to be beneficial future avenues for improving population health.

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