Teaching Complementary Healing Therapies to Nurses

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Skeptics of complementary healing modalities abound in nursing. "Fuzzy metaphysics...quackery...witchcraft" were some of the words Stahlman and Meehan used in their "Letters to the Editor" in response to an article on therapeutic touch that appeared in American Journal of Nursing (1995. p. 17). However, research and the literature support the fact that holistic, complementary interventions sometimes are necessary to the healing process. Despite the growing literature on the use of complementary healing therapies by nurses in practice (Gates, 1994; Pfeil, 1994; Snyder, 1992), relatively few studies have focused on the teaching of these therapies to nurses in the classroom (Heinrich, 1992; Oliver & Hill, 1992; Tuyn, 1994). The authors then wondered how nurses learn to use complementary therapies, what value nurse educators place on teaching these therapies, and do nurses believe they have sufficient expertise to implement them? To answer these questions, an assignment for a capstone course for RNs in the last semester of an RN-to-BSN program was designed. The assignment allows students to explore and experience a complementary healing therapy and report their findings to the class. The purpose of this article is to determine why students can benefit from being introduced to complementary healing therapies, how to teach nurses about these healing therapies, and what some of the outcomes have been.

Why Use Alternative Healing Therapies

The first question explored was: Why do so many people use alternative healing therapies? Surprisingly, money spent on what has been called unorthodox healing practices now surpasses that spent on conventional Western medicine (Joel, 1995). The New England Journal of Medicine reported that although alternative or unconventional forms of healing therapies are being used for a wide variety of ailments, they are used particularly by people suffering from "back problems, insomnia, headaches, anxiety, and depression" (Eisenberg et al., 1993, p. 249). Alternative approaches meet a need Western medicine is unable to satisfy.

Technology and advances in modern science have supported a cure orientation rather than a health promotion and disease prevention model. Biomedical treatments which grew out of a mechanistic view of the body may alleviate disease symptoms but often fail to heal the whole person. Conversely, alternative healing therapies grew out of a holistic view in which the body, mind, and spirit are conceptualized as integrated and interrelated.

More than a century ago, Florence Nightingale defined nursing as seeking to put the body in the best possible state for nature to take its course (Nightingale, 1859/1946). Nightingale's world view is consistent with that of current holistic health and healing therapies. In Notes on Nursing, she spoke of the healing environment nurses create as important to both the body and the mind (i.e., in current language, the body-mind connection). In discussing the importance environment has on recovery, Nightingale stated, "People say the effect is only on the mind. It is no such thing. The effect is on the body, too" (p. 34).

For decades nursing schools incorporated the teaching of what may be called complementary healing practices into their programs, and nurses subsequently used them in their care (Meintz, 1995). Many of these nursing behaviors often were simple acts intended to soothe the body and the soul such as backrubs, comforting measures, and active listening. However, with the advent of technology and other advances in modern science, high-tech care replaced high-touch care (Barrow, 1994). Over time, many of these essential nursing actions were jettisoned. Now, as increased understanding of holistic therapy emerges, nurses are rediscovering the effectiveness of many of the once-abandoned activities and are reclaiming them as useful nursing interventions.

Assignment Development

Current clients, when speaking with nurses, cite a variety of unconventional and non-Western therapies to maintain their health. These practices are called folk, nontraditional, Eastern, alternative, complementary, and integrative healing forms. They are holistic therapies which together stimulate the body, mind, and spirit to heal the whole person. Examples include progressive relaxation, guided imagery, hypnosis, therapeutic touch, acupuncture, yoga, massage, music, humor, and art. The literature documents how these holistic activities can promote...
healing in individuals with a wide range of health problems through stimulation of the body-mind-spirit connection (Achterberg, 1985; Barry, 1996; Dossey, Keegan Guzzetta, & Kolmke, 1985).

Some conventional health care providers subscribe to an unspoken taboo regarding anything alternative, particularly those therapies which deviate significantly from the biomedical model of disease and which are not sanctioned by the medical establishment. The pervasiveness of this taboo may explain why most clients who use alternative healing therapies do not always readily discuss them with health care professionals (Eisenberg et al., 1993). Usually, only those clients who believe their actions will not be ridiculed choose to share their use of alternative healing therapies with medical providers.

A similar situation arises with nurses in this particular course. Several weeks into the course, when students have a better understanding of the physiology of stress and how to elicit the relaxation response, they begin to assign more validity to alternative practices, many of which promote relaxation and self-healing. After this understanding occurs, the taboo prohibiting alternative therapies is lifted. Students who were “closest users” emerge. These closest users feel free to disclose their use of alternative practices with the class only when they are sure they will not be ostracized by other students.

The strong sanctions against use of alternative therapies in mainstream arenas that indicated the need to create a nonjudgmental atmosphere where students could discuss the topic freely. The primary goal to introduce students to complementary healing therapies was to allow them the freedom to formulate their own opinions about the therapies rather than imposing biased views on them. The plan of how to accomplish this evolved over time as the instructors learned more about alternative healing therapies.

How to Introduce Complementary Therapies

Because these nursing students are adult learners, experiential learning, relevance, and self-direction are essential. However, they also need a theoretical perspective. The instructors begin by presenting:

- An overview of stress and holistic theories.
- The body-mind-spirit connection.
- Information on a range of complementary healing therapies.

However, the instructors do not formally teach complementary healing therapies. Rather, each student is asked to explore one complementary healing practice of interest. The assignment includes a literature search and analysis, an experiential component, and an oral class presentation. During the experiential component, students actually experience a healing practice (e.g., massage, acupuncture, yoga, meditation sessions, workshops on therapeutic touch). While students are free to choose their own practitioners, faculty provide the names of reputable practitioners to the class.

Faculties challenge students to consider how complementary healing therapies can be integrated into nursing practice and their healer roles. As the semester progresses, students share ways they already have begun to integrate healing therapies for clients. For example, they discuss the use of a backrub in aiding sleep, the benefit of therapeutic touch in pain reduction, the calming effect of music and guided imagery with individuals in homeless shelters. They realize some complementary healing therapies such as prayer, music, art, humor, storytelling, reminiscence, and journaling may be acquired easily and lend themselves readily to integration into practice. Others such as progressive relaxation, guided imagery, hypnosis, therapeutic touch, meditation, and yoga require more specific mastery of the art before they can be converted into independent nursing interventions.

The Assignment

Students are required to experience a complementary healing therapy directly. The objective for this is twofold. It allows students to:

- Assume the role of recipient of care.
- Begin to understand the complementary healing therapy experientially.

These nurses as recipients learn to imagine what it may be like for others to experience their nursing care and the effect their touch, voice, or presence may have on others.

Students relate holistically to the experience and often comment favorably on the environment created by the practitioners (usually a quiet, comfortable room with soothing music, lighting, and aromas), as well as the effect the practitioners’ presence had on them. Not only do students reflect on these experiences, but they also assign significant meaning to the experiential component of the assignment.

Oliver and Hill (1992) taught generic nursing students to integrate guided imagery into their traditional nursing care by asking students to roleplay a comatose client and allow themselves to be taken care of by their classmates. Feedback has shown that placing nurses on the receiving end of the care “more than anything makes an impact on the students” (Oliver & Hill, 1992, p. 185). They experience firsthand what feels good and what does not, and begin to think in a qualitatively different way about the effect their nursing actions have on others.

Each student also gives a 15-minute classroom presentation highlighting their complementary healing modality with its physiological and scientific bases. They provide brief descriptions of what it is like to experience the intervention, report on the available research on the topic, and discuss how it might be incorporated into nursing practice.
Showing students how to explore complementary healing therapies, rather than teaching students the content of the practices, can liberate them for enhanced learning.

Students Share Knowledge

Knowledge sharing during classroom presentations gives students an opportunity to acquire basic knowledge about a wide variety of healing practices. Students identify themes and commonalities among the different therapies within a theoretical framework of holistic nursing theory. For example, one nurse with 25 years of experience in labor and delivery, explored Western herbalism to better understand remedies she could suggest to women during childbirth. As a result of fellow student presentations, she also became interested in the use of therapeutic touch as a pain reducing modality during labor.

On occasion students have introduced short exercises in class such as brief guided imagery exercises or a chi gong (a Chinese healing modality similar to yoga and tai chi) warm up. However, more often they transfer their knowledge of complementary healing therapies directly to their clinical nursing practice. From music therapy in intensive care trauma units to guided imagery for recovering substance abusers to therapeutic touch and relaxation techniques in elementary school health rooms, students incorporate complementary therapies into their practice. Essentially, students leave the course able to apply their conceptual knowledge to clinical practice. By teaching and learning more about complementary therapies nurses not only add to their repertoire of holistic nursing interventions but also begin to view themselves as healing facilitators.

In a formal paper, students critique the literature on their complementary healing therapy to discern the effectiveness and disadvantages of the practice. They identify empirical evidence for the scientific validity of the complementary therapy studied. Although the empirical research on complementary therapies has increased tremendously during the past decade, it still is limited. Some researchers (Gates, 1994; Hoekstra, 1994) argue that even attempting to use quantitative research methods to prove the positive effects of holistic therapies may be incorrect and, as Hoekstra maintains, is tantamount to "trying to fit the proverbial square peg into a round hole" (1994, p. 11). Students evaluate the current research to determine if it is possible to explain the effects of complementary therapies by using a deductive research paradigm. They are asked to consider how qualitative methods such as phenomenology, case studies, and other inductive research methods may better address the realities in which complementary therapies operate. Students experimentally know and understand the efficacy of the modality studied although science still may not be able to explain precisely how it works.

Some students use the assignment to explore a practice they always have wanted to learn more about such as yoga, herbalism, or aromatherapy. Others choose a healing process they perceive as nonthreatening and easy to integrate into clinical practice including music therapy or reminiscence. Still others choose therapies they think will be exciting and challenging like acupuncture, or relaxing and fun like Swedish massage. Many students may be attracted to healing practices stemming from Eastern philosophy, so they may explore Ayurveda (the ancient tradition of medicine in India) or Chinese medicine, shiatsu, tai chi, or chi gong.

Students Investigate Healing Therapies

Faculty maintain that complementary healing therapies should not be thrust on anyone, nurse or client, and that students should be allowed to investigate the healing therapy of their choice. Therefore, students learn more about an area that interests them and are not required to participate in practices they are opposed to or make them feel uncomfortable. Bailey (1993) reports some Christian nurses objected, for religious reasons, to learning about energy transfer interventions like therapeutic touch and guided imagery. This issue is resolved when complementary therapies are broadly defined and many different types of interventions are available for nurses to study. Defining complementary therapies as any holistic intervention which promotes healing allows for a wide range of therapies from which students may choose. For example, students who are not interested in therapeutic touch, meditation, imagery, or other new paradigm forms of healing may select a more traditional intervention such as exercise, dance, art, prayer, pet therapy, or storytelling.

Johnson (1993) writes about her negative experience of being objectively tested on the concepts of holistic and alternative therapies as part of the required curriculum in a nursing course. In this course, students are not expected to remember everything about each therapy presented. It is preferred that they take ownership of one complementary healing therapy and investigate it well. It is expected that students analyze the information they have experienced about a therapy and present it in a coherent, synthesized form to the class.

Because the conventional testing of students on all of the complementary healing practices covered in class may diminish their desire to explore one therapy extensively and creatively, objective tests to evaluate students' knowledge are not used. Rather, clear parameters are set for the assignment which allow students to contract for a grade at the beginning of the semester and evaluate their progress collaboratively, using both qualitative and quantitative measures. A component of peer review in the evaluation of this assignment is included.

What About Skeptics?

What about skeptics in the classroom? Do they exist? Yes. Initially, most of the students are skeptics. However, because they are students they are willing to explore
new ideas. Occasionally, students may critique harshly the research conducted on complementary healing therapies because they consider large quantitative projects to be the only valid method of research. They begin to accept the practical role of qualitative methods when they realize complementary, holistic methods of healing may lend themselves more to qualitative than to quantitative research methods.

Nevertheless, hardcore skeptics in the classroom, although they are rare, offer an alternate view for the few students who may blindly accept all healing practices without scrutiny. Classroom critics are useful because they indicate the available research on these topics is still limited, and more studies are needed using both qualitative and quantitative research methods. Interestingly, some hardcore skeptics begin to embrace holistic healing after the course has ended.

**Implications for Nursing Education**

Showing students how to explore complementary healing therapies, rather than teaching students the content of the practices, can liberate them for enhanced learning. Assignments like those described in this article help nurse educators shed the role of instructor and assume the role of facilitator of learning.

Using the format described in this article to introduce nurses to complementary healing therapies can have a transformative effect on both students and instructors. Allowing students to experience and share discovered knowledge with peers has provided, in the authors’ experience, a dynamic forum for learning. Together, nurse educators and students become partners in learning complementary healing therapies.

For faculty, the course becomes more intriguing each year as the instructors learn more about the range and applicability of holistic nursing and complementary healing therapies. By valuing the breadth of knowledge and experience students bring with them to the classroom, the instructors strive to create an atmosphere of openness and dialogue (Owen-Mills, 1995). Consequently, students are able to link the knowledge acquired in this course in an innovative way to their nursing practice.

**Conclusions**

Parameters for teaching complementary healing therapies are:

- Allow students to select their own healing modality.
- Create an atmosphere of shared learning and excitement.
- Provide clear, coherent guidelines.
- Be open to ideas generated in the classroom.
- Expect and celebrate skeptics.

Despite the skeptics, most students willingly embrace the project. They quickly decide on the therapy they want to pursue and enthusiastically negotiate for it. They do this without complaining, although the project requires time, energy, and in many situations, money. In fact, responses to the assignment are consistently positive. Many students have rated it as "a dynamic learning assignment...the best assignment in the whole program...a lot of fun, both to experience and to hear about."

In the end, students usually become believers. But, they do so on their own terms.

**References**


