"Spiritualism is dormant, not dead, let us hope. How to revive it, to rekindle it into life, is the great question."

—Florence Nightingale
Suggestions for Thought

BODY–MIND–SPIRIT

Attending to Holistic Care

It's time we listened to our patients' concerns about soul and spirit.

By Barbara M. Dossey, MS, RN, HNC, FAAN, and Larry Dossey, MD

Why are we justified as clinicians in speaking about soul and spirit in an age of science? Why not concentrate exclusively on the body, the sick organs, and the deranged biochemistry of our patients, as we've done for most of this century?

Our majestic predecessors in nursing, such as Florence Nightingale, spoke boldly about the need to honor the psychological and spiritual aspects of our patients. For her and many others, it was unthinkable to consider sick humans as mere bodies who could be treated in isolation from their minds and spirits. In Nightingale's holistic approach, the role of love and empathy was considered paramount. Early physicians agreed. As Paracelsus, the sixteenth-century Swiss physician and alchemist who discovered mercury as a treatment for syphilis, put it, "The main reason for healing is love." But with the rise of scientific, materialistic medicine in the nineteenth and twentieth centuries, these lessons in love, which had seemed obvious throughout the history of healing, were set aside and virtually lost. Nurses and physicians set their sights almost exclusively on objective, physically based approaches. Emotional involvement, we learned, might get in the way and contaminate our clinical objectivity. We went to unbelievable lengths to sanitize health care, to rid it of the "subjective." For example, for most of this century, when one spoke of "the mind," what one really referred to was the chemistry and physiology of the brain. As a result, mental illness has


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Applying Holistic Nursing

Dorothy Lavigne is a 45-year-old woman with end-stage breast cancer with metastases to the bone and liver. Pain management has been difficult for her, and she’s been reluctant to discuss end-of-life issues, even when you have approached her. You wonder how she might respond to holistic nursing interventions. The following questions and answers define holistic nursing and its potential implications for your practice—and for patients like Ms. Lavigne.

Q What is the difference between “healing” and “curing”?

A Curing has been described by Mary McGlone as the alleviation of symptoms, or the termination or suppression of a disease process through surgical, chemical, or mechanical intervention. Cure doesn’t take into account causal or contributing factors. It’s not uncommon for an ill person to continue developing a new set of symptoms until the underlying causes are addressed.

Healing may be spontaneous, but more often it’s a gradual awakening to a deeper sense of self (and of the self in relation to others) in a way that effects profound change. McGlone has noted that there are clear distinctions between the kind of relationships and interactions that lead to healing and those that lead to cure. For example, a health care provider who cures focuses on the disease and its symptoms, while one who heals (or, rather, facilitates healing), focuses on the person with the disease. It’s important to note that a patient may be cured without being healed, or healed without being cured. Coming to accept emotional or physical limitations—and eventual death—has tremendous healing power. And healing is transformation.

Margaret A. Newman describes this transformation as a move away from treating symptoms and diseases and toward a search for “patterns,” which she characterizes as the constantly moving or changing interpretation of human energy as transformation takes place. There is also a shift from seeing pain and disease as wholly negative to a view that pain and disease are information, along with a perspective of the body as a “dynamic field of energy,” at one with a larger field. Martha Rogers views each person as a unitary being, eliminating the dichotomy between health (healing) and disease (cure). She sees illness and health as equal expressions of being, and that the meaning of these phenomena is derived from an understanding of the larger processes of life.

McGlone has described healing as coming from within, and that the rate of healing is consistent with a person’s own readiness to grow and to change. The rate of healing cannot be determined by the care provider, no matter how much she would like to see a patient relieved of his symptoms. Healing is a matter of honoring who the patient is, rather than who we think he should be.

McGlone has also described a healing attitude as “a belief system that recognizes that all of life’s experiences, including injury, illness, and other setbacks, provide us with opportunities to learn and to grow toward that which we are meant to be. Seen in this light, disease is not an enemy but a teacher and motivation. Disease is manifesting, in a physical way, the desire or need of the psyche to reestablish balance and integration through a change of direction in one’s lifestyle, behavior, or attitudes.”

Q What is holistic nursing?

A The American Holistic Nurses Association defines holistic nursing as “all nursing practice that has healing the whole person as its goal.” Holistic nursing recognizes that there are two components of holism: first, that holism involves understanding the relationships among the biologic, psychological, social, and spiritual dimensions of a person—and that the whole is greater than the sum of its parts; and, second, that holism involves understanding the individual as an integrated whole interacting with internal and external environments.

Holistic practice draws on nursing knowledge, theories, expertise, and intuition to guide nurses in becoming therapeutic partners in strengthening clients’ responses to the healing process. Practicing holistic nursing requires practitioners to integrate self-care into their own lives. Self-responsibility can lead us to a greater awareness of the interconnectedness of all individuals and permits us to use this awareness of a global community to facilitate patients’ healing.

Q What are the differences between the terms “holistic modalities,” “complementary and alternative medicine,” and “preventive therapies”?

A The National Institutes of Health’s Office of Alternative Medicine defines these terms as follows: “Complementary and alternative medicine … [are] those treatments and health care practices not taught widely in medical [or nursing] schools, not generally used in hospitals, and not usually reimbursed by medical insurance companies. Many therapies are termed increasingly been considered a biochemical or genetic derangement, which can best be treated pharmacologically. And one spoke about “love,” “soul,” and “spirit” almost apologetically, if at all. Such talk was considered unscientific and antiquated; it did little to enhance one’s professional advancement; it wasn’t “modern.”

Yet, the more things change, the more they stay the same. This is nowhere truer than in nursing and medicine, in which the time-honored concepts of soul and spirit are making a comeback after sitting on the sidelines for more than a century. The transition taking place is profound. We’re approaching the point where, if clinicians do not honor the concepts of mind, soul, and spirit in our approaches to patient care, we will be considered unscientific.
'holistic,' which generally means that the health care practitioner considers the whole person, including physical, mental, emotional, and spiritual aspects. Many therapies also are known as 'preventive,' which means that the practitioner educates and treats the person to prevent health problems from arising, rather than treating symptoms after problems have occurred."

**Q** Why is it important to develop this type of practice when I am already a practicing nurse?

A Recent research has been able to assist clinicians in understanding the interconnectedness of the body and the mind. Barbara Dossey has noted that treating an illness solely through the body doesn’t take into account the profound influence of the mind on disease states, and that treating illness exclusively from a physical perspective may be only a partial solution. The growing popularity, efficacy, and legitimacy of many holistic therapies could be just what our ailing health care system needs.

Holistic nurses are integrating complementary therapies into clinical practice to treat physiologic, psychological, and spiritual patient needs. Doing so doesn’t negate the validity of conventional medical therapies but serves to complement them and broaden and enrich the scope of nursing practice, and helps the patient access his greatest healing potential.

Ms. Lavigne’s anxiety and pain have responded to your holistic interventions. The nursing staff have taught her guided imagery and relaxation techniques, which have decreased her anxiety. She’s also received therapeutic touch treatments to augment her pain medication. Her decreased anxiety and pain levels have allowed her to more openly express her feelings and needs regarding her illness.—Anna M. Acee, EdD, RN, C, holistic nursing consultant, New York, NY, and a member of AJN’s editorial advisory board

**SELECTED REFERENCES**


**‘Soul levels’ and nursing practice**

It’s true that we don’t have “spirit meters” or lab tests for a “serum soul level.” But we are developing powerful tools that help us assess the spiritual welfare of our patients, and the impact of the meanings, values, goals, and purposes in their lives. And powerful data show that if these are deranged, patient health will suffer. The lesson is plain: Any comprehen-

sive approach to nursing and medical care must focus acutely on these issues. We must learn to pay as much attention to them as we would our patients’ blood pressure, cholesterol level, or diet. The reason is straightforward: This focus makes the difference between health and illness, life and death.

Consider the fact that more patients under 50 years of age experience fatal heart attacks on Monday morning, around 9:00 AM, than at any other time of the week, and that one of the best predictors of heart attack has been found to be job dissatisfaction. This has given rise to what’s been called Black Monday syndrome. What is the significance of one’s occupation? What value does one place on work? What fulfillment does one sense on returning to the workplace on Monday mornings? If our patients give negative responses to these questions, we must tackle them as aggressively as we would a cardiac arrhythmia, because they, too, are a matter of life or death.

When Dr. Thomas Oxman and his colleagues at Dartmouth Medical School examined the factors that correlated with successful coronary artery bypass surgery, they discovered that the degree of religious faith and spiritual meaning in patients’ lives was the single best predictor of survival of surgery. The same results have been found in assessing the postoperative course of elderly patients undergoing hip surgery.

It’s time we listened to our patients. They want us to be concerned about their souls and spirits. A recent survey of hospitalized patients found that 75% believed their physicians should be concerned about their spiritual welfare; 50% said they wanted their doctors to pray not just for them but with them.

**Spirituality is good science**

In study after study, social contact—the richness of one’s interactions with others—is correlated with positive health outcomes. Over 250 studies now show that religious practice—the specific religion doesn’t seem to matter—is correlated with greater health and increased longevity. Intercessory prayer in a hospital coronary care unit, in a double-blind study, was effective in promoting a lower incidence of cardiac arrest, need for cardiopulmonary resuscitation, and intubation; decreased need for potent medications; and a lower incidence of pneumonia and pulmonary edema.

These are touchy issues, and some say that clinicians have no business taking on the role of spiritual guide; that’s what pastoral counselors, hospital chaplains, ministers, priests, and rabbis are for. But we are not being asked to become spiritual counselors. We’re being asked to integrate a holistic approach and extend love, compassion, and empathy (which are the bedrock on which nursing and medicine have always rested); to encourage patients themselves to address these issues and to suggest how they might do so. We don’t expect ministers to perform appendectomies, and we shouldn’t expect clinicians to be expert spiritual guides. But we can be mediators of spiritual resources for those we serve. This is not an outrageous mandate; it is merely a return to the core values implicit in nursing’s history, and it is good science.
RESOURCES FOR HOLISTIC NURSING AND COMPLEMENTARY THERAPIES

Following are resources for nurses wishing to expand their understanding of holistic modalities.

American Holistic Nurses Association
P.O. Box 2130
Flagstaff, AZ 86003-2130
(602) 256-2196
<http://www.ahn.org>

Nurse Healers-Professional Associates, Inc.
1211 Locust Street
Philadelphia, PA 19107
(215) 545-8079
<http://www.therapeutic-touch.org>

Stress Reduction Clinic
University of Massachusetts Medical Center
55 Lake Avenue North
Worcester, MA 01655
(508) 856-2656

Dean Ornish's Opening Your Heart Program
Preventive Medicine Research Institute
900 Bridgeway, Suite 2
Sausalito, CA 94965
(415) 332-2525

Academy for Guided Imagery
P.O. Box 2070
Mill Valley, CA 94942
(800) 726-2070

American Yoga Association
P.O. Box 19986
Sarasota, FL 34276
(941) 927-4977

Acupressure Institute
1533 Shattuck Avenue
Berkeley, CA 94709
(510) 845-1059

American Chiropractic Association
1701 Clarendon Blvd.
Arlington, VA 22209
(703) 276-9800
<http://www.amchiro.org>

American Massage Therapy Association
820 Davis Street, Suite 100
Evanston, IL 60201
(847) 864-0123
<http://www.amtamassage.org>

American Reflexology Certification Board
and Information Service
P.O. Box 246654
Sacramento, CA 95824
(916) 455-5381

American Association of Oriental Medicine
433 Front Street
Catasauqua, PA 18032
(610) 266-1433
<http://www.auom.org>

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But let's not be naive; this expanded role for nursing presents immense challenges. Just when we thought it was sufficient to "be scientific" and focus on the physical, nursing science is becoming richer, fuller, and more complex than we ever imagined. It will be tempting to ignore the data pushing us in these new directions. It is far easier to take refuge in the body and its infinitely complex physiology than to entertain an expanded nursing role that includes soul and spirit. It will be tempting to say, "Let the psychiatric nurses do it; that's not my role. Call the chaplain; I'm not trained to be that kind of nurse."

We may specialize or subspecialize, but our patients don't. They come to us as a whole, not as a body cut off from their soul and spirit. And it is the whole to which a nurse responds, if she deserves to be called a nurse instead of a technician.

Are nurses up to it? Yes! We have talked with thousands of nurses around the country who are hungry and eager for these changes. They deeply desire a greater sense of professional, personal, and spiritual fulfillment, which comes about, they say, when they honor the psychospiritual needs of those they serve.

Modern science, including nursing and medicine, has evolved into one of the most spiritually malnourished endeavors in recent history. It's paradoxical that it's science that is now showing that soul and spirit are essential to health. Science, long the enemy of spirituality, is pointing the way back. As these developments proceed, it is not just our patients who will benefit, but nurses as well. What a glorious prospect with which nursing can phase out one millennium and enter a new one. 

SELECTED REFERENCES


