

Barbara Dossey, PhD, RN: Developing a Healing Approach in Nursing

Interview by Craig Gustafson



Barbara Dossey, PhD, RN, has played an instrumental role in expanding the domain of traditional nursing. As a pioneer in the holistic nursing and nurse coaching movements, she has worked to advance the practice and philosophies of holistic care, both within the health professions and in the lives of lay people. Barbara articulates how healing is promoted by

*attending to the delicate interaction of body, mind, and spirit and how centuries-old concepts can be successfully applied in the care of patients and in everyday living. Dr Dossey is the author of many respected and award-winning books. Her book, *Florence Nightingale: Mystic, Visionary, Healer*,¹ focuses on the philosophical and practical impact of Florence Nightingale's life and work on modern nursing and humankind. Other recent publications include *Nurse Coaching: Integrative Approaches for Health and Wellbeing*,² *The Art and Science of Nurse Coaching*,³ and *Holistic Nursing: A Handbook for Practice*.⁴*

Integrative Medicine: A Clinician's Journal (IMCJ): Please describe how you developed your personal perspective on healing.

Dr Dossey: This has indeed been an evolution over my 50-year nursing career and I still continue to learn every day. My first 25 years were focused in critical care and cardiovascular nursing. As a young nurse, it became very clear to me that the technology was important—but that was only one aspect of what I did as a critical care nurse. Questions were often asked by patients: “What’s going to happen next?” and “Do you think I’m going to die if I don’t do this procedure?” These questions also had deeper implications. I began to develop my own practice of how to answer such questions.

It was very obvious to me that I had a responsibility—an ethical responsibility—to share what it was that I was recognizing. I began to do it in such a way where, rather

than trying to give a concrete answer, I would explore with the person who asked the question what was going on in terms of any frustration, anxiety, or fear. This moved me into what we called *alternative therapies* at that time. The people who did engaged in these therapies in the 1960s were really considered weird. We did not talk about healing. It was about curing of symptoms and the doctor was seen as in charge of everything. Nurses were to follow doctors’ orders.

Right now, thank heavens, there is recognition that nurses have their own body of knowledge and the physicians have theirs, along with all other team members. Our goal today is to work as an interprofessional and collaborative team and to engage in relationship-centered care and active participation of the patient.

IMCJ: How did you begin to answer these questions?

Dr Dossey: Back in the 1960s as I began my own healing journey over time and with practice, I began to meditate and learn various healing therapies. I was very blessed, too, that I met Larry Dossey, MD, in 1967. We were in our 20s and we have indeed grown up together. He pushed me and I pushed him to explore new ways to integrate healing concepts and therapies in clinical practice. We certainly understood that we had to experience them before we could teach others or integrate them into practice.

In 1968 I had been with my twin brother in Mexico and had eaten some contaminated food on the street. I wound up with a rip-roaring *turista*—vomiting, diarrhea, fever of 102 degrees—and woke up the next day with my right eye swollen shut. It was diagnosed as a viral lesion on my cornea called *dendritic keratitis* that was difficult to heal, and there was no treatment for it at the time.

By the early 1970s I was using relaxation, imagery, and biofeedback. I began to explore my own worry, anxiety, and fear about my eye and what this meant to me. Larry was having migraine headaches and he wanted to learn biofeedback skills so that he would not be dependent on medications for the rest of his life. We traipsed all over the country and went to 3 major biofeedback conferences in 1 year. Shortly thereafter, Larry hired 4 biofeedback therapists to work with him in his busy practice of internal medicine.

The thing that was very informative for me was that I worked with similar equipment in the critical care unit. However, we were not engaging patients' consciousness on their own behalf. In a biofeedback department, when the patient is hooked up to the biofeedback equipment, the biofeedback therapist will engage the patient to explore different senses while learning deep relaxation and imagery. For example the patient is taught how to use focused attention and intention to increase hand temperatures that decreases the pain of a migraine headache. The same applied to me in healing my eye lesion. The more I learned to manage my stress, the more success I had with reduced corneal flareups. All of a sudden, as I learned relaxation, imagery, and biofeedback skills, I began to teach patients to use their consciousness to shift worry, anxiety, fear, and hopelessness towards affirmations and positive self-talk of healing and positive present and positive future. In 1975 I had a successful corneal transplant, and I still use these healing strategies to prevent any corneal rejection. So I have personal experience that these therapies work as I manage my stress and keep my life as balanced as possible.

IMCJ: That is when you began to formalize your ideas?

Dr Dossey: Yes, learning these skills was the beginning of my healing journey. Let me give a definition of *healing* as I know I will say this word throughout the interview. Healing is the emergent process of the whole system bringing together aspects of one's self and the components of body-mind-spirit-culture-environment at deeper levels of inner knowing. This leads to integration and balance, and each aspect has equal importance and value.

So, early on, it became very clear that most professionals thought relaxation and imagery were interesting but there was no time to use them in critical care. I will never forget one day when Larry had heard that I was teaching relaxation and imagery to patients in the critical care unit and I was getting patients to draw their images. He said, "You have to figure out how you can do these therapies and have the support of physicians and your nurse colleagues. If not you will be fired. You have to start writing, doing research, and developing protocols. You know it works, but other people are not recognizing what happens with an integrative approach to care." That was the beginning for me to go deeper into my own healing journey.

In 1981 I was blessed to be a founding member of the American Holistic Nurses Association, or AHNA. From the beginning of the AHNA my nurse colleagues and I have been exploring healing and healing therapies.

IMCJ: How did your approach evolve from there?

Dr Dossey: When I started out early in my career, the terminology was *curing symptoms*. Healing was not part of

our vocabulary at all. I felt and recognized something different about my interaction with patients. When I combined my technical clinical skills with healing therapies while authentically listening to their stories, there was amazing healing and inner peace for patients and for me as well. As I unearthed different fears that they were having—say, after a heart attack or while getting a patient ready to go to the cath lab for a procedure or for open-heart surgery—I could share a pearl based on her or his personal story to empower them and facilitate and wake them up to use their strengths rather than focusing on fear, uncertainty, and anxiety.

Let me just give an example. Cardiac cath labs are very fast paced. Stents and medications are used to open up patients' coronary arteries to avoid open-heart surgery. Nurses and other health care team members can empower patients, with simple guidelines and affirmations. For example for a patient before a cardiac procedure: "As I place you on this gurney to go for your procedure, just remember that you have a terrific doctor and the cardiac cath team is the best. You have signed the release forms to receive the medicines or stents to open up your arteries so you will be free of pain. Right now see if you can take a nice breath in and let that breath flow to your stomach and let it expand like a balloon ... then let the breath out."

At that particular time—this is what I loved the best—I would ask the patient to place 1 hand on her or his chest, and the other hand on the belly. Then I would lightly place my hands on the patient's hands. Most people, when they are tense and tight, raise their shoulders and tighten their diaphragm. When taking a deep breath and letting that breath flow to the belly, then the belly will rise and fall—and the experience is that the breath begins to breathe you.

I often pair the relaxation practices with asking a person what they really like to do. One of the first times that this approach got my attention I had asked the patient, "If you could be doing anything today, what would you be doing?" He said, "I would be fly fishing." I said, "Tell me about what you do to get ready for fly fishing." He said, "What for?" I said, "Because you can literally go fly fishing in your mind during the entire procedure as you will be awake."

I asked him to tell me about preparing for fly fishing. He said, "I'll go to the closet and I'll get my fly rod, I'll get my fishing pack, I'll get my favorite 10 flies, and I'll probably get some extras, as I don't know the hatch on water until I get there. I'm going to get my waders, my hat, and net," and he went on and on. With his permission I guided him for about 5 minutes using his words and began by asking him to close his eyes and listen to the words he had shared with me and to use his imagination: "See yourself now placing all your fly fishing gear in your car ... and now you are driving to the river ... let me know when you have arrived." He said, "Okay, I'm at the river." I said, "See yourself getting out of your car and putting on your waders and fishing gear. Now head to the river." With his eyes closed he starts talking, "Oh my gosh, I see a

beaver pond,” and he starts describing the river with all his senses—smelling the mountain air, feeling the clear cold water, seeing the hatch of flies, and so forth.

I brought him back to a wakeful state in the room and said, “You can go fishing in your mind during the procedure. Remember to take those deep breaths, and let the doctor and medical team do your procedure. If they need you, they will have you do things such as take a deep breath and hold your breath, or push as if having a bowel movement to engage different muscle groups.” When the patient returned his room I began the postprocedure care. I asked, “How are you doing?” He said, “You’re not going to believe it. I caught the biggest trout I’ve ever caught.”

From the beginning of my career I was very clear that nursing is both science and an art. So how do I, with colleagues, connect the protocols, the science, the theory, and healing therapies such as relaxation and imagery? So these examples are the origin of my healing philosophy.

IMCJ: Are more nurses now using these therapies in their work?

Dr Dossey: I am happy to report that many nurses are incorporating healing therapies and are also becoming certified. As you have seen from my previous example, a relaxed patient who is empowered will have fewer complications and a shorter hospital stay and heal faster. Many patient today are being encouraged to bring to procedures earphones with relaxation and imagery CDs that they have either made or purchased that are specific for facilitating a relaxed state and positive affirmations and images.

As each person learns different therapies, they find what work best. The key is practice, practice, practice. My favorite imagery is in nature as I am a hiker. For example, one of the first times Larry took me to the high mountain cold lakes in Idaho was back in 1967. As I sat on a rock above him as he fished below me, I could literally see into this clear gorgeous turquoise mountain lake with trout swimming around that he could not see.

This has become a metaphor for me—to let go of the superficial, day-to-day stress. I take a few minutes and close my eyes and take in a slow, deep breath and let it out, and say to myself, “Become still ... still ... still” until I feel this state. Then saying to myself ... “deeper ... deeper ... below the surface to see new patterns.” I do this to shift my consciousness to a deep place of calm and inner stillness. From this level I can engage in a new storyline of healing and shift my superficial self-chatter. For example, I might be irritated as I am so far behind in my work or that this work is not creative enough, and so forth. I stop my self-chatter and then go to the deepest level so that I can focus on what I need to be doing, on the messages I need to be giving myself to engage in deep focused intention. This truly is what begins to move us to a new storyline. A deep intention is when we are being extremely mindful in

the present moment. You have heard the words that we spend a lot of time thinking about the past or thinking about the future. The present moment is the only moment and that is where we can access our deep healing. This is also an example of having self-compassion that is essential in daily life and in healing.

IMCJ: How does the ability to access our own deep healing and self-healing translate into being better at helping a patient heal?

Dr Dossey: We certainly know that over the last 40 years, we started with the term *alternative*, and then *complementary*, and now we use the term *integrative* health care and integrative therapies. The work that I am engaged in, right now, is nurse coaching. I am doing this work with nurses who work in various settings such as hospitals, clinics, communities, schools, corporations, and private practice.

Let me give a definition of *integrative*. This is an approach that places the patient at the center of care and is whole-person care. The nurse coach addresses the physical, mental, emotional, social, spiritual, cultural, and environmental influences that impact the patient’s story.

Within this, then we may offer many different therapies. I have already mentioned relaxation, imagery, and biofeedback. Some other modalities are aroma therapy, music, contemplative and reflective practices of meditation and prayer, and touch therapies. Affirmations are also very useful to stop one’s critical voice such as “I am so far behind” or “I am not good enough.” This type of self-talk will indeed sabotage a person. The goal is to come from a place of strength for healing and greater health. The goal is to be in the present moment as I have already mentioned.

There is much discussion now about health and wellness coaching, and I am absolutely thrilled that my current work is in nurse coaching. A nurse coach is a registered nurse who integrates theory-guided and evidence-based practice, and coaching competence in any setting.

A nurse coach assists a person to access his or her deepest place of inner wisdom. This is where one’s healing resides. I cannot give healing to anybody and I do not heal anyone. People heal themselves. People frequently block their own healing potential when tense and tight, when worried, and when constantly busy. Even with as much as I know about it myself, there are some days where I just say, “I am just so tired.” Then, when I look back over my busy day, I realize that I worked very hard and I did not take a short 10- or 15-minute break in the middle of the day or skipped eating a nutritious lunch.

IMCJ: Are there any formal professional groups that are incorporating the nurse coaching concept?

Dr Dossey: Yes, the American Nurses Association, or the ANA, and 20 other nursing organizations have endorsed

nurse coaching. I have the wonderful honor of being invited to sit on a new ANA advisory board for the 2016 launch of a “Healthy Nurse, Healthy Nation Grand Challenge.” I will have the privilege of sharing integrative lifestyle health and well-being change theories and how to sustain new healthy behaviors.

IMCJ: How do you hope to influence the discourse surrounding this initiative?

Dr Dossey: We know that most chronic illness is due to lifestyle. It is the manner in which people live and eat, work too hard, and do not exercise. How do we help people begin to really shift their lifestyle behaviors? I would define *lifestyle* as a way of well-being that reflects living from one’s deepest, personal values, beliefs, and attitudes. Nurse coaches explore with patients or clients their desired health goals and outcomes.

I use the words *well-being* and *health*. Every person will define *well-being* and *health* individually. When I think about my well-being—this includes my health, my family’s health, and my friends’ health. It is exploring what really makes my life meaningful and purposeful, and what brings me balance and harmony on a daily basis. This includes creating new patterns for health and sustaining health. Wellness is incredibly multidimensional.

A key factor in well-being is resiliency and learning to focus on our strengths. A strength is a pre-existing pattern that feels right and is authentic. Resiliency has 4 components: physical, mental, emotional, and spiritual.

Physical resiliency is how we can increase our flexibility, our endurance, and physical strength. It is finding the time to engage in exercise, and strength-training, and stretching.

Mental resiliency is finding ways to increase our focus and attention span, and becoming more optimistic and hopeful. It is finding ways to expand our worldviews from an integral perspective—from the individual and the collective interior and exterior dimensions.

Emotional resiliency is how to skillfully recognize one’s own emotional state in the present moment and what life conditions (present, past, future) are related. This includes recognizing what situations evoke various emotions such as challenges, difficulties, disappointments, joy, fears, anger, and so forth. It also includes listening deeply to another person.

Spiritual resilience is the lovingkindness and compassion for self and recognizing our own interiority. It includes exploring thoughts, feelings, experiences, and behaviors that arise from the search for meaning and concerns around the big life questions: “Who am I?” “What is my soul’s purpose?” “How am I part of the interconnected web of life?”

Over the last 30 years different kinds of intelligences have been explored. These studies are also connected to resiliency as we are exploring our physical, mental,

emotional, and spiritual intelligencies as well. All of this research provides an amazing depth to shape meaning in life. We can also explore different aspects of meaning—philosophical meaning, psychological meaning, and spiritual meaning. All of this is about life balance, harmony, unity, and well-being.

IMCJ: How then do you channel all that into patient care?

Dr Dossey: In any given moment, as a nurse I am aware of noticing my balance and harmony and when I am tight and tense to take my deep breaths and relax. From a nurse coaching approach, a nurse coach may be coaching a person who is in the dying process. That patient may say, “I am dying ... what do you think?” This question often comes from fear. The nurse coach will stay in the present moment and respond, “How can I help you in this moment?” Or, “What are you hoping for?” Or “What is your deeper hope?” Responses from people are just extraordinary. I have many times had patients ask me to tell their family members something, or it may be, “Go get my wife. I had something I want to tell her.”

Healing is part of patient-centered care and relationship-centered care. When the nurse, doctor, psychologist, and other health care team members interacts with a client, patient, or family from a state of mindful, informed presence, healing often happens. To become more aware of this state, it requires that we engage in reflection and answer some basic questions: “Am I authentic with this person, right now, in this particular moment?” I do not have to go anywhere or get anything. I use my authentic self and my experience to be in this present moment—the only moment—and to ask a very reflective question to the patient, “Your procedure will be in 1 hour. What is 1 thing that you would like before you go to that procedure?” You would be surprised what comes up.

Many a time, I can remember, “Oh, I hope I don’t die on that table. I’ve got investments my wife told me not to do. She is really going to be mad if I die on her and she finds out that I made those investments when I said that I wouldn’t do it.” I might say, “Tell me why ‘if you die’ is coming up right now? What going on?” I am very focused with intention when I ask such a frank question. This works, as there is an amazing trust that is inherent in the nurse-patient relationship.

IMCJ: Earlier you had mentioned the healing rituals. How are they incorporated into the process?

Dr Dossey: First of all, a ritual is something that you believe to be true for you, and you repeat it to create a helpful and healing pattern. This is what happens when we use relaxation with breath awareness practice and do it frequently. You breathe in and you breathe out. You go to a deeper space and you are creating a healing pattern. A ritual has 3 phases: *separation*, *transition*, and *return*.

The *separation* phase is to separate from daily busy activities and to sit quietly, and enter into a deep space of relaxation. I gave a previous example of this when preparing a patient for a cardiac cath procedure. I also enter into this separation phase if I am getting ready to work on a project and I am not clear what I need to be doing or where to start.

The *transition* phase is that period of awareness of being changed in the healing process. I gave a brief example earlier when I say to a person, “What are you hoping for?” I am helping them move into one’s own interior space, and to recognize what is need and hoped for.

The *return* phase is to come back into daily awareness and reenter, renewed. There is a sense that something has changed on resuming life’s activities.

When guiding another or even for myself, I will anchor this special time and will put my hands in either a position of prayer or I might put my hands over my heart, and that becomes my anchor. This then becomes a reminder of how to get back to this relaxed, reflective space at any time and to remember this practice.

IMCJ: Through the span of your career, how has advancing integrative or holistic nursing changed? How has it evolved?

Dr Dossey: When I reflect on my 50-year nursing career, it has been exciting and expansive. The work has involved many collective endeavors with many like-minded nurse colleagues. The beauty of the work that we have done is in the beginning there were no protocols and very little had been written about ways to incorporate caring and healing into clinical practice. Today many professional journals are addressing states of consciousness, self-care, healing, reflection, mind/body, stress reduction, changing behaviors, and becoming healthier. There are interprofessional conversations about how to increase the health of the nation and the world. Interprofessional collaboration addressing health and well-being are very exciting and has been expanded via the Internet.

IMCJ: Can you share the relevance of Florence Nightingale’s legacy for health and healing in the 21st century?

Dr Dossey: As a Florence Nightingale scholar, I have have done research and published on her legacy. Nightingale left 14000 letters in the archives and 200 manuscripts. We are not even doing a fraction of what she wrote about in *Notes on Hospitals*⁵ and *Notes on Nursing*.⁶ What excites me is the shift that I have seen with nurses revisiting Nightingale legacy. Today Nightingale’s work is indeed considered a full-spectrum approach.

Monica Sharma defines a *full spectrum initiative* as an emerging paradigm that recognizes the source of all sustained strategies and action includes sourcing personal awareness and wisdom that results in transformation.^{7,8} It addresses immediate systems and root causes of a problem

or condition using appropriate assessments and technologies.

We cannot solve problems that exist by external means only. We have to truly be addressing what it means to be self-aware, to have an informed mindfulness, and to have a reflective practice. Nurses today are 21st-century Nightingales. In my collaborative Nightingale Initiative for Global Health, or NIGH, we have the Nightingale Declaration that statesⁱ:

We, the nurses and concerned citizens of the global community, hereby dedicate ourselves to achieve a healthy world by 2020.

We declare our willingness to unite in a program of action, to share information and solutions and to improve health conditions for all humanity—locally, nationally, and globally.

We further resolve to adopt personal practices and to implement public policies in our communities and nations—making this goal of the year 2020 achievable and inevitable—beginning today in our own lives, in the life our nations and in the world at large.

The Nightingale Declaration is to empower nurses to come from their informed personal awareness, working from wisdom, and sourcing from that level. This is the legacy that Nightingale left us. She called her work her “must” and we each must find our must. It is engaging with a focus for a healthy nation and a healthy world—clean air, clean water, clean food, clean environments.

Nightingale’s work described what we refer to today as determinants of health. The social determinants are the economic and social conditions. The environmental determinants are the external agents, the biological, chemical, physical, social, and the culture that impact and are linked to acute and chronic conditions. We must wake people up so that they are addressing health and to be alert to GMOs, chemicals in our food, and polluted lakes, rivers, and oceans. Each day I try to engage in my work and operate out of hopefulness. I am mentoring many young nurses to take my work and the work of colleagues to the next level. I have a lot of creative ideas, but when I join like-minded nurses and other interprofessional colleagues, the work is grander and richer. This is what keeps me going each day.

IMCJ: How do you address polarities in health care within the context of competing values?

Dr Dossey: Bonnie Wesorick’s work on polarities is important.⁹ Polarities are interdependent pairs of different, competing, or opposite values or points of view that engages “both/and” thinking, rather than “either/or” thinking. Each polarity has an identified upside (values)

i. See <http://www.nightingaledeclaration.net/>.

and downside (fears). They must be explored together to find a balance. For the nurse this would be personal life and work life. For hospitals this would be seeking ways to address staff satisfaction and patient satisfaction at the same time.

This is why I am thrilled to have the opportunity with the 2016 ANA Healthy Nurse, Healthy Nation Grand Challenge. The ANA will weave together ways to address nurses' health and safety, and to balance the polarities and get grassroots level involvement.

Unfortunately, we know that there are unhealthy nurses right now. How do we begin to help nurses choose to do a few things to become healthier? If I am going to exercise more or change my eating to more fruits and vegetables, what are strategies for home and at work? I must also address my family. If I decide I am going to eat differently, how is that going to impact my family? Nothing is isolated. It is all connected.

Change involves healthy thoughts and emotions and new behaviors. A change requires moving from one state of knowing, doing, and being to a new level of awareness. If I am not taking the time to really identify my change process and how I am going to sustain behavioral change, I cannot hope to sustain a new change over time.

IMCJ: You used the word *hope* repeatedly today. What are your hopes for the future of nursing?

Dr Dossey: I am hopeful that nurses are waking up to new possibilities and new worldviews. I am hopeful that more nurses will learn integrative nurse coaching knowledge, competencies, and skills. Shifting to a health and wellness perspective and a coaching perspective, interactions with clients and patients are different. You assist the person to source from personal wisdom and identify personal goals. You do not have to "fix" anything. I am hopeful that nurses use curious questions and listen deeply to the person's story. I am hopeful that more nurses are becoming more self-reflective and have an informed mindfulness in their work.

When I say *self-reflection*, this is an inner awareness about how I use my consciousness, how I use my intention, and how I use my therapeutic sense of self in this work—not only to put myself in the best possible place, but also do this when working with others. I am hopeful that more nurses will be aware of the importance of self-assessment. Nurses will begin to see what happens when they engage in their own personal self-assessment. In nurse coaching we address the following 8 areas: (1) life balance and satisfaction; (2) relationships; (3) spiritual; (4) mental; (5) emotional; (6) physical (nutrition, exercise, and weight); (7) environment; and (8) health responsibility.

I am hopeful that nurses will do more personal and professional self-evaluation in all that they are doing. I am hopeful that they will begin to use different kinds of tools to assist people with self-reflection so that they can make

a choice based on self-assessment and self-evaluation to truly engage in changing behaviors and learn how to sustain behavioral change. Changing behaviors starts within and involves a shift in emotions, attitudes, and beliefs that then lead to external behaviors and actions that will be sustained.

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