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‘You cannot get enough of them!’ The rise (and fall) of complementary therapies in British nursing practice in the 1980s and 1990s.

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Abstract

This paper examines the emerging use of complementary therapies in British nursing practice at the end of the twentieth century. Many nurses turned to complementary therapies as a means to provide a closer therapeutic relationship with their patients and this paper will establish how nurses were informed and empowered. The paper places complementary practices in the context of nursing developments in the closing decades of the twentieth century and concludes that the extent of the supporting networks that encouraged nurses to incorporate these therapies into their work was more significant than has been previously recognised and exemplifies a distinct period in the history of modern nursing.

Author Biographies

Dr Christine Gowing is an independent researcher based in Oxfordshire. She completed an MA on the history of psychiatry (2004) and a PhD on the use of complementary therapies by nurses from 1960 to 2000 (2016). Recent research includes a project for the Science Museum in London on the history of an early cancer screening machine and a local history project on public health. Dr Gowing researched and curated an exhibition on the history of health and healing in the north Cotswolds, supported by the Wellcome Trust (2009) and continues to work on research projects in the history of medicine.

Dr Nicola Gale is a Senior Lecturer in Health Sociology and Policy, based at the University of Birmingham. She has been involved in research projects in the fields of health services research, public health, primary care, community-led and complementary health care. Dr Gale is committed to theoretically-informed empirical work that involves, aids better understanding of, and meets the needs of a diverse population. She specialises in qualitative research methods. She has published a number of articles on complementary and alternative medicine and co-edited the *Routledge Handbook of Complementary and Alternative Medicine: Perspectives from Social Science and Law* (2015).

Introduction

‘You cannot get enough of them!’ exclaimed the *Nursing Times* editor Jane Salvage in 1997. She was describing the surge in popularity of complementary therapies amongst nurses and added that this explosion of interest demonstrated ‘a new spirit in nursing’.¹ While the increase in use of complementary therapies by nurses towards the end of the twentieth century has been recognised in sociological literature, it has been portrayed as an *ad hoc* and informal practice without coherent support or a professional framework to underpin it.² In this paper we challenge that view through a systematic examination of previously unexplored archives and oral histories relating to groups and organisations with which nurses engaged in the 1980s and 1990s and we offer new insight into the support mechanisms that those nurses who were interested in complementary therapies could access. Our analysis reveals that – although limited in some respects – effective systems were organised by nurses, for nurses, in the late twentieth century to support those who chose to direct their professional work in this way. We argue that complementary therapy use was a distinctive and significant part of a change of consciousness in nursing that incorporated a fresh approach and a new language – ‘new nursing’, ‘patient-centred care’ and ‘therapeutic nursing’³ – as elements of a period in nursing that placed an emphasis on holistic care approaches and a growing understanding of the value and effectiveness of ‘use of self’ in the nursing process. We conclude with brief reflections on why, after the growth and promise about complementary therapies for nurses in this period, their growth stalled in the twenty first century.

This article contributes to the literature on the history of nursing, which has been relatively silent on the issue of complementary therapies, and to the literature on the

sociology of complementary therapies, which has not recognised the level of organisation and drive that the nursing profession demonstrated in this field in the closing decades of the twentieth century.

Terminology

The terminology of complementary therapies has a narrative of its own. Now commonly known as Complementary and Alternative Medicine (CAM) in the sociological and legal literature,⁴ it has evolved through a number of terms since the expression ‘fringe medicine’ was coined in 1960, providing the first collective term for an alternative to orthodox or allopathic medicine.⁵ Subsequent terms, such as ‘alternative’ reflect the ‘otherness’ of complementary therapies. Indeed, the Cochrane Collaboration definition highlights this aspect in stating that CAM is:

A broad domain of healing resources that encompasses all health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health systems of a particular society or culture in a given historical period.⁶

The predicament about terminology was discussed in a 1997 NHS research paper, which cautiously claims that the argument about terms is a subjective one, reflecting individual attitudes and philosophical debates about the nature of healing practices.⁷ The nurses involved in this research generally referred to ‘complementary therapies’ as the expression for their practice in the 1980s and 1990s, and this term is therefore employed in this paper. As for what modalities are included in this phrase, the 2000 House of Lords report on complementary therapies formalised a ‘Use of CAM’ directory with the following list of the most commonly employed therapies: herbal medicine, aromatherapy, homeopathy, acupuncture/acupressure, reflexology. This refinement had been based on a survey undertaken the previous year and was used as

the basis for their Call for Evidence.⁸ The data from our interviews and journals reveals that touch therapies, such as massage, reflexology and aromatherapy were the most commonly used therapies employed by nurses and the study has especially focused on these.

Background

The sociological literature on nursing and medicine is rich with studies exploring and critiquing the influence of the biomedical model of health care and health care organisations⁹ but, while offering some useful critiques of the nursing profession at this time, the literature is unable to provide a full account as to why and how nurses used complementary therapies. In the published literature on the history of nursing, the principal focus has been on the politics, identity and development of the profession, rather than on the practice of nursing, which is recognised as having been largely neglected.¹⁰ This lack of focus on *practice* may help account for the extremely limited reference in the history of nursing to nurses' use of complementary therapies and to other issues of care,¹¹ while professional concerns about identity, status and the search for autonomy are addressed instead.¹² In addition, the marginalisation of complementary therapeutic practices from medicine - and the history of medicine - more generally,¹³ and the 'fall' of interest in these therapies in nursing in the twenty-first century (which we discuss below) can help explain the topic's previous neglect.

Throughout the second half of the twentieth century, literature on nursing explored concerns about technical tasks taking over nursing care (perceived as 'not good enough') and these concerns remained through to the 1990s.¹⁴ For instance, in the 1950s, in the context of hospitals, Isabel Menzies Lyth's examination of why nurses

had 'stopped caring' focused on the likely causes as the breaking-down of routine nursing work into mundane tasks, rather than encouraging the close personal care of individual patients.¹⁵ This was also linked, in sociological analysis, to the dominance of biomedicine – over other health professions and the patient's body. As David Armstrong argued, drawing on Foucauldian scholarship: 'The patient was a biological object whose body was observed: the nurse was part of the machinery of surveillance which described and thereby objectified the body it monitored.'¹⁶

A trend that has been taken up more in the sociological than the historical literature has been the growth of nurses' interest in practising complementary therapies, potentially as a response to these concerns within the profession and as a way to exert clinical autonomy in this context. Nevertheless, the literature stops short of delivering a full interpretation of this development.¹⁷ Sarah Cant and Peter Watts' work, one of the few to address nurses' use of complementary therapies directly, draws on a contemporary empirical interview study with nurses and midwives in the early twenty-first century. They develop a picture of the nurse as 'knowledgeable doer' and demonstrate that nurses' accounts of their motivation for using complementary therapies have been an expression of professionalism – an ethic of conduct – rather than professionalisation – an attempt to achieve occupational autonomy.¹⁸ Indeed, they highlight that use of complementary therapies by nurses has not delivered the autonomy, status and material gains that might have been hoped for or expected. However, these are retrospective accounts in the context of a failure of complementary therapies to gain hold in nursing. In our research, presented in this article, we found, rather than CAM use in the NHS being 'piecemeal and *ad hoc*, driven by local initiatives rather than national policy'¹⁹ that there were in fact organised

national efforts in the 1980s and 1990s to develop nurses' use of complementary therapies. We bring both historical and sociological analyses together in this article to examine nurses' practice of complementary therapies and the evidence for its support, and to give new perspectives on why those efforts might not have been rewarded with greater use of complementary therapies in the new century. We develop, based on new explorations of previously unexplored archival and documentary evidence and original empirical research, an argument about the rise of complementary therapies in nursing at the end of the twentieth century. We show how this trend is connected to wider developments in nursing and, indeed, argue that complementary therapies were a hugely significant part of the story of this period – albeit one that, until now, has remained invisible in nursing histories. Finally, our argument provides a foundation for explaining why, after the peak of nursing interest in complementary therapies at this period, interest waned – giving the findings in this paper contemporary relevance in the debates on complementary therapies and health care.

Methods

Our study was focused on the UK in the last two decades of the twentieth century. To make sense of the changes in nurses' views about and use of complementary therapies in this period, we aimed to explore both historical trends (in the wider history of nursing) and contemporaneous issues (about the public interest in complementary therapies). Three sources of empirical data enabled us to triangulate our account and to be more confident about our findings.

First we undertook an analysis of late twentieth-century nursing journals. Because of

its status as ‘the independent voice of nursing’, we focused on the *Nursing Times* as a sample publication. The *Nursing Times* was originally involved with the Royal College of Nursing (RCN) but in the mid-1960s, the journal increasingly distanced itself from its establishment ties to become a more independent medium for nurses’ voices. By 1966 all connections had been severed; the *Nursing Times* wanted to be able to criticise the RCN if it needed to.²⁰ CINAHL and MEDLINE databases were searched for references to complementary therapies in the years 1960-2000 and, having noted the height of activity being between 1984-2000, we examined the hard copies of 884 issues during this period by hand. This enabled us to analyse articles on complementary therapies in the context of the wider concerns of nurses at that time.

Secondly, we identified public archives of documents held in the RCN archives in Edinburgh, the Wellcome Collection archives, the National Archives at Kew, and private archives of the British Association of Holistic Health and the Holistic Nurses Association (held by individuals).²¹ The documents provided a picture of key events and people who were involved in complementary therapies in nursing and throw light on the activities they instigated and supported.

Thirdly, we collected and thematically analysed 41 oral histories of individuals who shared their personal and professional histories of the use of complementary therapies in the NHS. Of these, 31 were nurses who were practising during the period of the research and 15 interviewees were key people working in complementary therapies in the time period (5 of the participants were both nurses and held other roles). These recordings have created a new archive, and the majority of them have been deposited

in the Royal College of Nursing archives in Edinburgh [further details of this new archive available on request].²²

To summarise the key historical events in this period, we produced a timeline of key events (Figure 1).

Findings

A deficit of care in nursing?

The caring element in nursing – a humanistic, altruistic value system – is perceived as central to nursing, with an expectation from patients of the provision of kindness, sympathy and emotional support.²³ However, in the mid twentieth century, the trend to refer to patients as ‘the ulcer in bed 3’ or ‘the hysterectomy in the cubicle’ (as two interviewees gave as examples²⁴) had swung the emphasis for nurses away from the patient to the illness, together with the processes that were involved in the treatment of it. This shift in patient care was recognised by the nursing profession in the 1960s when it awoke to the value of education on the nurse-patient relationship and, as a result, began to implement relevant training. General Nursing Council archives reveal that discussions about possible changes to the preliminary examination recommended that questions be introduced on those parts of the section of the syllabus relating to human behaviour and illness which deal with the ‘effects of hospitalisation on the patient’ and the ‘nurse/patient relationship’.²⁵ These topics were further developed during the 1970s and 1980s, when emphasis was placed on introducing and teaching communication skills to nurses.²⁶

Thus, by the 1980s, putting the patient at the centre of care was becoming a recognised ideal and was promoted by nursing leaders who initiated strategies for patient-centred care.²⁷ The term 'therapeutic nursing' was introduced,²⁸ and nurse Hermione Elliott described how consciousness of the potency of care became central to her nursing practice:

If I can be in my compassionate heart, it has a direct effect on somebody who may be in distress. It can quieten things down or help people feel safe, so for me that is a really ... subtle or esoteric kind of practice of therapeutic use of self.²⁹

Moreover, it was in this context that there was a growing awareness by some nurses of the potential of complementary therapies. Nursing academic Stephen Wright described it as 'an inner awakening of what it was I was really looking for... what my heart was looking for ...'³⁰ It was often personal experience that exposed the potential of how complementary therapies could enhance their professional work, as nursing sister Alison Ellis describes:

Quite by chance I met a practitioner of [...] Bach flower remedies and I went and had a couple of treatments with her at a time in my life when I desperately needed support from those remedies, which of course work on the emotions. They helped me tremendously and that opened up for the first time the possibility of complementary medicine.³¹

The incorporation of such practices as massage and aromatherapy appealed to nurses, who perceived these therapies as a way to reinforce and enhance a caring relationship with a patient.³² Nurse Peter Mackereth spoke of this: 'When I was, say, doing a bed bath, I would be soaking their feet and massaging their feet... I was exploring what things stressed patients out, what things calmed patients down.'³³ As the importance of giving time, talk and touch to the patient became increasingly acknowledged as central aspects to the therapeutic power of the nursing relationship with a patient – where 'being with' and 'doing to' could merge – practical developments in nursing

practice provided the opportunity for some nurses to turn to complementary therapies.

Organisational and network innovations and the surge in use of complementary therapies in nursing

Alongside these changing attitudes on the purpose and role of care in nursing, a 'new nursing' model was being introduced, demonstrated by the introduction of Nursing Development Units (NDUs) which incorporated the use of complementary therapies throughout the UK. The term 'Nursing Development Unit' had been first adopted in 1981 by nurses working in a small cottage hospital in Burford, Oxfordshire,³⁴ and the units were built on the foundational concept of patient-centred care and sought to introduce an innovative model of nursing. Supported by a King's Fund programme, the focus of the new approach was on communication and treating the patient as a partner with an equal voice in decision-making about nursing methods, treatments and therapies.³⁵ By 1995, there were several hundred NDUs throughout the UK.³⁶

In his interview, nursing academic Steven Ersser explained the practical arrangements at the Oxford NDU (a regular ward at the Radcliffe Infirmary), where patients came for intensive nursing. He described how the concept of nursing as a therapy in itself, which supported an enhanced relationship between nurse and patient, had been a radical idea, stating that 'Oxford was very open-minded at the time about giving nurses more opportunities to develop more of a therapeutic role...'³⁷ where all nurses were skilled in massage and aromatherapy, incorporating them into daily practice.³⁸

The NDUs thus provided both the opportunity for using complementary therapies and,

through them, the potential for offering a different type of care, as Jane Salvage described:

It was all about putting the patient back as the focus of care. Part of what a lot of the nurses in the NDUs and similar practice settings were doing was actually introducing different approaches to care, different approaches to healing, offering other kinds of therapies. There was a real growth, a surge of interest among nurses – not just because of the NDUs. But it was similar things that were going on at the time, with a lot of nurses realising that things like massage, maybe aromatherapy – all kinds of other therapies that weren't normally available on the NHS any more – could be of comfort and value and have healing power.³⁹

Organisation-based innovations were not the only space in which nurses interested in complementary therapies could find support. New supportive professional networks had begun to emerge in the mid-1980s. In June 1984, the *Nursing Times* and the University of Manchester's Department of Nursing organised a one-day conference in Manchester on holistic nursing and complementary concepts and theories. Its benefits were specified: 'This conference will give nurses the chance to make up their own minds about something which is occupying the public', describing it as 'a new approach to health'.⁴⁰ The event was deemed to be a significant success and greatly oversubscribed. A report in the *Nursing Times* by Pat Turton noted that 'Over 100 applicants, more than for any other *NT* conference, had to be turned away because of lack of space. The 300-strong audience...were, in the main, experienced nurses, tutors and managers'.⁴¹ A further two-day conference was organised by *The Nursing Times* in 1986 at Islington Town Hall. Talks and discussions were included, with the specific promise that 'participants could choose one workshop for the duration of the conference and will learn enough to take their new skills back into clinical practice.' Workshops were provided in shiatsu, massage, reflexology, Therapeutic Touch, dance therapy, self-hypnosis, meditation, personal and interpersonal skills, yoga and Gestalt

Therapy. These conferences demonstrate the first evidence of endorsement and practical help for nurses wanting to incorporate complementary therapies in their work in the 1980s, providing a networking opportunity as well as a chance for training.

By the late 1980s, there was a wider recognition of the importance of touch in nursing and this is reflected in the evidence of an increase of touch therapies that grew in this period.⁴² In 1992, the Royal College of Nursing (RCN) asked members to contribute to a study on 'The value of nursing' and one of the observations in the study was the value of helping patients to find new hope or comfort in distress through touch, massage and gentle encouragement,⁴³ as also illustrated by nurse Caroline Hoffman's experience:

We took the safe elements out of a whole body massage ... elements that could easily be applied to patients on a ward who were feeling distressed and needing a bit of touch and connection with someone to support.⁴⁴

Use of complementary therapies continued to grow and, alongside growing public attention, nurses' interest in these therapies surged during the 1990s – evidenced by statements and reports. For example, in 1993, the *Nursing Times* claimed that 'The growth of interest in complementary therapies has outstripped all the other areas of nursing,'⁴⁵ and, by the following year, one in three enquiries to the Research Council for Complementary Medicine database was from a nurse seeking information about research.⁴⁶ Indeed, in 1995, a survey undertaken by the *Nursing Times* revealed that 58% of nurses who responded to the survey were using complementary therapies in their work. Christine Hancock, the General Secretary of the RCN at that time, referred to this increase in interest and summarised the situation with her comment:

In recent years there has been growing pressure on nurses to prove their value in terms of cost effectiveness and their contribution to patient wellbeing.

Nurses everywhere are pushing the boundaries of care to find innovative ways of solving longstanding problems. The increased use and greater understanding of complementary therapies provides a good example of this.⁴⁷

The political context

The potential benefit to patients that complementary therapies offered by nurses could achieve was starting to be recognised outside the profession too. In 1993, complementary therapies in nursing practice had emerged as a political topic and the Labour Party (in opposition at the time) became involved in the issue and declared its support for nurse training. Shadow health minister Dawn Primarolo spearheaded the campaign and announced that the Labour Party had judged that nurses could provide:

alternative treatment in the NHS by training in areas such as aromatherapy, reflexology and counselling which ... would enhance any health centre or hospital ward. Nurses should be given training in complementary therapies so they can play an important part in providing alternative treatment on the NHS.⁴⁸

In July 1993, Labour published a policy document, stating that complementary therapies should be made available to patients in the NHS on a properly organised basis and claiming that many therapies were cost effective and useful.⁴⁹

However, political rhetoric did not have much impact on the incorporation of complementary therapies into practice. Instead, advancing their use was undertaken by an internal call within the nursing profession for organisation, training and regulation.

The incorporation of complementary therapies into nursing: organisation and training

In the 1980s there was no formal education in complementary therapies for nurses, and indeed, education in complementary therapies for nurses was never standardised in any official capacity. Nurses wishing to learn a therapy could participate in private courses, quasi-official courses (such as those arranged in hospitals or nursing institutions), or training provided by specialist groups, such as that organised at conferences. In 1995, nursing sister Fiona Mantle introduced a two-week course for nurses at St George's Hospital in complementary therapies with the support of the Director of Nurse Education. It was a typical example of the provision of training at that time:

We found we had enough expertise within the college to teach the hands-on therapies. We decided to buy in outside speakers to cover the teaching of herbalism, homeopathy, acupuncture and Alexander Technique. The RCN assured us that their indemnity insurance covered complementary therapies used within a nursing context.⁵⁰

By then, nurses were growing their support networks and forming effective groups to support their practice in complementary therapies.

The RCN Complementary Therapies in Nursing Forum

In 1994, the most significant focus of support for nurses wanting to practise complementary therapies was instigated with the founding of the Royal College of Nursing Complementary Therapies in Nursing Forum, following establishment of a special interest group three years earlier. The RCN had long provided forums and special interest groups within its structure, covering all nursing specialities and providing networks to focus on particular aspects of nursing. The purpose was to focus on setting standards, promoting research and development and providing information on training.⁵¹ Five months after inauguration, the forum organised a national conference 'Complementary Therapies: The Way Forward for Health-Care

Professionals' at Stockport College of Further and Higher Education, and chairman Denise Rankin-Box spoke of its success: 'I remember we weren't sure if anybody would come to it and we were sold out within, I'd say, about three days!'⁵² The grant of forum status in April 1994 gave formal entitlements to a definable budget, larger committee and voting rights at RCN Congress. Its official aim was 'To support the safe and effective integration of appropriate complementary therapies into nursing care with the aim of enhancing care.' Local groups were gradually formed and a network extended throughout the UK.

Alison Ellis describes her experience of the forum:

I was a member of the Forum for Complementary Therapies and I went to more than one of their conferences and met up with some of the women who were really pushing forward and making strides... . As far as I can remember, the most interesting thing about it was that there you were – at last – with perhaps a group of 80, mainly women, who thought the same... who were having the same problems. And who were trying to move some complementary therapies that nurses could easily incorporate into their practice into the mainstream.⁵³

Membership grew quickly and a statement of beliefs was formulated and issued, enhancing the regulatory UKCC Code (1992), and providing an effective code of practice directing the use of complementary therapies by nurses.⁵⁴ Its 11 tenets were concerned with regulation (the UKCC code set the professional requirement), the rights of the patient and the essential requirement of informed consent. Agreement to local policies and protocols and the support of the collaborative care team were required before nurses could practise complementary therapies and, importantly, where possible, research-based therapies were to be employed. Nurses' responsibilities were stated in a call for their self-development ('self-awareness and interpersonal skills') and, crucially, a requirement for evaluation, both in terms of patient outcome and level of patient satisfaction, was mandatory.⁵⁵ A training guide

was also published by the forum, with details of courses at five levels: certificate, diploma, degree, masters and doctorate and the same document gave reassurance that the UKCC Code of Practice covered the issue of competence and that the RCN would provide professional indemnity insurance for nurses practising a particular therapy.⁵⁶ The forum was a group whose clear purpose was to support nurses wanting to use complementary therapies as a *practical* intervention, as Hermione Elliot explained:

We could see that with the RCN Complementary Therapies Forum, it was almost as though there was a kind of replication of the model that in nursing we 'do' things to people to help them to get better.⁵⁷

The first Annual Report declared 'The group are pleased to report widespread support for the development of complementary therapies in nursing through the RCN.'⁵⁸ Rapid growth of membership followed. By the end of its first year, 1,336 members had joined and it was the seventh largest RCN forum (of 41).⁵⁹ Between 1997 and 1999, the forum increased its membership by 4,000 nurses each year⁶⁰ and by 2000, there were 11,424 members, when it was believed to have the largest membership of all RCN forums.⁶¹ Its chairman by this time was massage therapist Angela Avis and due recognition of her work came with the award of MBE in 2001 for services towards integrating complementary therapies into mainstream nursing and health care.

Competence and its definition had always been a controversial issue, and the RCN Complementary Therapies Forum was concerned at the lack of guidance for nurses, making the following recommendation to the RCN Council in 1995:

It is the responsibility of the individual practitioner to judge whether the qualification in a complementary therapy undertaken has brought him or her to a level of competence to use that skill in patient or client care.

Where a practitioner is working independently, self-evaluation of competence and accountability are particularly vital.⁶²

The forum did much, both then and afterwards, to support the nurse's position in relation to complementary therapies, most especially in producing practice guidelines which augmented the policy statements that had been produced by some regional health authorities that stipulated forms and standards of practice.⁶³

Academic voice – science and politics

In 1995, the year following the foundation of the forum, another arm in support of nurses' use of complementary therapies was formed with the launch of the first issue of a specialist journal, *Complementary Therapies in Nursing and Midwifery*. New medical specialisms and health social movements have tended to create their own communities – marked by particular developments, such as the first academic chair and first journal,⁶⁴ so the founding of *Complementary Therapies in Nursing and Midwifery* was a significant step in the recognition of complementary therapies in nursing. It was the first international, peer-reviewed journal published to meet the specific needs of the nursing profession in the integration of complementary therapies into practice, cementing the structure of support of complementary therapies in nursing and describing itself as 'The new professional journal that enables you to explore understand and employ complementary therapies in order to enhance patient care.'⁶⁵ It has flourished since its first issue in February 1995, with Denise Rankin-Box as its original (and only) editor. In her first editorial, she acknowledged that the introduction of this specialist journal 'recognised an unprecedented shift in the formal recognition of the use of complementary therapy in the nursing profession.'⁶⁶ The journal's content was varied and ranged from research reports, policy debates,

international input and clinical discussions. Significantly, in 2004, the journal's name was changed to *Complementary Therapies in Clinical Practice* and reflects how the journal had attracted attention beyond nursing to embrace a wide range of healthcare professionals. Rankin-Box explained:

Peter [Peter Mackereth, deputy editor] came up with title *Complementary Therapies in Clinical Practice* and we thought 'Great!' because that covers all fields. If we are trying to get into integrated medicine, then we should cover all areas because nursing doesn't work in isolation; it works as a member of a team, so therefore there should be a team approach to the care of an individual. Everybody should be involved in that and familiar with the nature of that care as much as possible from a physical side to a spiritual side - everybody hopefully working off the same hymn sheet, as it were.⁶⁷

Further contribution in the practice of complementary therapies for nurses and much-needed work on strategies for their training came with the Prince of Wales'

Foundation for Integrated Health (later 'Medicine') when it was founded in 1993. The

Prince of Wales had long been an advocate of complementary approaches and had been supportive and involved in the work of the British Holistic Medical Association

(BHMA) and British Association for Holistic Health (BAHH) in the 1980s (see below for

further discussion of these organisations). The Foundation's goal was stated as 'close

working together of orthodox and complementary medical practitioners with mutual

respect and understanding, to widen the choice of integrated treatments available and

make preventative health care the norm.'⁶⁸ In doing this, it sought collaboration with

nurses and established working groups to discuss the current positions of conventional

and complementary medical practice. Nursing academic Steven Ersser described his

involvement, explaining that, although nurses were embracing complementary

therapies, training was fragmented and the strength and significance of the

Foundation lay in attempting to regularise the system.⁶⁹ In its report in 1997, the

Foundation called for improved training of nurses: 'There appears to be insufficient

information on the level of training received and the competence achieved', to which the *Nursing Times* responded supportively: 'an interesting and provocative report ... which deserves a wide airing... More and more nurses deplore the fact that they have to leave their heart and soul outside the door of the hospital or clinic as it is not welcome inside.'⁷⁰

Nurses were involved, too, in providing evidence for the House of Lords' Report on Complementary and Alternative Medicine in 2000. The Royal College of Nursing was approached in July 1999 with a request for written evidence on the use of complementary therapies in medicine for the review being undertaken by the Science and Technology Committee of the House of Lords in preparation for its review and report on CAM. An increasing use of complementary therapies had raised concerns about the level of regulation to protect public safety and prompted the review.⁷¹ Four nurses gave evidence to the Select Committee on 21 February 2000 and the written submission included background information about the forum and its campaign for access, advice and safety in the provision of complementary therapies with healthcare services in the UK. It concluded that 'NHS trusts should provide services that are equitable, appropriate, effective and safe and that such services should include the integration of complementary therapies within mainstream healthcare'. It outlined its plea for evidence to demonstrate effectiveness, calling for qualitative analysis as well as quantitative measures. The forum's document detailed the need for a high level of training, and the monitoring of education and training standards, while making a comparison with therapists offering services to the 'worried well' seeking lifestyle enhancement with nurses who were striving for therapies such as massage, aromatherapy and reflexology to be integrated into clinical nursing practice. The

forum had worked to address this issue but their proposal earlier that year for an agenda item at Congress to support 'the definition of education standards and corresponding levels for competence and practice for nurses using complementary therapies within clinical practice' met with rejection.⁷² However, recognising the need for training did not satisfy the House of Lords, who concluded that the training that was available for those who wanted to develop their practice was too limited and that the Royal College of Nursing was taking a 'passive role'.

The Royal College of Nursing were unable to give a clear picture of how common this is because they have not achieved any systematic monitoring of the teaching of CAM within the nursing curriculum.⁷³

We are concerned about their passive approach to CAM and the lack of work being undertaken by these bodies in relation to nurses' use of CAM and their training in the awareness of CAM practices. There is a concern that nurses may be exposed to inferior or superficial training programmes and may practise without adequate supervision of this component of their work.⁷⁴

This supported the earlier conclusion of the Prince of Wales' Foundation for Integrated Medicine, which had also criticised the lack of official training for nurses in complementary therapies. In spite of this, the Lords concluded that nurses were in an exceptional situation to encourage the use of complementary therapies and proposed not only a desired cooperation, but an obligation for nurses to expedite it, stating:

There is increasing evidence that the public wants access to complementary therapies via the NHS. This trend must be addressed by nurses, who are in a unique position to support people in healthcare choices.⁷⁵

Facing the critics of complementary therapies

Not all nurses were inclined to use complementary therapies. Some were simply not interested, some were concerned about the lack of regulation and some felt that it

was not sufficiently evidence-based. Fiona Mantle explains the background to this:

You must remember that by this time, we were looking at evidence-based medicine. And as a result, there were a lot of people who were very closed. They said, 'There's no evidence...'.⁷⁶

Others were dismissive of their colleagues' use of complementary therapies, as described by an oncologist nurse in 1996 writing in the *Nursing Times*:

I watched in admiration as my colleague took the time to perform reflexology on a patient. It provided a wonderful opportunity to talk to the patient and develop a relationship. I felt her dismay when the ward sister said it was not an important feature and implied she should be doing 'proper work'.⁷⁷

For nurses who did use complementary therapies, they described feeling sometimes alienated within the system. Nurse Inga Newbeck explained how her head of school of nursing was remarkably supportive amid, what she suggested was a critical environment: 'Trying to support complementary therapies within the system was asking to walk around with knife handles sticking out of your back.'⁷⁸

There were concerns, too, about the apparent lack of regulation for nurses using complementary therapies. In her interview, Alison Ellis recalled a situation where her actions as school matron in using complementary therapies for students were criticised and reported by colleagues, who were unhappy with the apparent lack of regulation:

I was working with colleagues who didn't believe in any form of complementary medicine at all and were actually making threats stopping me from using things like arnica cream on bruises.⁷⁹

However, Ellis was officially supported in her work because the necessary requirement of 'competency' for nurses was achieved by a self-evaluated exercise, as established in the UKCC Code of Conduct.⁸⁰

Complementary therapies and holism – parallel stories

Alongside debates on complementary therapy, this period witnessed the explosion of interest in the concept of holism in health. While holism should not necessarily be conflated with the practice of complementary therapies, references frequently overlapped. This emerging movement for a new approach to healthcare resulted in the formation of The British Association for Holistic Health (BAHH), founded in 1984, which involved nurses in its management, as well as its membership. At its inaugural conference on 3 and 4 November 1984, 12% of attendees were nurses.⁸¹ The BAHH urged a holistic model, but also provided training and support for complementary therapies and arranged joint meetings with the British Holistic Medical Association (BHMA) at the Royal Free Hospital, London, at which demonstrations, talks and training sessions were presented, such as a four-week BAHH course in meditation.⁸² Indeed these were some of the first stirrings from nurses wanting to organise themselves into self-supporting groups to further an interest in complementary therapies.

The BAHH ceased to operate in 1987 and members were encouraged to transfer to the British Holistic Medical Association, which had been founded for medical practitioners. By October that year, 57 members of the BAHH had done so.⁸³ The arrangement was not totally welcomed by BAHH members, some of whom, it was noted, 'disagree with the course ... but the majority feel that the way forward for Holistic Health is in co-operation, not separation, in team-work not in individual power'.⁸⁴ This co-operation illustrates the momentum of holism in this late-century period and also the self-questioning nature of its direction.

A more targeted focus for holistic nursing practice came six years later in 1993 with the founding of the Holistic Nurses Association (HNA), providing a core support for those nurses who wanted to embrace the holistic model, although not necessarily one involving complementary therapies. The push against a biomedical model was described by one of the founding members of the organisation, in recalling an optimistic mood and appetite for change:

We were tapping into ... the essence of nursing ...it wasn't like revolutionary zeal. It was like 'this is something really important' and it felt exciting and a privilege to be a part of it. And there was a lot of hopefulness that this might somehow create a change.⁸⁵

In providing a spotlight on a fresh approach for nursing, it attracted those who had been searching for this new practice: a nurse writing in the HNA newsletter described her relief on joining the Association: [It was] 'like finding water in the desert ...I no longer feel alone in this strange medical model world of the NHS...'⁸⁶

Membership of the HNA expanded quickly and provided practical support to nurses. By April 1995, it was running workshops throughout the UK on 'Developing Holistic Nursing' and was set for further growth. However, an apparent lack of willing leaders led to its closure in 1997 and, once again, its members were encouraged to join the BHMA.

The issue of the connection between holism and complementary therapies was much discussed throughout the life of the HNA. In the annual report after its first year, it was noted that there was 'an increasing awareness of the benefits of complementary therapies as well as the growing understanding of interconnection between mind,

body and soul and how this can affect health.’⁸⁷ And Hermione Elliott described how ‘nurses have begun to broaden their horizons and many, in an effort to return to the ‘human’, have turned to complementary therapies to enrich and deepen their contact with patients,’⁸⁸ while the newsletter in 1997 warned of their limitations:

‘Complementary therapies have much to teach towards the holistic approach, but in themselves can be as isolating as conventional treatment.’⁸⁹ In short, complementary therapies were not universally or uncritically embraced by proponents of holism.

Complementary therapies in nursing in the twenty-first century

While the concept of holistic care continued and there was an expectation that greater integration of complementary therapies would follow, the early years of the twenty-first century saw disappointment in this respect for those nurses committed to complementary therapies. As the newsletter’s editor of the declining RCN Complementary Therapies in Nursing Forums wrote in her editorial in 2006:

In the climate of widespread financial crisis in the NHS, the vision to enhance patient care with the integration of complementary therapies is in danger of fading.⁹⁰

She added that:

There are nurses working in well-established complementary therapy services who are finding their jobs and the provision of therapies under threat [...] Those of you who are fortunate enough to have flourishing services need to tell the world about your successes. Write about what you do, and submit to complementary therapy and mainstream nursing journals. Get patients to shout about their positive experience and get political [...] Integration has come a long way in the last ten years and we must make sure that progress is maintained and advanced.

Progress, however, was not maintained and in this discouraging climate, many nurses left the NHS to take up private practice in complementary therapies. Nurse and CAM

practitioner, Annie Hallett summarised what she believed were the challenges at this time:

Everything was ripe for it to develop although it was always a battle. I think the culture changed, the individuals - life and careers took them on different pathways, finances in the NHS changed so there was less money to be free with. And I think again as one generation moved on, the whole culture of nursing and medicine has changed. As Steve Wright [nursing academic] famously said, a lot of us felt that complementary therapies were 'vehicles to bring back the heart into nursing'. But actually politics, the computer, the digital revolution ... have changed nursing and medicine. The target culture has changed the priorities.⁹¹

Archived records of the RCN Complementary Therapies Forum reveal a partial history of its end. From its peak in 2000, with nearly 11,500 members, membership declined. In the 2007 annual report, the forum's chair Janet Woolmer wrote with evident anxiety:

...our situation has changed dramatically and we are desperately in need of either new committee members – or else we must consider new ways of working together, supporting each other and promoting the acceptance and integration of therapies into health care.⁹²

Total membership had fallen to approximately 4,000 by this time, and Woolmer declared, 'It is crunch time for this forum.'⁹³ There are no further archived records and the exact date of its cessation is uncertain. It is unclear whether the forum was discontinued completely or amalgamated with another group..

Discussion

The surge in interest in complementary therapies that we have documented and analysed in this paper has not been reported in any depth in secondary sources, and so this article makes a novel contribution to the literature, both of the history of nursing and the sociology of complementary therapies. Neither literatures have previously recognised the level of organisation and drive that the nursing profession

demonstrated for the practice of complementary therapies. Most research studies in the field of complementary therapies focus on independent, private practitioners, rather than on practice within the NHS. Our data – oral histories from nurses, practitioners and scholars of complementary therapies, together with analysis of nursing journals and archives – have established that following an awakening of interest in the mid-1980s, support from a range of structures and networks began to emerge and then increase until a peak at the end of the twentieth century.

The value system of nurses and the nursing profession shifted during the 1980s and 1990s, as concern about increasing technology and systems was challenging the traditional caring and compassionate role of the nurse. By relating the narrative of complementary therapies to the context of contemporary developments in nursing, we have been able to illustrate how nursing practice was seeking an expression for a demonstration of caring and how complementary therapies were seen from the mid-1980s onwards to provide an important opportunity to enhance the therapeutic relationship. We have highlighted the instrumental role of the RCN Forum for Complementary Therapies in Nursing in these developments. That this forum became, what is believed to be, the largest forum in the RCN during the 1990s, and the specialist journal *Complementary Therapies in Nursing and Midwifery* was created to enable the dissemination of information and support demonstrates the significance of complementary therapies in the history of nursing. Other non-nursing specific organisations set up at this time, such as the Foundation for Integrated Medicine, also involved nurses in its working groups, which were formed to discuss the positions of conventional and complementary medicine in the UK and raised the profile of complementary therapies practice in nursing.

The argument that we have made in this article is that the organisations and structures we have uncovered in our analysis show that practising complementary therapies was about more than a value-commitment to the therapies themselves. The use of complementary therapies connected to wider interests, such as therapeutic nursing and holism – and were a significant part of an organised professional movement to resist the breaking down of nursing to mundane, technical tasks, and to enhance the role of nursing in providing quality care to patients.

Previous research on the theme of complementary therapies in nursing has tended not to be situated in the context of nursing history and politics. Innovations in nursing at the time, such as Nursing Development Units and the concept of ‘new nursing’, introduced models which facilitated those who were interested to incorporate complementary therapies and enable them to flourish. We have shown how in the late twentieth century, nurses, in seeking ways to enhance their therapeutic role, saw complementary therapies as a potential way to do this and then formed effective supporting frameworks in which to practise. This background, we argue, is a significant element to the motivation of nurses who turned to complementary therapies – and also helps to make sense of why the interest has waned in the new century.

Therefore, as well as providing a re-balancing of the reported history of the practice of nursing in this late twentieth century, our argument also provides insights into the subsequent historical developments and contemporary debates on complementary therapies. While for two decades, complementary therapies exploded as a possible

solution to the concerns of the nursing profession, in the end it was an *unrealised* movement. Interest fell in the early twenty-first century and has not recovered. The RCN Forum for Complementary Therapies went from being the largest Forum in the 1990s to closure by 2007. Our analysis suggests that, while the political changes and restrictive financial climate meant that there was little political or medical appetite for ‘non-essential’ forms of care (where essential was defined in biomedical terms), the most likely reason for this ‘fall’ in interest was that there was also a ‘co-option’ within the medical community of the principles of holistic and therapeutic care – through increasing acknowledgement of the importance of patient-centred approaches – that so attracted nurses to complementary therapies in the first place. Therefore, within the nursing profession itself many of the perceived benefits of practising complementary therapies were perhaps less urgent or necessary. . In other words, the (successful) mainstreaming of these values no longer necessitated specific nursing practices to distinguish nurses who wished to demonstrate them.

Conclusion

The new archival, documentary and oral history data presented in this article offer both historical and sociological insights into the support mechanisms for nurses using complementary therapies in the 1980s and 1990s, at its peak of popularity. It provides clear evidence that the use of complementary therapies was not an *ad hoc* activity that was driven by the enthusiasm of a few nurses operating within their local professional contexts. On the contrary, the explosion of interest in complementary therapies in nursing happened during a period of growing public interest in complementary therapies and as a result of an increased desire for enhanced therapeutic nursing

practice. Innovative nursing models offered the organisational opportunity and professional autonomy with which to practise complementary therapies. Nurses also sought to develop effective professional networks to develop their skills and support their experience. Finally, our analysis provides historical context for the eventual waning of interest in complementary therapies by nurses in the twenty-first century.

Figure 1:

KEY DATES OF COMPLEMENTARY THERAPIES IN NURSING PRACTICE

| | | |
|------|---|--|
| 1981 | First Nursing Development Unit, Burford Hospital | |
| 1984 | First <i>Nursing Times</i> /University of Manchester conference on complementary therapies and holistic nursing, Manchester. Founding of British Association for Holistic Health | |
| 1986 | Second <i>Nursing Times</i> conference on complementary therapies and holistic nursing, Islington, London | |
| 1992 | 'The value of nursing' report, Royal College of Nursing UKCC code of practice | |
| 1993 | 'The growth of interest in complementary therapies has outstripped all the other areas of nursing.' <i>Nursing Times</i> 1993 Prince of Wales' Foundation for Integrated Health (later 'Medicine') Labour party support for nurses' use of complementary therapies Founding of Holistic Nurses Association | |
| 1994 | Founding of RCN Complementary Therapies in Nursing Forum Statement of beliefs published by forum | |
| 1995 | February: First issue, <i>Complementary Therapies in Nursing and Midwifery</i> . RCN survey: 58% of nurses using complementary therapies | |
| 2000 | House of Lords Select Committee on Science and Technology: <i>The Sixth Report on Complementary and Alternative Medicine</i> . RCN Complementary Therapies in Nursing Forum: height of membership at 11,424 members (believed to be the largest RCN forum). | |

| | | |
|------|--|--|
| 2004 | Journal change of name: <i>Complementary Therapies in Nursing and Midwifery</i> to <i>Complementary Therapies in Clinical Practice</i> | |
| 2007 | The RCN Complementary Therapies in Nursing Forum discontinued. | |

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