



Patients' Experience of the External Therapeutic Application of Ginger by Anthroposophically Trained Nurses

by Tessa Therkleson and Dr Patricia Sherwood

There has been considerable public debate on a range of complementary health practices throughout the western world, perhaps especially in Australia, United States and Europe. Most often, the research critique of these practices is restricted to quantitative or non-user qualitative research methodologies. Consequently, there is a significant gap in the research profile of complementary health services that needs to be addressed particularly in view of the rapid and ongoing increase in the use of complementary services, even in the face of sometimes adverse media publicity. This paper demonstrates the contribution that phenomenologically-based research can make to fill this lacuna by explicating, in detail, the client experience of a complementary health practice. The paper explores patient experience of a ginger compress, as applied by anthroposophically trained nurses, to demonstrate various therapeutic effects. Four key themes emerged including an increase in warmth and internal activity in the major organs of the body, changes in thought-life and sensory perception along with a greater sense of well-being and self-focus with the perception of clearer personal boundaries. These themes, emerging from a patient sample in New Zealand, compared favourably to the Filderlinik Study completed in 1992 in a large German state hospital.

Introduction

Complementary nursing and the use of external compresses

Complementary health treatments have been defined by the British Medical Association (1993) as therapies which can work alongside, and in conjunction with, orthodox medical treatments and conventional nursing interventions as an adjunct to enhance client outcomes. The complementary therapies commonly used by nurses in practice are aromatherapy, massage, meditation, visualisation, reflexology, stress management and therapeutic touch (McCabe, 1995). In the provision of holistic care, the nurse recognises

the client's physical, psychological, social, cultural, environmental and spiritual needs and expectations (Nurses Board of Victoria, 1999). While complementary therapies differ, their common goal is to help the body to heal itself by finding the body's inner healing power to bring about a feeling of well-being (Coward, 1990; Donnellan, 1993).

A complementary nurse is a conventionally trained and registered nurse who is simultaneously a complementary therapist. The Royal College of Nursing in Australia and the United Kingdom have established clear guidelines for the practise of complementary

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nursing. These include documentation, informed consent, recognised training and support, defined standards, legislation and regulations for the professional complementary nurse (McCabe, Ramsay & Taylor, 1994; Royal College of Nursing Australia (RCNA), 2000; Taylor, 1996).

Anthroposophical Nursing

Anthroposophical nursing is an extension of the traditional nursing interventions that are based on scientific and nursing research, and it developed out of a striving for a humane and caring nursing practice. The anthroposophical nurse is a registered nurse who chooses to develop her understanding of the human being through the anthroposophical world-view. This view takes into account a physical body permeated with life-renewing forces, an emotional and psychological expression and a unique spiritual identity that reveals individual biography (Steiner, 1904/1971). A wide range of external applications are taught such as wound management through pure, organically-based compresses that use a wide range of natural substances, rhythmical body oiling, massage and hydrotherapy.

Historically, the beginnings of anthroposophical nursing are to be found in the Ita Wegman Clinic, Arlesheim, Switzerland between 1918-1920, the foundations for the theories of anthroposophical medicine and nursing being consolidated in *Fundamentals of Therapy* by Drs Ita Wegman and Rudolf Steiner (Steiner & Wegman, 1925/1967). Although prior to 1996 Europe was the only place where anthroposophical nurse education could be gained, this changed when, in 1998 after completion of a part-time three-year post-graduate programme, twenty state-registered nurses graduated in New Zealand as Anthroposophical Nurses. Importantly, the training received by these nurses is recognised by the European anthroposophical hospitals (Anthroposophical Nurses Association New Zealand 1995 / 2002; 1996 / 2003; 1997 / 2004; Medical Section of General Anthroposophical

Society 2000), and all trained anthroposophical nurses are recognised at anthroposophical institutions around the world. In Europe, anthroposophical nurses work in anthroposophical institutions while in Australia and New Zealand they work in hospitals, medical practices or are independent nurse practitioners.

Previous Research

This study is concerned with the patient experience of the external application of ginger, known as the ginger compress, which is one of the primary therapies used by anthroposophical nurses. Today, the ginger compress is the primary anthroposophical nursing treatment for arthritis patients at the Paracelcus Klinik, Bad Liebenzell Germany, a clinic specialising in the care of arthritic patients. It is also regularly used in the other 26 anthroposophical hospitals in Europe, including the Filderklinik that specialises in anthroposophical medicine and nursing. The scientific basis of the current research is the Filderklinik Study completed in 1992 in a large German state hospital, the Filderklinik in Filderstadt. The study was primarily quantitative, including a pilot study in 1990 with 300 experiments of giving the ginger compress to staff and a later comprehensive study, between 1991 and 1992, when 800 ginger compresses were given to patients. The Filderklinik Study established a defined protocol for the method of treatment with clear indications for its use. No negative side-effects occurred and the ginger compress was found, in principle, to be a positive influence in most illnesses (Schurholz, *et al.* 1992/2002).

In the Filderklinik Study, the plant - ginger - was studied and its characteristic properties evaluated. Ginger was found to have a subtle, long-lasting warmth and activity within the root which, when taken into the body, spreads slowly and widely. Because of these qualities, chronic inflammations can be activated and healed, and hardenings and stagnations in the body can be stimulated and loosened. The ginger compress to the kidneys

was found to be especially helpful in cases of kidney stones, bronchitis, asthma and pneumonia as well as arthritis, and when there was a depressed mood. Patients experienced a harmonious warmth response, lasting relaxation, relief of symptoms, increase of mobility and relaxation in breathing. Patients with the most positive response were of a particular constitution. When summarising the research, Sauer (in Schurholz, *et al*) stressed that one must take the constitutional aspect of the patient into account, including the temperament, consciousness, sleeping/waking rhythm and warmth condition. The constitutional type for whom a ginger compress was indicated was described by the study as being a person with strong nerve-sense processes, neurasthenic, orientated to past memories with an emphasis on imagination and thought-life, passive, showing reserve and restraint (Fingado, 2001, pp. 85-87; Schurholz, *et al*. 1992/2002, pp. 5-25).

Methodology

Sample and research process

The current research was conducted in the Hawke's Bay region of New Zealand. All nurses participating in the study are actively involved in the education of anthroposophical nurses as well as working in their own private nursing practices. Four anthroposophical nurses from Hawke's Bay in New Zealand personally selected seven patients to whom they gave each one external application of ginger to the kidney region according to a defined protocol: an infusion of hot ginger soaked into a cotton cloth and applied to the kidney region for 30 minutes. Each anthroposophical nurse in the study had already participated in clarifying the procedure and protocol for the treatment and was given a water thermometer, a quantity of ground ginger, compress cloth and binders along with the required ethical and procedural documents. The nurses were responsible for explaining the procedure to the patients and monitoring their condition both before and after the treatment by

making written recordings and taking temperature, pulse, respiration and blood pressure. Patients were selected on the basis of their suitability (as previously outlined) and medical condition. They were consenting adults of the appropriate constitutional type, with no known diagnosed mental illness, physical disability or drug addiction. There were three male and four female, all middle-class Caucasians, ranging in age between 21 and 54 years.

Objectives

The purpose of this study was to note the experience of patients receiving the ginger compress with particular interest in warmth, pain, breathing, mobility, stimulation of metabolism and the effect on the skin.

Phenomenological methodology for explication of client experience

Phenomenology was selected as a method of investigation since it sees no separation between the realities of perceiver and object. Rather, it searches for the nature of the human experience. Anthroposophy also searches for the nature of the lived-experience and strives to overcome the separation in consciousness of subjective and objective realities in order to understand human conscious experience. Material from the transcribed interviews was analysed using a phenomenological reduction process based on Husserlian phenomenology. Additionally, this study was informed by the methodology adapted by Schweitzer (1983; 1998) from Amedeo Giorgi (1971; 1985; 1997).

This process followed six clearly-defined stages:

Stage 1 - Intuitive/holistic understanding of the raw data

This involves repeated readings of the transcribed interviews to gain an intuitive and holistic grasp of the raw data. At this stage, all data is in the idiographic mode and, from the outset, all personal preconceptions and judgements are bracketed.

Stage 2 - Forming a Constituent Profile

The raw data from each of the co-researchers is summarised and refined into profiles which demonstrate central themes.

Stage 3 - Forming a Thematic Index

The Thematic Index establishes a non-repetitive, sequenced list of meaning statements and referents. From this point onwards, the data, whilst in idiographic mode, can move to the nomothetic mode and be examined collectively.

Stage 4 - Searching the Thematic Index

All data can now be combined to form Interpretative Themes. Interpretative Themes are statements that succinctly capture the meaning of the experience.

Stage 5 - Arriving at an Extended Description

Interpretative Themes are used to rigorously explicate meaning attributed to the phenomena under investigation (see also Sherwood, 2000).

Stage 6 - Synthesis of an Extended Description

This is a summary of the Interpretative Themes to produce a comprehensive picture of the experience of receiving an external application of ginger (see also Van Manen, 1990).

Findings

Following is a summary of the four interpretative themes that offer a reflective look at the experience of receiving one external application of ginger. Patients experience:

1. warmth in the body as increasing in intensity and radiating outwards;
2. stimulation of internal activity within their body;
3. changes in thought-life, sensory perception and bodily tension;
4. centredness within themselves and a greater sense of personal boundary in relation to the world.

Interpretative Theme 1 - Patients experience warmth in the body as increasing in intensity and radiating outwards

The warmth experienced develops gradually from a mildly, cool, prickly sensation over the kidney area to a sense of a deep inner warmth which is initially experienced externally on the skin and then gradually internally. The experience of warmth spreads throughout the body reaching the extremities and continuing long after the treatment has been completed. As Jane stated '*it was a surprise that it was so gentle. Then came this prickly, almost cool heat of the ginger, onto the kidney area.*' Joanne said that there was '*a little bit of prickling, but very mild. At a certain point it goes into a nearly cool experience. Then it goes warm again.*' As the warmth built up, it was experienced as a deep inner warmth that was quite intense and remained so for a long period after the removal of the compress. Moreover, this sense of warmth was both external and internal and the extreme intensity was a surprise. Harriet explained

After a while it got really hot, like a hot water bottle. If it had been as hot as it felt you would have had to take it away. It was quite a tolerable, intense heat ... I actually did put my hand underneath to feel the heat but there was none. That was a real surprise - - to realise the heat was inside me ... I asked the nurse to have a look, can you look if it is red? She said no there is nothing to be seen there ... Because it is such an intense, you have to say, heat, it is not warmth, and it is heat. Quite mysterious how it would come from this compress.

The warmth was experienced as coming from the ginger rather than the warm water. It was as though a relationship was developed with the substance ginger. Harriet captured this sense when she said '*you do have the feeling that the stuff is there and there is this corresponding dialogue*'. There seemed to be a meeting in the experience and a response was stimulated within the patient's body. There seemed to be a distinct awareness that the ginger rather than the warm

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water was the cause of this heat that penetrated the body.

David said:

The ginger was definitely warming as the ginger worked, definitely warming. Not warmth because of the water but because of the actual plant itself ... at one stage it was quite intense, not uncomfortable, but you definitely noticed more and really felt it and really knew it was not because of the water but real heat from the ginger ... definitely more of a chemical reaction sort of heat than a thermal heat from water.

The warmth was also experienced as radiating throughout the body. Starting on the kidney region of the back and penetrating the body to spread as far as the limbs. Jane explained *'during the compress it was a surprisingly slow radiating warmth through my body, the warmth from the ginger'* and Joanne said *'while I was lying there the warmth seemed to have spread out ... actually it went down the muscles right down to the bone of the hip.'* The warmth experience was soft and subtle, spreading over the back as well as out to the extremities. It was felt in the muscles and bones.

David described it as:

really warming, a definite feeling, a sort of fuzzy sort of warm ... when the compress was taken off, I still felt that warmth. Sort of around the compress area but also it moved down my legs and my feet and up my back. So I could actually feel it was making an effect internally ... I actually noticed that my joints felt warmer, particularly in my ankles and knees more than elbows. My peripheral joints, they felt the warmth there.

Summary:

This warmth was experienced as lasting hours and even days after the compress was removed. Janet said *'warm lived with me at work that*

afternoon'. Externally, warmth was so great that there was a concern for the possibility of a skin burn while internally the warmth penetrated the whole body as far as the extremities. These experiences continued long after the completion of the treatment as noted by both Fingado (2001) and Schurholz, *et al.* (1992/2002) in their earlier studies.

Interpretative Theme 2 - Patients experience stimulation of internal activity within their body

This interpretative theme encompasses all experiences related to an enlivening of internal activity within the digestive, excretory and circulatory organs of the body. Increased activity within the circulation energises the metabolism. Patients spoke of a consciousness of their metabolism and circulation. The increased activation aroused patient sensory awareness. The metabolic system includes digestion and absorption, essentially all those processes associated with the digestion of food materials and the absorption of nutrients into the blood following digestion. Normally, the metabolic system is stimulated by increased exercise, a rise in body temperature, hormonal activity or the action of eating a meal (Miller & Keane, 1972, p. 578). As would thus have been expected, patients experienced stimulation of their digestive processes as well as increased energy during and after the ginger compress. The circulatory system is primarily concerned with the movement of the blood and lymph, and it carries to the tissues and organs of the body all the substances necessary for normal functioning as well as taking away waste products (Miller & Keane, 1972, p. 205). During and after the ginger compress, patients reported experiencing an activation of the body circulation: there was an awareness of increased blood flow throughout the body accompanied by a sense of an opening up within.

Patients were aware of increased stimulation of the metabolism. Whilst it was a different

stimulation than normally experienced, they were clearly conscious of what was happening within their bodies. Barry's experience was uncomfortable and followed on from a restless night's sleep: *This morning I felt the first three hours at work I had almost flu-like symptoms ... you start to feel just ever so slightly nauseous and just off colour ... by 11 o'clock it had gone.* Joanne experienced a shift in her regular nocturnal urination, most likely as a result of the increased metabolism promoted by the ginger compress. This was a significant break through for her and she was excited as she was now able to sleep through an entire night.

Patients also reported a sense of increased energy after the treatment. This seemed to increase vigour and mental alertness. Depending on the individual, this either was just immediately following the compress or the next day. In this regard, although Harriet had a particularly stressful week following the compress, she expressed:

I had the sense that I could quickly engage again and get on with it. It seemed I could more easily choose one thing and just do it ... I could do that, then came back and did the next thing and the next thing

The day following the treatment Janet stated:

I came home last night and gosh, I felt extremely good ... I stayed up late and vacuumed and cleaned and had a lot of energy. I really felt wonderful.

It was like a boost of energy. Patients experienced clarity of thinking, they knew what to do, and had the stamina to do it. The body received something extra that enabled a movement internally. The body circulation became warmed and activated. There was a sense of a relaxing and an inner 'opening up' within the body. Blood is experienced as warmth and energy rather than in the scientific concept of being a carrier of substances. Jane expressed:

Warmth came from the feeling of activity through my body ... even sort of in a way as though my circulation was very active and I was aware of it ... I felt aware of my whole circulation in a way.

Warmth here is experienced as coming from the activated circulation. There seemed to be a sense of an increased volume of blood, and an opening up of the body. There was a sense that the warmed blood radiated through the body to the extremities. Barry described the change in his legs:

I had a tremendous feeling of warmth in my legs where I had been hot. My legs felt as though they were full of blood, you know suffused with blood.

Later he went on to describe the experience:

It was as if you had pushed yourself too hard climbing up a hill or running up a hill or something like that, your head started going boom, boom, boom and that was like you could almost see your pulse at the ends of your fingers and toes.

Summary

These experiences confirm the findings of previous research on this subject where the ginger compress causes warmth stimulation in the body, activating and healing chronic inflammations. Tensions, hardenings and stagnations can be loosened and healed. Moreover, following the ginger compress there is often an impulse to be awake and active (Beere, 2000; Fingado, 2001, pp. 85-86; Schurholz, *et al.* 1992/2002, p .21)

Interpretative Theme 3 - Patients experience changes in thought-life, sensory perception and bodily tension

Encompassed under this interpretative theme are patients' experiences of a stimulated thought- life including a transition from a dreamy to a wakeful state, changing sensations within the skin, activation of the senses and a relief of aches and tensions within the body. Thoughts are

stimulated during the treatment and this enlivening of thoughts continues afterwards. There is a general exciting of the thought-life. Thoughts moved between past, present and future and were related to matters of everyday life.

Jane explained:

During the compress I had reoccurring incidents from the past which relate to a court hearing I have coming up next week, that I haven't thought about for a long time ... it felt like the thoughts were quite persistent playing on this track during the compress and the rest time.

Derek described the experience as:

I was actually quite reflective. Then found, as the compress was on, my thoughts came more to present and future, more sort of thinking about what was coming next rather than what had been.

It is as if there is an ordering of thoughts, an increasing lucidity. This thinking process was experienced as being relevant and appropriate. For some, these thoughts were relaxed and pleasant while for others they were disturbingly busy. The thoughts were about daily life, nothing life-changing.

Harriet captured the sense:

I was aware of my thoughts flying around, it took a while just to come to rest, stillness... I had the sense that they were flying around in an anticlockwise direction a metre above my body. I could see and hear the thoughts. I knew they were connected with me. It seemed a shift from one's daily business of thoughts.

It was as if thinking became enlivened and invigorated. Totally relevant to the moment yet reawakened. Following the compress, thinking was experienced as sharp and astute. This was somewhat of a surprise to patients. This activated thought-life disturbed sleep for two

patients the night after the compress treatment. Whilst Barry was relaxed in his thinking during the compress, like Harriet, the night after the treatment he suffered a restless night. They were both plagued by thoughts concerning work, issues normally left at work, and yet this night not so. Barry explained:

I had a very disturbed nights sleep afterwards. I do have disturbed nights sleeps for some reason or rather depending occasionally but last night was almost as though I had taken something home with me and hadn't got rid of it ... which I try not to do.

Patients experienced a changed consciousness in the skin. A tingling pressure sensation and a lopsided response, a tangible experience that seemed to come from within. The senses were activated with changes in perception of pain, hearing and touch. In this regard, Janet expressed '*the physical feeling was all on my skin, really tingly and it felt warm*' while Barry said:

I got tingling in my hands, my hands felt heavy ... I had a bit of tingling in my feet ... I suppose it was almost like a pressure tingling. The tingling sensation seemed to come from within and cause a sense of pressure, as if there was an internal activation of the dermis.

Harriet captured this:

A strange experience around my fingertips ... quite a real pressing, similar as if from the inside when you press on a piano key but it was coming the other way.

There was a sense of a lopsided response. When the compress was first applied it affected the skin on the left side of the back first. Initially, the external response was more intense on this side. Barry explained '*I had a feeling of lopsidedness ... I was lying there I got more of the sensation*

on the left hand side' while Joanne made the point clearly:

I noticed with my ginger compress my left side responds differently to my right side ... it starts on the left and it takes quite a while ... then the reaction is on the right side, it starts on the left and it goes to my right ... I also found that again on my left side a little bit of prickling, it got a little itchy.

This effect on the left side was just initially and only related to the skin response on the back. Gradually the sensation spread to the right side then internally and on to the extremities.

Patients with physical pain were aware that the compress eased and relaxed the body. This was accompanied by a desire to move the ginger compress nearer to the painful area of the body. It was as if the compress was experienced as being able to relieve the sore parts of the body. Janet described this sensation as follows:

I felt like the compress was reaching down to that area, down my lower back as well ... I kept thinking I wanted to move it up higher - that is what I thought ... I was trying to move myself down inches, I had the feeling I wanted it up more up here (indicates shoulder). I wanted it all over my back.

While Joanne said:

I have got a lot of lower back pain, a bit of right side hip, actually I have a lot of joint ache. Anyway ... the warmth seems to have spread out which eased the sort of tension and achy bits in my lower back ... actually it went down the muscles right down to the, like the bone of the hip.

Stimulation of the senses of both touch and sound were experienced. One patient experienced a new relationship to external sounds: the outside world seemed nearer than it had been previously. There was a comfortable feeling of balance and firmness. Janet expressed this as a pleasant

sensation of being securely 'cocooned'. For Barry, there was a heightened sense of awareness of sound while resting. He became aware of sounds of the wind outside and family conversation downstairs that he had not been able to hear previously.

The first thing that I noticed was that I became very aware of the stimulus from outside. It was a particularly windy night, and the noise of the wind was quite clear and seemed to be above everything else. I thought to myself, 'oh you know, I hadn't listened to wind like that for a while' ... I heard very clearly what was going on down stairs, and because I have worked with heavy machinery all my life I thought to myself you have not been able to hear them before.

Summary

This compress treatment resulted in a stimulated thought-life in relation to daily life and work issues. Accompanying this was an increased connectedness to the outside world both in the thoughts and sensory perception. There seemed to be an opportunity to reawaken one's thinking and response to the world. After the treatment, thinking was reported to remain alert and active.

Interpretative Theme 4 - Patients experience centredness within themselves and a greater sense of personal boundary in relation to the world

Patients experienced a consciousness of being centred, of being more connected to themselves and more aware of their physical body, and there was an increased awareness of self as being both autonomous and socially independent. Relationships within the patient's life-world seemed to be more harmonious. The deepened sense of self was experienced as a togetherness, a oneness within one's inner being, and this was experienced as a comfortable space to be in. Janet explained '*A sense of containment, a grounding, very good. It was definitely not an out there experience, like I couldn't get out*'. Jane continued '*I felt really incarnated and part of my*

body and present ... centred is the word that keeps coming up because I felt contained in my soul-responses to things and not drawn out'.

There was an increased sense of awareness within the physical body, an awakening within and a sense of being totally present. This was experienced as something different from normal. There was a consciousness of the whole body; head, torso, limbs everywhere seemed to awaken. Jane captured this when she stated, *'A shift in how I am in my body ... a feeling of being awake and aware through my whole body. I felt just as present in my lower limbs as in my belly, shoulders, arms, everywhere I felt aware of my whole body'*. These reports confirm Kushi's (1985, p. 121) observation when he states that the compress actively disperses stagnated energy to re-establish a good energy exchange between the body and the environment.

There was a sense of being at one with the self in a place of calm and equanimity. It was experienced as a place of inner peace. In Joanne's words *'If I would have to put it in a nutshell, calm would be the word I put there, yes, it is a certain stillness, calmness'*.

Summary

Patients felt in touch with themselves and a sense of inner composure in relation to the world and others. There was an awareness of the world and the entire goings-on while still maintaining a sense of self.

Conclusion

The patients' experiences of the ginger compress reveal an influence affecting body, mind and soul, thereby improving the patient's sense of well-being in relation to self, others and the environment.

In essence, all patients participating in this study expressed a rich pattern of holistic experiences of the ginger compress treatment and reported particular benefits that included a promotion of

bodily warmth, improved clarity of thinking, expanded sensory perception and a greater sense of well-being of self in relation to the demands of the world around them. Additionally, all participants stated that they were interested in further applications of the ginger compress as they had experienced it as beneficial and with no unpleasant side effects.

The phenomenological methodology used in this study yielded an in-depth profile of the patients' experiences of the ginger compress and this complemented the findings of the more quantitatively-based Filderlinik study on the ginger compress.

It is suggested that research in the complementary health sector would benefit greatly by introducing phenomenologically-based research of client experience to augment other existing empirically-focused findings. Furthermore, it would also go a long way towards elaborating a more complete understanding of the reported benefits of certain complementary health services and their products which, in turn, might help to explain the continued rise in demand for such services despite the frequent, often empirically-based, criticism of their efficacy.

About the Authors

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Tessa Therkleston is a registered nurse, anthroposophical nurse and reflexologist. She practises as an Independent Nurse Practitioner in Lower Hutt, New Zealand, and is Director of the RATO Natural Health Clinic in Lower Hutt, New Zealand. [RATO is a Maori word given to a caregivers homestead that Tessa once managed. Roughly translated, RA means 'sun', and TO means 'setting' or 'going down'; the homestead received the last rays of sun in the city - and reportedly was an exceptional place to be - Editor's note.]

Patricia Sherwood

Dr Patricia Sherwood chairs the phenomenological research group at Edith Cowan University, Western Australia. She has published in the health fields of nurses and burnout, client experience in psychotherapy, and complementary health users. In addition, she has also written many reports and undertaken

evaluations for government-based health services. Dr Sherwood is currently Director of holistic counselling and psychotherapy programmes at the Sophia College of Counselling, and she supervises staff of a large holistically-based community counselling service.

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