Stress is endemic in our society. More than two thirds of office visits to physicians are for stress related illnesses, such as heart disease, anxiety disorders, high blood pressure, coronary artery disease, cancer, respiratory disorders, accidental injuries, cirrhosis of the liver, and attempted suicide, all of which are leading causes of death in the United States. In addition to causing illness, stress can aggravate other conditions such as multiple sclerosis, diabetes, herpes, mental illness, alcoholism, drug abuse, and family discord and violence. Stress is not always adverse, however; managed correctly, the problems caused by stress can be minimized. Realistically, stress is a normal aspect of life that must be endured at some level. Additionally, a stress response can be helpful in many ways, motivating persons to work or study or increasing their alertness while taking a test or giving a talk. The problem occurs when stress exceeds a productive level and interferes with the ability to think, remember, and focus on tasks. Stress that is ineffectively managed and remains too high for too long can contribute to multiple illnesses.

Americans are using alternative and complementary therapies, often for stress-related complaints. The results of a nationwide survey of 1539 adults published in the New England Journal of Medicine indicated that 1 in 3 Americans uses therapies considered unconventional. This study was the landmark investigation that opened the floodgates to exploring and understanding these new therapies and how they work. The most frequently used therapies mentioned in the survey were relaxation techniques, chiropractic, massage therapy, imagery, spiritual healing, lifestyle diets, herbal medicine, megavitamin therapy, self-help groups, energy healing, biofeedback, hypnosis, homeopathy, acupuncture, folk remedies, exercise, and prayer. A 1997 follow-up national survey by the same team found that use of at least 1 of 16 alternative therapies during the preceding year increased from 33.8% in 1990 to 42.1% in 1997. Overall, use of alternative therapies increased by 25%, total visits to alternative medicine practitioners increased by 47%, and expenditures for alternative goods and services increased by 45% (exclusive of inflation). Results from the follow-up study also indicated that ailing persons most often seek non mainstream treatments for chronic conditions, such as back problems, anxiety, depression, and headaches. In 1990, an estimated 3 in 10 Americans used at least one alternative therapy; in 1997, the rate was 4 in 10 Americans. Of additional interest, the increased use does not appear to be linked to any particular sociodemographic group. Another researcher found that compared with nonusers, the majority of users of alternative medicine were more educated and reported poorer health status. They used the alternative therapies not so much as a result of being dissatisfied with conventional medicine, but largely because they found that these healthcare alternatives were more congruent with their own values, beliefs, and philosophical orientations toward health and life. Indeed, many acute care nurses are becoming aware of ways to incorporate complementary modalities to combat the effects of stress.

Q: What exactly is stress and what causes it?

The term stress refers to a heightened physical or mental state produced by a change in the internal or external environment. In humans, physical stress is caused by injuries or illnesses and psychological stress by real, perceived, or anticipated threats. Whether stress arises from a cause perceived by sense organs that relay the danger to the brain or from mental actions such as worry or fear, the course of events can be the same.

Q: What is the relationship between stress and the body’s hormonal system?

When an event such as hospitalization for a patient or environmental work conditions for a staff member is perceived as threatening by the higher cortical centers, signals are sent to the motor cortex and hypothalamus. Several hormones are released from the pituitary and adrenal glands, resulting in a number of physiological manifestations that can produce further harm to already compromised systems.

Q: What are some of the symptoms or manifestations of stress?

Stress shows itself in 3 general areas: physical, social, and psychological. Physical signs of stress include:
• fatigue and exhaustion,
• headaches or migraines,
• neck and back pains or stiffness,
• gastrointestinal problems (nausea, diarrhea, constipation, or colitis),
• chest pains or palpitations,
• vulnerability to colds and flu (weakened immune system), and
• sleep disturbances.

Social manifestations of stress include family conflicts, job tensions, and change in sexual energy. Psychological signs of stress are 3-fold (Table 1). Any patient or staff member with subjective or objective signs of stress is a candidate for one or more stress-reduction therapies.

Q: How do you define alternative and complementary therapies?

An alternative therapy is one that is used instead of a conventional or mainstream therapy. For example, acupuncture is an alternative therapy. A complementary therapy may be an alternative therapy, but becomes complementary when used in conjunction with conventional therapy. It helps to potentiate the effect of the conventional therapy. For example, massage, which can stand alone as an alternative therapy, can also be used in conjunction with conventional regimens for a variety of problems.

Q: What are some of the specific alternative and complementary therapies that you find helpful to counteract stress?

Many different therapies that everyone can enjoy are available. See Table 2 for a brief description of the most widely used, evidence based therapies; for more information, see Holistic Nursing: A Handbook for Practice.

Q: What is the research that validates use of these therapies?

All of these modalities have research results to back them up. That is why the therapies in Table 2 are so popular. Let’s take a look at a couple of them individually.

AQUATHERAPY

Low back pain is one of the most common chronic conditions. In a study with a random sample of 50 patients with low-back pain who received spa therapy and 52 who received standard ambulatory care, the findings for the 2 groups were significantly different. Compared with the patients who did not have spa therapy, patients who had the therapy had a significant improvement in spine mobility and in functional scores and a reduction in the daily duration of pain. Assessment of the long-term effects 9 months after therapy showed continued reduction in pain and drug consumption and improvement in spine mobility among the patients who had spa therapy. Another study consisted of 25 randomly selected patients in a hospital setting who had pain from fibromyalgia. Twelve patients had hydrogalvanic baths, and 13 had Jacobson relaxation training. Different dimensions of pain were measured at the beginning and the end of therapy. Patients receiving bath therapy had a significantly greater decrease in pain intensity from breakfast to lunch than did patients who received the Jacobson relaxation therapy. Numerous other studies are detailed in the book Healing Waters.