



# Mind Body Spirit - The Whole News

RNO-CTNIG Newsletter

Volume 25, Issue 3 Winter 2025/2026



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***Happy Holidays!***

*Wishing All Our Members a Beautiful, Bright and Healthy Season Ahead.*

*Take time to breathe, rest, and savour the small joys!*

## A Few Words from the President



**Jessica Burford**  
**CTNIG**  
**President**

### Embracing a Nature-Focused Year: Nurturing Ourselves and Others Through Nature

As we make our way through a winter season that can feel full of professional responsibilities, holiday rhythms, and the steady work of caring for others. The new year also offers a natural pause to reflect and reset, both personally and as a community. As we continue our focus on nature, we invite you to learn and share how you integrate nature into your wellness practice.

The value of nature for our health is supported by a growing body of nursing research showing how natural environments support emotional balance, clinical presence, and meaningful engagement for both providers and the people we serve. Djernis et al. (2023) conducted a qualitative study in which six stressed university students participated in a five-day mindfulness retreat in nature. Through interviews and interpretative phenomenological analysis, four main themes emerged: supportive conditions, mindfulness attitudes, connection, and physical/psychological balance. Participants reported feeling safer, calmer, more connected, and better regulated across physical, psychological, social, and spiritual dimensions, highlighting the value of structured nature-based mindfulness for stress relief. The Space to Breathe (2020) study by the Centre for Sustainable Healthcare examined staff well-being and green space at three NHS hospital sites in the UK. Interviews with 34 staff and surveys from 981 showed that 83–89% wanted increased access to hospital green spaces, describing them as relaxing and re-energizing. Regular use led to higher well-being and better work performance, while activities such as walking and taking breaks outdoors improved mood and clarity. Staff also noted green spaces benefited patients, offering calmer emotions and supportive environments for sensitive conversations.

These findings align closely with what many of us experience in our own work. Nature has always been central to my own wellness practice and leadership approach. I keep plants in my workspace as small sources of beauty and calm. I set aside a bit of time outside each day, even in winter, to reset before returning to caregiving and leadership responsibilities. I also connect through nature photography, using it as a mindful practice of quiet attention and noticing. These small rituals help me stay steady and aligned with my values as a nurse.

As the holidays approach and a new year begins, I am deeply grateful for the CTNIG community. Your creativity, dedication, and advocacy make a real difference in the lives of people across settings throughout the province. As we lean into our nature-focused year ahead, we welcome your involvement. We invite you to share ideas, stories, and photos of how you bring nature into your practice, join working groups, and let us know what supports would be most meaningful to you. Together we can continue building a community that honours well-being, creativity, and the healing influence of the natural world for both practitioners and the people we serve.



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Wishing you and yours a happy and healthy holiday season, and a bright new year filled with warmth, well-being, and gentle moments in nature that help you feel restored and supported.

Best,

Jessica Burford

CTNIG Chair

PhD(c) RN, R/TRO, BScHK(Hon), MN-LPNP, GNC(C), CCNE, CHE, CNLC(C)

#### References

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## **CTNIG AGM 2026**

**Date: Saturday, January 24th, 2026 at 1000h to 1130h  
via Zoom**

**Dear CTNIG Community,**

**We are thrilled to invite you to our Annual General Meeting happening on Saturday, January 24th. This year, we are excited to highlight our focus on nature and its benefits. We are excited to welcome our guest speaker, Sarah Howes, RN, PhD, who will share her research on the benefits of nature for nurses.**

**Please register in advance for this meeting:  
[CTNIG AGM registration- click here](#)**

Registration Link: <https://westernuniversity.zoom.us/meeting/register/rSSOoL7zRiqZoWxiI-uthA>

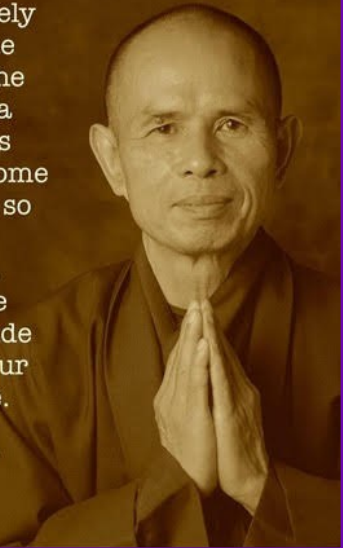
## Inspiration Corner

“When we give ourselves the chance to let go of all our tension, the body’s natural capacity to heal itself can begin to work.”

Thich Nhat Hanh

“The situation of the world is like this. People completely identify with one side, one ideology. To understand the suffering and the fear of a [human being who thinks differently], we have to become one with him or her. To do so is dangerous—we will be suspected by both sides. But if we don’t do it, if we align ourselves with one side or the other, we will lose our chance to work for peace. Reconciliation is to understand both sides.”

- Thich Nhat Hanh -



**Inspired by the poem by Rumi “This being human is a guesthouse.”**

Words by Tahlia Hunter

Anything that is not love  
Is only a visitor to your body.

You are not anxious,  
Stress is simply flowing through you.

You are not permanently depressed,  
Sadness is simply visiting you.

You are not lost,  
Confusion is simply wandering within you.

You are not broken,  
Pain is simply passing through you.

## Holiday Traditions

A few of our executive share some of their holiday traditions

**Farnaz Michalski, RN MN CTHP**

**Research Officer, CTNIG, RNAO**

Greetings,

Welcome to winter, the season many associate with hibernation and inward reflection. But for many, this is a very active season with many sports and physical activities and many festive occasions. In addition to the traditional celebrations of Christmas across Canada, many celebrate various events from cultures and religions around the world where we came from as immigrants/settlers.

I come from Iran where a solar calendar is followed, which starts with Spring on March 21 and celebrates the beginning of each season, summer, fall and winter, for its zodiac and astrological qualities. This tradition dates back to the teachings of Prophet Zoroaster from the second millennium BC founded on spiritual values of the natural environment and universe. The Winter Solstice is called Yalda Night, as the longest night of the year when evil forces are at their peak. People were supposed to stay awake and enjoy the company of their community to ward off the possible misfortune that may befall upon them, eat the fruit that remained from the warmer seasons, and celebrate a joyous first day of winter that followed, as the success of light over dark and each following day gets longer.

In the modern day, we continue to use this as an opportunity to gather and enjoy a festive evening, entertaining family and friends with red coloured fruit such as pomegranate and watermelon and Persimmon symbolizing the crimson hues of dawn and the glow of life. We read anecdotes and ancient stories and divine poems from the 7th century Iranian Sufi poet Hafiz to interpret as reflections on the wisdom of our worldly experiences.

I have a blended family and fortunately, it works best for us to gather on Yalda so that our children can spend Christmas with their other parents and partners' families. We truly enjoy this hybrid celebration as we enjoy uniting family with a deep ancient spiritual connection to the universe as we spiral the cosmos on our beloved mother Earth. I hope for the dawn of a new day this winter solstice for all of us, with growing wisdom, compassion and healing. Join our interest group to explore different ways of complementary healing.

As a gift, I share with you a Hafiz Divination link which I hope you will enjoy.

<https://www.hafizonlove.com/fal.htm>

Happy Yalda



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**Leonor De Biasio, RN BScN MEd CCHNC-C  
Education Officer  
Holistic Nurse Coach & Consultant | Reiki Master & Teacher | Axiotonal Realignment  
Practitioner**

From Nutcrackers to Tree Lights: Finding Joy, Presence, and Light in the Winter Season

Each year, as soon as the last pumpkin candle flickers out on Halloween night, a quiet excitement begins to stir in my heart. For me, this marks the beginning of a sacred tradition — the unveiling of my 35 nutcrackers and the transformation of my home into a space of warmth, nostalgia, and light.



To some, it may seem early to bring out the Christmas decorations, but for me, it's less about rushing the season and more about inviting in the spirit of joy — a vibration that uplifts and comforts through the darker days of November. Each nutcracker holds a story: some are gifts, others found during meaningful travels, and a few collected in moments when I needed a reminder that life, like the holidays, can still hold magic even in difficult times.

As I carefully arrange each one, from the regal soldier to the talented pizza chef, I feel as though I'm setting intentions — each nutcracker a guardian of light, protection, and presence. There's something deeply meditative about this ritual. It reminds me that spirituality often lives in our smallest traditions — the things that reconnect us to childlike wonder, gratitude, and the simple joy of being.

Another tradition that has become deeply meaningful for my family is attending the annual tree lighting ceremony at the Distillery District in Toronto.



Every year, no matter how busy life becomes, we bundle up, breathe in the crisp cool air, and make our way toward the glowing heart of the cobblestone village. The moment the lights ignite — tens of thousands of tiny sparks illuminating the night — I feel the same warmth rise in my chest that I feel when my nutcrackers take their place at home.

One year, my son and I were even featured on the evening news, sharing our holiday traditions and what brings us back to the tree lighting each season. It was such a simple moment, but one that reminded me how powerful shared joy can be — how community, family, and ritual weave together to anchor us in something bigger than ourselves.

In nursing and healing, we often witness how the smallest gestures — a warm smile, a gentle word, a few moments of attentive presence — can bring light to someone's day. My nutcrackers, in their steadfast stillness, mirror that same quiet guardianship. They stand tall through the season, reminding me to stay grounded, strong, and open-hearted amid the busyness of life and caregiving.

Spiritually, Christmas has always symbolized illumination — light entering the world, hope rekindled, love renewed. As my home fills with the soft glow of twinkling lights and familiar carols, I feel an energetic shift



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— a sacred reminder that joy itself is healing. The act of decorating becomes a form of self-care, a soul ritual that reconnects me to gratitude and peace.

Each year, when I step back to take in the final display, I pause for a quiet moment of reflection and whisper a prayer of thanks — for family, for health, for the ability to care, and for the light that continues to guide my path as both a holistic nurse coach and energy healer.



So while my 35 nutcrackers may appear to be simple holiday decorations, to me, they are symbols of resilience, joy, and spiritual presence. They remind me — and perhaps all of us — that we can bring light into the world simply by tending to what brings us joy.

May this season inspire you to find your own version of the “nutcracker and tree lighting ritual” — a practice that grounds you, nourishes your spirit, and invites in the light.



**Margarita Weaver (She/Her) RN BScN MPH CCHNC**  
**RNAO-CTNIG policy and Political Action Chair**  
**Certified Holistic Nurse & Coach**

New Year day was a Netherland's tradition (that we kept going in Canada) of giving well wishes to family and friends. You would send out New Year's cards not



Christmas cards and making from scratch, "Oliebollen", a deep-fried dough pastry, similar to a doughnut containing raisins and dusted with powdered sugar.

Yummy!

A newer tradition that my immediate family has done a few times during the Christmas holidays is going for a canoe on Lake Huron.



## Self-Care Tips

### Example Of How Breathing Can Help Immediately To Calm Anxiety

When I think about how doing breathing exercises has helped me in my life, there is one situation that really stands out. It was when my son was old enough to go on the bigger roller coasters at Canada's Wonderland. I have always liked roller coasters, so I really did not hesitate when he wanted to go on The Leviathan. I agreed to go on it with him. He wanted to go on the front, and it wasn't until we were seated and strapped in, that I realized there was very little structure in front of us. We ascended very slowly, and I started getting a little worried. When we got halfway up, I saw that it was a much taller roller coaster than I had ever been on before. I started to panic. I had nowhere to go, but in that split second of fear and anticipation I tapped into the memory of times when I had coached other people in some of the most difficult times in their life. I had often gone with patients to procedures where I held their hand and coached them in their breathing through tests and procedures they were undergoing. I thought maybe I can coach myself in this moment too. I focused on my breath, breathed in through my nose for four seconds, held my breath, then breathed out through pursed lips. I repeated this over the next few seconds and so on. I was still ascending this first part of the roller coaster which I later found out was 306 feet tall. I started to calm down almost immediately. I was surprised that when I reached the top and levelled off, I was able to keep my eyes open. I was not scared at all and as we descended at a 90-degree angle. I was so happy that I could enjoy the experience and that I could keep my eyes open the rest of the ride reaching speeds up to 92 miles per hour. I loved it! Riding on rollercoasters is still one of my favourite things I like to do even as I'm getting older.



By Elaine Pipher RN

*Elaine Pipher is a Registered Nurse who trained in the UK and started her career caring for patients with intestinal failure, training them to live at home independently with intravenous nutrition. In 1989 she moved to Toronto, Canada where she continued her nursing career in step-down, emergency, critical care and clinical facilitation. Elaine trained in therapeutic touch and offered this to patients to supplement her practice. Elaine volunteered with the Roots of Empathy Program as an instructor for five years, where she facilitated an evidence-based program to help decrease bullying and increase pro-social behaviour in elementary school children. Elaine is now semi-retired and is continuing to explore complementary therapies and coaching.*

### Instant Reset Breath

When you are upset, frustrated or getting behind in your work use the instant reset breath

- Count to 5
- Exhale first then inhale
- Focus on the exhale first for 3 to 4 breaths

You will be back in the present moment, feel refreshed with a clear mind.

~ Carole Ann Drick

## Self-Care Tips

### Healing Head Holding (AKA Frontal/Occipital Holding) Calming and Balancing Technique

From Association for Comprehensive Energy Psychology (ACEP)

Resources for Resilience (Adapted from Terrence Bennett's Touch for Health Neuro/Vascular Points)

#### Use when:

- ✓ Feeling anxious, upset or unsettled
- ✓ Feeling dissociated or disconnected

#### Common experiences:

- ✓ Feeling more calm & balanced
- ✓ Feeling connected and integrated

**Purpose:** This is a powerful technique for defusing negative emotions, emotional processing experience, and balancing the hemispheres. You can do this for yourself, or with a partner.



#### The Steps:

1. Select something to focus on: a memory, bodily sensations OR an emotional distress. Rate the issue or memory from 0 - 10
2. Place one hand across the forehead with the little finger across the eyebrows and the thumb up by the hairline. Lightly place the other hand at the base of the skull, back of the head.
3. Gently focus on your issue, distress, or internal experience taking gentle, deep breaths.
4. Breathe deeply through your nose, gently. Notice as the warmth of your hands helps connect and calm your brain.
5. Gently hold this position for several minutes until you notice a sense of calm inside yourself.
6. You may notice a pulse or heartbeat in both hands or the issue or distress shifts and releases.

You can hold a friend's head for 2-5 minutes until they have a sense of relief as well.

Note: As you hold your forehead and base of the skull with your hands while breathing, you may notice your body calming down, shifting, processing, and re-integrating.

Follow along with the video: <https://youtu.be/OgPqxBJqrTc>

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## Meditation

### Easing the Mind Meditation—Adapted from *Mindfulness Exercises* ([mindfulnessexercises.com](http://mindfulnessexercises.com))

This is one of many meditations that may help with calming of an overactive mind. Try it out. You can use it for your personal well-being or offer it to others in a group setting.

*Suggestion:* By making your own recording for personal use, you may follow it more easily until you get comfortable doing it without guidance.

The more you practice on a regular basis, the more you will encourage relaxation of the mind.

This guided meditation is a simple practice of aligning supportive affirmations with the breath to cultivate ease and relaxation in mind.

**TIP:** This meditation script leaves plenty of room for silence. Where 'long pause' is indicated, you might decide to hold silence for three minutes or thirty, all depending on the group you are working with or for your personal preference.

For longer pauses, you might intersperse silence with reminders of the affirmations to use.

Read slowly and spaciously. Note the recommended pauses, adjusting as feels natural to you.

Although you cannot always control the mind, you can encourage it to be more at ease. Learning to do this will help you respond rather than react to your thoughts and emotions.

This practice gives you the opportunity to train the mind to slow down when it becomes overactive, and helps you practice ease and relaxation instead of perpetuating those difficult mental states.

Begin by sitting comfortably upright, supported by the chair, hands in your lap, feet firmly on the floor or lying down with arms by your side on a mat or bed.... If you are experiencing anxiety or stress in this moment, lying down may feel more comfortable and encourage relaxation (15 seconds).

- ⇒ Gently close your eyes or look downward (3 seconds).
- ⇒ Bring awareness to your breathing without changing it (20 seconds).
- ⇒ As you breathe out, notice how your shoulders drop (10 seconds)
- ⇒ Notice how your body softens... sinking into whatever is supporting your body (30 seconds).

*Now take a few deep breaths...Inhale slowly, filling the lungs fully...Hold the breath for just a second or two...*

- ⇒ Exhale slowly, emptying the lungs completely (45 seconds).
- ⇒ Recognizing that you cannot control every thought that arises, connect with your intention to relax and calm the mind (30 seconds).

If thoughts are present, just notice them without attachment, as if they were clouds just floating by.

And, offer yourself two simple phrases of kindness toward the mind...

- ⇒ May my mind be at ease (5 seconds).
- ⇒ May I be at ease with my mind (5 seconds).
- ⇒ As you return to your regular breathing, synchronize these phrases with your exhale, offering one phrase every time you breathe out (4 seconds).
- ⇒ May my mind be at ease (5 seconds).
- ⇒ May I be at ease with my mind (30 seconds).



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- ⇒ Hear each word and try to connect with your own intention to care for the mind (45 seconds).

When the thinking mind starts up, come back to the breath and the phrases...

- ⇒ May my mind be at ease (5 seconds).
- ⇒ May I be at ease with my mind (30 seconds).

Even if you can say only one phrase before the mind wanders, you are still moving toward relaxation by continuing to practice (long pause).

As you complete this exercise, allow the eyes to open, wiggle your fingers and toes and slowly return to the activity of daily life.

Watch the mind during your day, noticing when it becomes uncomfortable or agitated.



# Recipe

## Pinwheel Recipe

Author: Sonja Overhiser  
Prep Time: 20 minutes  
Total Time: 20 minutes  
Yield: 40 pinwheels  
Diet: Vegetarian

### Ingredients

6 cups (5 ounces) fresh baby spinach leaves or 1/2 cup defrosted frozen spinach  
4 burrito size 10-inch\* flour tortillas  
8 ounces cream cheese or soft goat cheese  
1/3 cup finely chopped sun dried tomatoes in oil or jarred roasted red peppers  
1/2 teaspoon dried basil  
1/2 teaspoon dried oregano  
1/4 teaspoon garlic powder  
1/4 teaspoon kosher salt  
3/4 cup shredded mozzarella cheese



### Directions

1. Cook the spinach: Place the spinach leaves in a skillet with 1/4 cup water. Heat over medium heat for a few minutes until the spinach completely wilts down, about 2 to 3 minutes, stirring occasionally. Remove the spinach to a bowl. Add cold water to instantly cool it, then squeeze out as much water as possible. Finely chop the spinach. (If using frozen spinach, defrost it, squeeze out the liquid and finely chop it.)
2. Chop the filling ingredients: Chop the sundried tomatoes or bell peppers.
3. Make the filling: To a medium bowl, add the spinach, sundried tomatoes, cream cheese or goat cheese, basil, oregano, garlic powder, and salt. Mix it until it comes together into a smooth filling (we found it's easiest to use clean hands to help break up clumps). Taste and add a pinch of salt if desired.
4. Roll the pinwheels: Place a tortilla on a cutting board, and spread it with 1/3 cup of the filling. Sprinkle with 3 tablespoons of the shredded mozzarella cheese. Roll up the tortilla very tightly, making sure to keep the roll very tight at the beginning (to avoid a hole in the middle!).

Repeat for all tortillas. Refrigerate in a sealed container for at least 2 hours to allow the filling to set. Slice off the ends of the rolls and discard, then slice into 3/4-inch slices to make pinwheels. They last up to 3 days refrigerated, but they taste best day of because the tortillas become softer over time.

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***There are lots of ingredients to customize if you want to get creative!***

Here are lots of ideas on how to make new flavors of pinwheels following this basic recipe:

**Mexican-style:** Replace the Italian ingredients with salsa, cheddar cheese, black olives, and green onions for a southwestern twist.

**Classic:** Use cheddar cheese, add ranch seasoning to taste, use chopped red pepper, green onion and black olives as filling

**Pizza pinwheels:** Spread pizza sauce over the cream cheese and add your favorite pizza toppings like pepperoni, bell peppers, and Italian cheeses.

**Spinach artichoke pinwheels:** Substitute goat cheese for cream cheese and add roasted red peppers for an elegant appetizer worthy of sophisticated gathering.

**Notes:**

1. Buy at least 10-inch tortillas

Size matters with pinwheels! Here's what to know:

Buy tortillas marked burrito size or at least 10-inch tortillas. Don't buy the large tortillas that work for quesadillas or tacos: they're too small and they make a roll-up that doesn't have enough spirals.

If you can't find them, Hold out for large tortillas if you're serving these for entertaining. Of course if you don't mind the look for less spirals, you can use any size you like.

2. Roll the tortillas very tightly

Many roll up recipes don't provide any specifics on how to roll the pinwheels. But if you don't roll it right, you'll get haphazard looking tortilla roll ups. Here's what to do:

Spread on a thin layer of filling. I've found that  $\frac{1}{3}$  cup is a good baseline, then sprinkle any chunks of meat, cheese or veggies on top.

Roll the tortillas as tightly as possible, especially at the beginning. If you're not scrupulous about a tight roll at the beginning, you'll have a hole in the roll.

3. Refrigerate at least 2 hours.

The refrigeration time is important because it gives the filling time to set and makes just the right texture on the pinwheel. The 2-hour refrigeration helps the filling set and allows the tortillas soak up a bit of the moisture from the cheese filling. This causes them to puff out.



## An Introduction to Bowen Therapy

Submitted by: Denise Onslow, BA, CBP, Senior Bowen Instructor  
Canadian Bowen School [www.canadianbowenschool.com](http://www.canadianbowenschool.com)

### WHAT IS BOWEN THERAPY?

Bowen Therapy is a unique physical therapy that utilizes minimalist manual stimuli to affect change via the fascia and nervous system. The resulting response helps to address the root cause of musculoskeletal and neurological pain and many other ailments. As the Autonomic Nervous System (ANS) switches from sympathetic (fight-or-flight) to parasympathetic (rest & relaxation) it can disable the stress response and help to enable further healing of the internal body.

### BACKGROUND

Bowen therapy was created over 70 years ago in Geelong Australia by a man named Thomas Ambrose Bowen. In 1975 the Victorian government confirmed that Tom Bowen was providing over 13,000 treatments a year with great success. Before he passed in 1982, Tom had invited other health practitioners to observe him in his practice. What these practitioners learned from Mr. Bowen and incorporated into their practices is what we know as bowen therapy around the world today.

### PROCESS:



Bowen therapy is generally administered on a treatment table or seated with the client fully clothed. Gentle stimuli will be applied with the therapist's fingers at very specific locations on the body, followed by a few minutes pause between sets of stimuli. These pauses allow the nervous system time to respond and auto-correct imbalances in the body. Treatments last between 15-50 minutes and are quite relaxing for clients. Bowen therapy is safe for all ages and stages of health. Since bowen therapy does not create undue stress on the therapists body, bowen therapists are able to practise well into retirement if they so choose. Multiple clients may be treated simultaneously in separate treatment allowing for timely treatment and an optimal work/life balance.

### BENEFITS

Bowen therapy can help to address a wide range of health issues such as:

Back pain	Sciatica	Migraines	Knee & Foot pain	Frozen Shoulder
Respiratory Issues	Lymphatic Congestion	Carpal Tunnel	Jaw/TMJ Issues	Pregnancy Issues
Colic	Bunions	Sports Injuries	Sinus Congestion	Bedwetting/ Incontinence

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## RESEARCH

There is an ever-growing body of research to support bower therapy as an evidence based therapy:

### BACK PAIN RESEARCH:

A 1998 research study by Amy Norman at the University of North Carolina indicated the following results after clients received bower therapy treatments:

- 85% effectiveness with back pain
- 80% effectiveness for stress and tension
- 80% effectiveness with Fibromyalgia
- 95% effectiveness with TMJ
- 80% effectiveness with hip pain
- 75.6% for "other" conditions

### SHOULDER PAIN

A 2001 study by B. Carter, PHD from the Metropolitan University of Manchester on using bower therapy for the treatment of frozen shoulder concluded that all 20 participants with frozen shoulder experienced improvement in shoulder mobility and associated function. 70% of participants regained full mobility after treatment. Median 'worst pain' pre-therapy score reduced from 7 to a median 'worst pain' score of 1 post-therapy. All participants experienced improvement in their daily activities.

### FIBROMYALGIA RESEARCH

A 2024 controlled trial with 132 participants with fibromyalgia syndrome compared the effects of bower therapy, a standard exercise program, craniosacral therapy, and static touch therapy over 12 weeks of treatment. Researchers found that bower therapy was effective at improving the quality of sleep and pressure pain threshold (how much manual pressure someone needs before they feel pain). Participants still reported these improvements 24 weeks post-treatment.

### NECK PAIN RESEARCH:

A 2023 clinical trial of 90 patients with myofascial neck pain explored the effects of eight sessions of

Bower therapy over 12 weeks versus conventional treatment for the condition. Researchers did one follow-up 24 weeks after the first session to assess the therapy's longer-term effects. The study indicated that those who received bower therapy reported significant improvements compared to the control group in areas like neck range of motion, anxiety levels, depression symptoms, perception of how much neck pain interferes with daily life, and pressure pain threshold. Participants still reported these benefits after 24 weeks.

### MIGRAINE HEADACHE RESEARCH

The Bower Therapy Migraine Research Program studied the efficacy of treating 39 migraine patients with three treatments of bower therapy. 79.5 % of all participants experienced a positive result. At the end of the program, 36 of the 39 said they would recommend bower as a treatment to a friend or colleague.

### TMJ RESEARCH

In Durango, CO, Doctor of Dental Surgery John Bauman, DDS completed a research project on the application of bower therapy on TMJ abnormality. Assessment of masseter tension by biofeedback, measurement of bite and subjective symptoms were compared before and after treatment. Immediately after the first treatment, one third of patients felt dramatic relief in some of their symptoms. 20 out of the 22 patients showed significant improvement on their post biofeedback assessment.

### TENSION HEADACHE RESEARCH

In a randomized controlled trial, 44 young adults with a tension-type headache were selected from the Neurology Department of DHQ hospital Sargodha and Niazi Medical Complex, Sargodha, The participants were randomly assigned to one of two groups: bower therapy or sham treatment. Bower therapy was administered for two weeks. Results: A significant decrease in the severity of pain and improvement in pain pressure threshold was noticed in the bower therapy group after two weeks. However, no changes in pain intensity were found in

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the sham therapy group. Furthermore, the headache frequency was also reduced in bower therapy compared to the sham therapy group after the study period.

### ASTHMA RESEARCH

National Asthma Research Program: Of the 24 participants who completed the 12 month program:

- 83% reported a reduction in the frequency of their asthma attacks
- 75% reported a reduction in the severity of their attacks
- 75% were now using less medication than before starting the bower research project
- 58% reported they were responding better to their medication
- 71% volunteers reported their sensitivity to triggers had reduced

### HOW CAN NURSES UTILIZE BOWEN THERAPY?

Nurses can utilize bower therapy after long work shifts to help themselves with ailments such as headaches, back pain, plantar fasciitis, etc. In addition, nurses may help their families with a myriad of health issues such as colds, sinus/ear congestion, asthma, sports injuries, etc. Incorporating bower therapy into nursing practice may help patients with rehabilitation, pain management, circulation, and much more. Whether working in a retirement or nursing home, hospital, doctor's office, physiotherapy clinic or hospice, bower therapy is an indispensable tool for nurses to help their clients.

For more information on how bower therapy works: <https://youtu.be/i1xIvo-CIjo>



Bio: Denise Onslow is a retired Bowen therapist who utilized Bowen therapy as the sole therapy in her pain clinic for over 13 years. Today, Denise continues to teach Bowen therapy to healthcare professionals and other adults, sharing her extensive clinical knowledge. For more information on learning Bowen therapy visit: Canadian Bowen School

[www.canadianbowenschool.com](http://www.canadianbowenschool.com)

## Research

### Bright Light Therapy for Nonseasonal Depressive Disorders

A Systematic Review and Meta-Analysis

Artur Menegaz de Almeida; Francisco Cezar Aquino de Moraes; Maria Eduarda Cavalcanti Souza; Jorge Henrique Cavalcanti Orestes Cardoso; Fernanda Tamashiro; Celso Miranda; Lilia nne Fernandes; Michele Kreuz; & Francinny Alves Kelly.

JAMA Psychiatry

Published Online: October 2, 2024

2025;82;(1):38-46. doi:10.1001/

jamapsychiatry.2024.2871

Key Points

**Question** Is bright light therapy (BLT) an effective adjunctive treatment for nonseasonal depressive disorders?

**Findings** In this systematic review and meta-analysis of 11 unique trials with data from 858 patients, statistically significant better remission and response rates were found in the BLT group. Subgroup analysis based on follow-up times also showed better remission and response rates with BLT.

**Meaning** These findings suggest that BLT was an effective adjunctive treatment for nonseasonal depressive disorders, and the response time to the initial treatment may be improved with the addition of BLT.

**Importance** Seasonal humor disorders are prone to have a link with daylight exposure. However, the effect of external light on nonseasonal disorders remains unclear. Evidence is lacking for the validity of bright light therapy (BLT) as an adjunctive treatment for these patients.

Abstract

**Objective** To assess BLT effectiveness as an adjunctive treatment for nonseasonal depressive disorders.

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**Data Sources** In March 2024, a comprehensive search was performed of publications in the MEDLINE, Embase, and Cochrane databases for randomized clinical trials (RCTs) evaluating BLT effects in patients with nonseasonal depression.

**Study Selection** RCTs published since 2000 were eligible. Comparisons between BLT and dim red light or antidepressant monotherapy alone were considered for inclusion

**Data Extraction and Synthesis** Using the systematic review approach on RCTs published from January 1, 2000, through March 25, 2024, differences between patients treated with and without BLT were estimated using the Mantel-Haenszel method; heterogeneity was assessed using I<sup>2</sup> statistics.

**Main Outcomes and Measures** Remission of symptoms, response to treatment rates, and depression scales were assessed

**Results** In this systematic review and meta-analysis of 11 unique trials with data from 858 patients (649 female [75.6%]), statistically significant better remission and response rates were found in the BLT group (remission: 40.7% vs 23.5%; odds ratio [OR], 2.42; 95% CI, 1.50-3.91; P < .001; I<sup>2</sup> = 21%; response: 60.4% vs 38.6%; OR, 2.34; 95% CI, 1.46-3.75; P < .001; I<sup>2</sup> = 41%). With BLT, subgroup analysis based on follow-up times also showed better remission (<4 weeks: 27.4% vs 9.2%; OR, 3.59; 95% CI, 1.45-8.88; P = .005; I<sup>2</sup> = 0% and >4 weeks: 46.6% vs 29.1%; OR, 2.18; 95% CI, 1.19-4.00; P = .01; I<sup>2</sup> = 47%) and response (<4 weeks: 55.6% vs 27.4%; OR, 3.65; 95% CI, 1.81-7.33; P < .001; I<sup>2</sup> = 35% and >4 weeks: 63.0% vs 44.9%; OR, 1.79; 95% CI, 1.01-3.17; P = .04; I<sup>2</sup> = 32%) rates.

**Conclusions and Relevance** Results of this systematic review and meta-analysis reveal that BLT was an effective adjunctive treatment for nonseasonal depressive disorders. Additionally, results suggest that BLT may improve the response time to the initial treatment.

To view full article go to:

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2824482>

## Self-Administered Hypnosis vs Sham Hypnosis for Hot Flashes

A Randomized Clinical Trial

Gary Elkins, PhD; Noel Arring, DNP, PhD, RN; Grant Morgan, PhD

Tierney Lorenz, PhD; Vanessa Muniz, MA; Carrie La fferty, PhD; Katherine Scheffrahn, BS; Cameron Allredge, PhD Debra Barton, RN, PhD

Introduction

Hot flashes can cause sweating, discomfort, anxiety, fatigue, and sleep interference, leading to adverse health outcomes and decreased quality of life. Up to 80% of women in the general population report hot flashes from the menopause transition and beyond, persisting on average for 4 to 7 years. Although hormone therapy is effective in treating hot flashes, its use is contraindicated for individuals initiating hormone therapy more than 10 years from menopause onset or older than 60 years, and with a history of breast cancer, uterine cancer, thromboembolic, or cardiovascular diseases. Therefore, options for nonhormonal treatments of hot flashes are important.

Key Points

**Question** Does a self-administered clinical hypnosis intervention effectively reduce hot flashes compared with a sham hypnosis?

**Findings** In this randomized clinical trial of 250 postmenopausal women, the hypnosis group experienced a significantly greater reduction in hot flash scores (frequency × severity) compared with the control group at week 6 (53.4% vs 40.9%). The intervention group reported a significantly greater reduction in daily interference from hot flashes (49.3% vs 37.4%) from baseline to week 6 and greater perceived benefits (90.3% vs 64.3%) compared with the sham hypnosis group.

**Meaning** This study suggests that self-administered clinical hypnosis is an effective treatment option for reducing hot flash frequency and severity by over 50%.

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### Visual Abstract.

**Importance** Many women experience significant adverse effects from menopausal hot flashes. Clinical hypnosis has been shown to be an effective and safe nonhormonal treatment for hot flashes, but there is a need to increase the accessibility of this intervention.

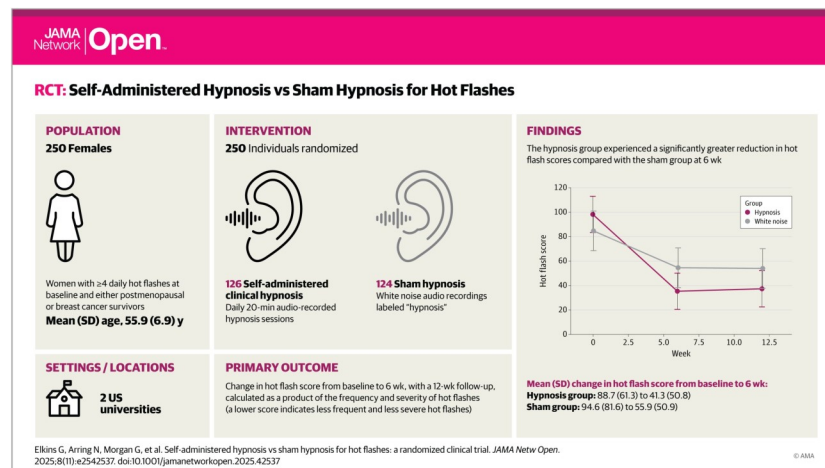
**Objectives** To evaluate the efficacy of a self-administered hypnosis intervention for hot flashes compared with a self-administered sham white noise hypnosis control, evaluate the efficacy of the intervention compared with sham hypnosis for hot flash activity interference and perception of benefit, and examine the interaction between practice adherence and treatment effect.

**Design, Setting, and Participants** This multicenter, 2-arm, single-blind, randomized clinical trial was conducted from March 4, 2019, to February 16, 2024. Participants were 250 postmenopausal women self-reporting a minimum of 4 daily or 28 weekly hot flashes at baseline who were recruited at Baylor University in Waco, Texas, and the University of Michigan in Ann Arbor.

**Intervention** Participants were randomized into either a 6-week self-administered hypnosis condition or a self-administered sham white noise condition. The hypnotic inductions consisted of cooling imagery and suggestions for relaxation, while the white noise condition was designed to be an active control accounting for all components present in the intervention arm, including placebo and cognitive expectancy effects, without the therapeutic components present in the active arm.

**Main Outcomes and Measures** The primary outcome was the change in hot flash score from baseline to 6 weeks, with a 12-week follow-up. The hot flash score (lower scores indicate less frequent and less severe hot flashes) was calculated as a product of the frequency and severity of hot flashes as reported in their daily hot flash diary. Secondary outcomes included hot flash activity interference, measured using the Hot Flash Related Daily Interference Scale (HFRDIS; score range, 0-100; lower scores indicate less interference from hot

flashes on participants' daily activities, enjoyment, or quality of life), and perception of benefit, measured using the Subject Global Impression of Change. Analysis was conducted on an intent-to-



treat basis.

**Results** Participants were 250 women (mean [SD] age, 55.9 [6.9] years) experiencing hot flashes, 62 (24.8%) of whom had a history of breast cancer. Overall improvement in mean (SD) hot flash scores at 6 weeks was greater for participants in the hypnosis group (baseline score, 88.7 [61.3] vs 6-week score, 41.3 [50.8]; 53.4% decrease) than those in the white noise group (baseline score, 94.6 [81.6] vs 6-week score, 55.9 [50.9]; 40.9% decrease;  $P = .04$ ). The intervention group reported a significantly greater reduction in daily interference from baseline to week 6 (baseline mean [SD] HFRDIS score, 49.3 [22.6] vs 6-week score, 25.0 [22.4]; 49.3% decrease) compared with the control group (baseline mean [SD] HFRDIS score, 47.3 [22.4] vs 6-week score, 29.6 [22.0]; 37.4% decrease) as well as greater perceived benefits (90.3% [93 of 103] vs 64.3% [63 of 98]).

**Conclusions and Relevance** In this randomized clinical trial, the clinical hypnosis group experienced

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significantly greater reductions of hot flash scores and daily interference from hot flashes compared with the active control condition at week 6. This study suggests that hypnosis delivered through self-administered audio files is a clinically significant and effective method to reduce hot flashes in postmenopausal women.

To view full article go to: <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2841242>

### Home Laundering of Uniforms May Spread Hospital Infections

Medscape- May 01, 2025

Healthcare workers who wash their uniforms at home may unwittingly contribute to hospital-acquired infections (HAIs) and antimicrobial resistance, UK researchers warned.

An observational study by the Infectious Disease Research Group at De Montfort University, Leicester, found that domestic laundering may not sufficiently remove harmful microbes from healthcare clothing.

Infection prevention measures often focus on hand hygiene and surface disinfection. However, the researchers explained that textiles can also serve as reservoirs for pathogens.



HAIs affect 10%-15% of hospitalised patients. Outbreaks have been linked to contaminated privacy curtains, surgical scrubs, medical equipment, mop heads, beds, and hospital linens.

Studies have demonstrated that *Pseudomonas aeruginosa*, *Escherichia coli*, *Enterococcus faecium*, and *Staphylococcus aureus* can survive over 20 days on cotton. *E. faecium* and *S. aureus* remained viable for 7 days on polyester.

In the UK, hospital uniforms and linens are typically processed through in-house or industrial laundering systems designed to minimise microbial contamination. However, a recent study found that 86% of nurses in the UK washed their uniforms at home, where these infection control standards do not apply.

NHS recommendations for domestic laundering include:

- Wash uniforms separately from other garments.
- Do not overload the washing machine.
- Wash at the highest possible temperature — 60°C for 10 minutes will kill almost all bacteria, and 30°C with detergent will kill methicillin-resistant *S. aureus* (MRSA) and most other bacteria.
- Clean the washing machine regularly.

“Domestic laundering of healthcare uniforms may be insufficient for decontamination, posing risks for HAI transmission and antimicrobial resistance,” the researchers concluded.

They said that owing to concerns about inadequate disinfection standards and the risks posed by biofilms in domestic washing machines, there was an “urgent need for stricter guidelines” and improved validation of washing parameters.

Alternatives such as on-site or industrial laundering should be considered to protect patient safety and reduce HAIs, they said.

To view full article go to:

[https://www.medscape.com/viewarticle/home-laundering-uniforms-may-spread-hospital-infections-2025a1000amkecd=VVNL\\_mdpls\\_250502\\_mscpedit\\_wir\\_etid7396408&uac=454438PT&spon=17&impID=7396408](https://www.medscape.com/viewarticle/home-laundering-uniforms-may-spread-hospital-infections-2025a1000amkecd=VVNL_mdpls_250502_mscpedit_wir_etid7396408&uac=454438PT&spon=17&impID=7396408)

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#### The Best Medicine

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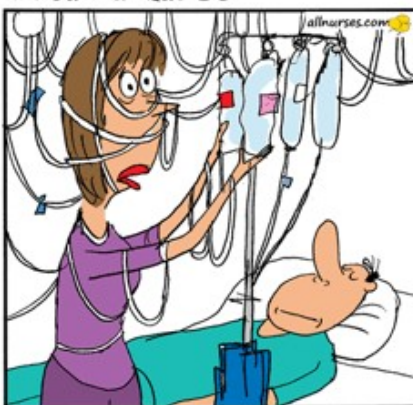


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