

## IFAN – International Forum for Anthroposophic Nursing Newsletter December 2021



Dear colleagues,

staying connected is one of the special challenges of this time! In this sense, the IFAN Newsletter also wants to play its part in raising awareness of the worldwide anthroposophical nursing movement. Through the reports from the other countries and institutions, we know about each other and can take part in joys and sorrows, in the success and the challenges of our everyday work. We learn what is going on in our clinics, nursing homes, outpatient care services, educational institutions, national nursing associations, personal projects and initiatives. We can think of each other, exchange ideas and information, do some networking and much more. Thank you for helping to build a global consciousness through your reports!

Gernot Adolphi

## Reports and contributions from the countries



### Brazil

Anthroposophical Nursing in Brazil - announcements and initiatives IFAN newsletter

Individual initiatives (Mateus, Brazil)

- 1) Starting research project 'AnatoAcupuncture' with the Department of Morphology of the Federal University of Pelotas, Brazil
- 2) Initiating extension initiative in multidisciplinary care in Anthroposophical Nursing with the 'AnatoAcupuncture' project at the Federal University of Pelotas, Brazil
- 3) Studies on essential oils and anthroposophical considerations (Link: [http://labanatoin.ufpel.edu.br/oleos\\_essenciais/oleos\\_conceitos1\\_mateus\\_21mar2021.html](http://labanatoin.ufpel.edu.br/oleos_essenciais/oleos_conceitos1_mateus_21mar2021.html)) with the AnatoPICS project at Labanatoin ([wp.ufpel.edu.br/labnatoin/](http://wp.ufpel.edu.br/labnatoin/))
- 4) Contacting anthroposophical nurses in Brazil to organize the Association

Look what it's worth considering. Looking to collaborate and tune in with us.

Best regards

Mateus, Brazil



**Chile** by Sandra Poblete Pizarro

Secretary of the Association of Anthroposophical Nursing of Chile.

### Newsletter report from Chile

We would like to share with you the activities of anthroposophical nursing that have been carried out in Chile and those that will still be carried out in the remainder of this year. We have incorporated technology in communication to fulfill our delivery since we have had and have a time of many restrictions to move and to hold face-to-face meetings.

-Presentation of Anthroposophical Nursing to the Ministry of Health of Chile in May 2021 by the president of the Association of Anthroposophical Nursing of Chile (In a meeting of complementary and integrative nursing)

-Introductory workshop on Anthroposophical Nursing for nurses who want to know the work of anthroposophical nursing and its foundations. This activity was organized and carried out by nursing teachers from three universities in Santiago. It was a presentation open to nursing professionals in the months of August and October 2021.

-In the context of Anthroposophical Nursing Training, this is the last year of basic training and the activities of meetings and delivery of contents have been reorganized in order to complete the requirements of the training also in terms of the hours necessary for students to receive their certification.

This is how they have been realized:

- Webinar meeting with Rolf Heine on May 6 and 7, 2021:

Topics, - "How to Become an Anthroposophical Nurse: The Role of Anthroposophical Nursing." May 6, 2021

How to become an anthroposophic nurse: the role of anthroposophic nursing.

- "Towards nursing diagnoses from the anthroposophical perspective: The first impression"

(Towards the nursing diagnoses from the anthroposophic perspective: The first impression)

- Webinar meeting with Rolf Heine from November 29 to December 4, 2021 of 3 chronological hours each

**Day1:** November 29, 2021

Title: "12 gestures of care". (Open Conference U of Chile) "

**Day2:** November 30, 2021

Title: "Palliative care and care of the human being at the end of life". (Open Conference U of Chile) "

**Day3:** December 01, 2021

Title: "Image of diseases: Neurasthenia and hysteria; diagnosis and care" (Closed conference for the Association of Nurses and Nurses in Training)

**Day 4:** December 02, 2021

Title: "Image of diseases: trauma, cancer and pain; diagnosis and care." (Closed conference for the Association of Nurses and Nurses in Training)

**Day5:** December 03, 2021

Title: "Nursing Care: Care of the Patient with Pain". (Closed conference for the Association of Nurses and Nurses in Training)

**Day 6:** December 04, 2021

Title: "Pentagram and inner path". (Closed conference for the Association of Nurses and Nurses in Training)

In relation to the questions asked:

Currently we do not have a place for our activities, we must rent or get free places for meetings. Due to the lockdowns, we have found a new way to meet through online platforms, the important thing is to be united and continue with our meetings.

We feel that the most important thing is to maintain unity and support for nursing professionals who want to know about anthroposophical nursing.

In this time of global changes it is needed with more force to develop our skills to stay intact and aware, this allows us to innovate, flexibilize and be more loving to be closer to people, whether they are patients, family, friends, co-workers, etc. and to be able to deliver support in all areas.

We say goodbye with great affection

Sandra Poblete Pizarro

Secretary of the Association of Anthroposophical Nursing of Chile.



**Japan by Saeri Kubo, Representative of JAAN**  
Report from Japanese Association of Anthroposophical Nursing (JAAN)

14<sup>th</sup> of November 2021

In Japan, with the dramatic decrease in the number of Covid-19 infections, the state of emergency has been lifted and the cities are slowly coming back to life. JAAN has been converted into a general incorporated association in February this year.

All anthroposophical events and seminars are now online, and this is becoming more and more common among us. The third module of the Anthroposophical Nursing foundation Course in Japan, which was postponed last year, was rescheduled and held in May this year, without the practical part of the course. We have heard from students that the recording of the course gave them the advantage of being able to reconfirm what they had missed and the content of the course.

Japan Anthroposophical Medical Associations held a two-day commemorative online event at the end of October to make the centenary of Anthroposophical medicine in 2020 and medicals in 2021. The theme was "The force of illuminate life", with the intention of letting Japanese public know, what anthroposophical medicine is.

On the first day, doctors, nurses, pharmacists, music therapists, paint therapists and eurythmy therapists, all of whom are involved in Anthroposophic medicine, spoke about what Anthroposophic medicine is, then an online workshop of "Work that begins with a leaf" from a painting therapist, and followed by a lecture on Anthroposophical pharmacology.

On the second day, an Anthroposophical doctor, a nurse, a pharmacist, and therapists presented specific examples of how Anthroposophic medicine is being used to treat cancer, cognitive disorders and developmental disorders. Finally, under the theme of "What can Anthroposophic medicine offer?", a doctor talked about "Contemporary issues and Anthroposophic medicine", and followed by a nurse talked about "Touch", and then a pharmacist talked about "Observation", a music therapist talked about "Listening", a paint therapist talked about "Seeing", and an eurythmy therapist talked about "Moving". It was beautifully related each presenter's theme.

At various points there were opportunities to experience eurythmy movement and to watch a video of Anthroposophical medicine in action. The two-day event was recorded and distributed to those who were unable to attend on those days. At the end of that event, we feel that the whole anthroposophical medical community in Japan was deeply connected through this initiative to introduce anthroposophical medicine, which was a great success.

For a nurse's point of view, we hope that we were able to convey a kind of the true nature of Anthroposophical nursing, not only as practitioners of techniques such as Rhythmical Einreibung.



**Japan by** Saeko Uno,

Stellvertretende Vertreterin, Japanische Gesellschaft für Anthroposophische Pflege (JAAN)

### **Encounter with Anthroposophical Nursing in the Great East Japan Earthquake**

What led me to anthroposophy and to anthroposophic nursing goes back ten years ago now. Ten years ago, as you may know, Japan experienced a major earthquake and Tsunami and the Fukushima nuclear power plant accident. At the time, my family and I were living in Fukushima City, about 60 kilometers northwest of the Fukushima Nuclear Power Plant, and we chose to evacuate to escape the effects of the nuclear accident. In the midst of three reactor meltdowns and vast radioactive contamination, which we had never experienced before, so much happened to us.

We were exposed to the danger of external and internal radiation exposure due to the fallout of huge amount of radioactive materials, but the government advertised this invisible danger to the public as being safe, and the rampant concealment and manipulation of information created a great divide and distrust in our society. While selfless service, mutual help, and deep concern helped people, there was also lies, manipulation, bullying, conflicts, cover-ups, greed, silence, and indifference.

We were in the middle of a whirlwind of emotions — Anxiety, fear, anger, regret, guilt, frustration, isolation, hostility, prejudice, grief, loss, despair — and we are still searching our way to survive, a way to a hope. In the affected areas, there has not been enough research, but at least we can see high suicide rates, depression, sudden deaths, and high rates of thyroid cancer in children. This year, I lost four dear friends in their 60's and 70's, two to thyroid cancer, one to ovarian cancer, and one to brain hemorrhage.

As one of the first groups of evacuees, I was working for the right of evacuation for the residents of the contaminated areas and for various public policies to avoid the damage of radiation exposure while living there. I was very busy and very awake and hyperactive at the time, sleeping only about two hours each night. And like other victims, I was also in so much pain in my heart that no one could touch me without causing pain. I felt like I was an alien from other planet who was eager to connect to other people, but at the same time rejected to them.

It was in this chaos that I first encountered anthroposophic nursing. It was in the fall of 2011. A nurse had come to my daughter's kindergarten as a volunteer for disaster relief and offered RE to the evacuees.

As soon as the treatment started, I instantly fell into a deep sleep and woke up in a deep sense of relief. It was such a wonderful surprise to me. It reminded me that no matter how much I was hurting, there was something healthy, strength, and meaning to life at the core of myself.

I am very grateful that I had the opportunity to receive treatments there. And I would like to express my sincere gratitude for your warm support to Japan.

In 2018, when my family had settled down, I decided to study Anthroposophic Nursing. As I mentioned earlier, the health of the affected population was not good, and it looked like more and more people would continue to have major health problems due to the long-lasting effects of the nuclear accident. I would like to know the power of human life. What can we do to survive the unprecedented radioactive contamination

and social division? I wanted to do something to help people's health. I have only been to Fukushima a few times as an RE practitioner, and I hope to continue to do so.

As I learned more, I began to see the great vision that each human being is surrounded and supported by the power of all the minerals, plants, animals, and other beings on this earth, and that they are all subject to the power of the universe, and that human beings also exist within the universe, with a mission. It is felt that there is a trust in something beyond this life of each individual. And I feel that this is a very important source of healing and energy for those of us who are facing overwhelming issues that are beyond the time of one human life.

That's why I'm here. I am still a newcomer to this field, but I hope to learn and expand my practice of anthroposophy and anthroposophic nursing and to contribute to our community.

Saeko Uno



**Netherlands** by Ingrid Spee

We wish the anthroposophic nurses in the world courage, spirit and love while working in these difficult times.

Knowing that there is a worldwide connection with all of you gives us strength and power to get through this.

In Holland we are still moving on with projects as actualisation of the expert profile of the nurse anthroposophic care.

Also we have welcomed new members of our association and in September a new group of nurses started with the introduction course.

So there is enough light for the Advent.

Warm wishes from Holland

Ingrid Spee



**New Zealand** by Deborah Bednarek

Kia Ora from Aotearoa New Zealand

Just a short catch up today from us down under!

We had a lovely online gathering last Saturday 27 November for our annual ANANZ conference. We began the day with eurythmy and finished with a painting session carried via Zoom by an art therapist colleague.

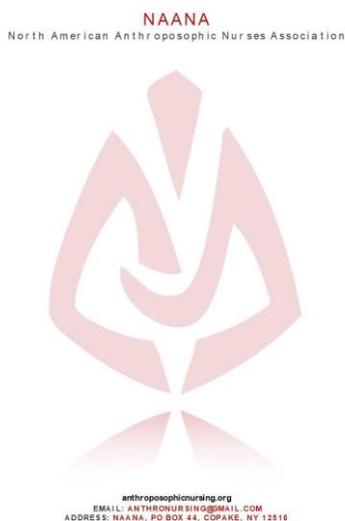
The in-between sessions included our Annual General Meeting; a sharing of our experiences around the country with the impact of COVID and in particular the recent impact of vaccination mandates; a sharing of reflections on Michaela Glöckler's recent lecture during the conference Building a Temple of the Heart and a conversation and commitment to continue our discourse on the Charter for Nursing for the 21st Century. It was a wonderful day together to share and find time and space together even virtually.

The rescheduled final seminar in the Foundation Course in Anthroposophic Nursing begun in 2019 is due to start on 9th December. We look forward to progressing finally onsite at Taruna College which was delayed due to our August lockdown.

Warmest greetings to you all around the world  
Deborah Bednarek



**USA** by Elizabeth Sustick, President NAANA



Dear Friends around the world,

Here in North America, our energies and hopes are directed for re-opening our Anthroposophic Nursing training courses.

The curriculum will conform with the revision of the handbook where the RE foundation level is blended with the AN foundation training.

We have continued to engage in online learning opportunities with our members during the past year, nourishing our professional life while restrictions prevented in person learning.

With Peace and goodwill to all,  
Elizabeth Sustick

The Spirituality in Nursing Conference 2021



The address from Arthur Zajonc to those gathered for the Spirituality in Nursing Conference  
Arthur Zajonc 2021

It is a special privilege to say a few words at the conclusion of your conference. The question remains, what can I say as a scientist that might contribute to your work as anthroposophical nurses? Some help is forthcoming if we look at Rudolf Steiner's choice of topics when he was asked to lecture on medicine and education during a visit to Arnheim in 1924.

Before lecturing on his main theme, "What can the art of healing gain from a spiritual scientific approach?" Steiner speaks emphatically concerning the scientific character of anthroposophy and the transformation of thinking, feeling, and willing made possible by spiritual exercises.

Let us first consider thinking.

As human beings we all possess the soul faculty of thinking, yet how seldom do we consciously strengthen that capacity by means of intentional exercises. The gateway to Plato's Academy was said to have inscribed above it: "Let no one ignorant of geometry enter here." Plato was not particularly interested in the details of mathematical knowledge. Rather he wanted his students to have the self-discipline and acuity that comes with the mastery of mathematics. Moreover, geometry undertakes to work with ideal elements like infinite, perfectly straight lines, triangles, and rigorous proofs. In so doing one becomes familiar with the supersensible present in sense-free thinking.

Another crucial feature of thinking is attention. Thinking can be strengthened and focused by concentration exercises that work with sense objects or with pure thoughts. Mathematical exercises, for example, work with thinking as an interior process. Alternatively one can take an external sense object as the object of sustained attention. The poet Mary Oliver is a prime example of someone who is able to join her powers of attention and her command of language to nature -- be it to grasshopper, fox or owl. The attention she gives to a simple grasshopper is repaid 100-fold as evidenced in her poem "The Summer Day".

Who made the world?

Who made the swan, and the black bear?

Who made the grasshopper?

This grasshopper, I mean—

the one who has flung herself out of the grass,

the one who is eating sugar out of my hand,

who is moving her jaws back and forth instead of up and down—

who is gazing around with her enormous and complicated eyes.

Now she lifts her pale forearms and thoroughly washes her face.

Now she snaps her wings open, and floats away.

I don't know exactly what a prayer is.

I do know how to pay attention, how to fall down

into the grass, how to kneel down in the grass,

how to be idle and blessed, how to stroll through the fields,

which is what I have been doing all day.

Tell me, what else should I have done?

Doesn't everything die at last, and too soon?

Tell me, what is it you plan to do

with your one wild and precious life?

To attend and to strengthen our ability to attend is the real work that is given us. As she writes in her poem, *Yes! No!* "To pay attention/ this is our endless and proper work." In her essay "Upstream" Mary Oliver links attention to devotion: "Attention is the beginning of devotion." One could say that Mary Oliver - like so many poets - transforms the faculty of attention to a lucid and cognitive way of seeing. By attending extremely closely and with awe and reverence, the poet becomes where and what they see. Emerson called this Imagination. In this way the world grants the poet access to the sacred in nature.

The remarkable philosopher-mystic Simone Weil writes beautifully of another aspect of attention. She was well aware of this other pole to attention where one is not only alert but also open to the new and unexpected. In her essay in *Waiting for God* p.57ff. she describes it this way:

"Attention consists of suspending our thought, leaving it detached, empty and ready to be penetrated by the object... Above all our thought should be empty, waiting, not seeking anything, but ready to receive in its naked truth the object that is to penetrate it." p.62

Elsewhere she calls this waiting without seeking, "the void" that can receive grace.

"Grace fills empty spaces, but it can only enter where there is a void to receive it."

Rudolf Steiner spoke in Arnheim of a similar state of emptied consciousness as an important stage along the path of anthroposophical meditative life.

"To be awake with empty consciousness is the second cognitive state anthroposophy strives to achieve." [*The Healing Process*, p.108]

As we empty consciousness of colors, sounds, thoughts, and feelings, we begin to sense the spiritual world that goes unnoticed but is always present around us. We can learn to work with this silence, posing questions that may receive an answer at unexpected times.

The final third stage of cognition we discover when we learn to purify and intensify our capacity to love.

"You can then go still further by learning to develop a cognitive power that is not usually seen as such in everyday life. You must develop love into a cognitive power by entering selflessly into the world's objects and events."

Exercises that cultivate such selfless participation follow on naturally from those that work with sustained attention and open awareness

Patient care calls continually for attention to the details that each patient displays and that treatment demands. Yet after attending to the details of patient care, one can pause for a moment, empty one's consciousness, and wait. It need not be long, but that contemplative pause may well prove to be a moment that is pregnant with possibility.



## Switzerland

### **APIS - Association of Anthroposophical Nursing in Switzerland**

Our activities are currently reduced to a minimum, mainly because of the time resources of the members of the board, but also because of the pandemic. Even so, we met for a couple of meetings online. In November we invited to a physical network meeting for nurses, at which current topics that were moving us were discussed and we took to the lecture of Rudolf Steiner of the invisible man for spiritual inspiration. Unfortunately, very few people were able to come. Even so, the meeting was fruitful and it was good to meet at least these few people in person.

What occupies our minds in the association at the moment is the pension of two board members, Monika Layer (president) and Ursa Neuhaus. We are looking for successor possibilities.

We are also involved through Monika Layer in the development and implementation of a course on integrative care at a Swiss university of applied sciences. It is great that we can introduce anthroposophical care there (among other integrative treatments like Homeopathy, TCM) and thus set a foot in the "conventional" teaching sector.

For the association,

Rebekka Lang

### **Klinik Arlesheim**

The clinic celebrated its 100th anniversary this year! A whole year of activities such as lectures, concerts, festivals, etc. was planned. Much had to be canceled or changed. Nevertheless, the atmosphere in the clinic on June 8th (the clinic's birthday) was solemn. The evening before, there was an event for employees at which the past, present and future of the clinic were illuminated with personal examples from employees. On the day itself there were croissants and coffee for everyone at break time and a payed for lunch as well as an official event with a few invited guests from the health sector, politics and the region. Two young musicians accompanied the program wonderfully - the special thing: they were both born in the clinic around 25 years ago!

At the moment, hospital admissions for people with Covid are increasing again and our internal medicine ward has almost completely switched to caring for Covid patients only. This is a big challenge for the nursing staff (and the doctors and the cleaning staff), as we mainly have patients who are over 80 years old and who already have some previous illnesses. We do not have an intensive care unit or ventilators, so there are patients who either do not need or do not want ventilation. The team works tirelessly and is challenged at many ends. The whole clinics steps up, for example, the medication is prepared by nurses from the psychiatry and psychosomatic department so that there is relief for the Covid-Team on this end. The clinic is in close contact with the cantonal health authorities for the care of Covid patients. This gives us even more networking and we can show that we want to and can participate in the general supply of health care for the population of our region.

The new building of the remedy laboratory could also be started. This is the first step to enable the new clinic to be built. Every day you can see the progress of the construction team and we look forward to this new building.

On December 8th there was a small Christmas event outside on the clinic premises, where it was possible to be together a little and a light could be lit for the winter times.

For the nurses of the clinic,  
Rebekka Lang

### **Rhythmical Einreibungen Switzerland**

We wanted to hold our annual spring meeting at the RE meeting in Germany in March, but it could not take place due to the pandemic. I couldn't organize a replacement meeting for spring in Switzerland, so the plan was that, as always, we would meet in Beatenberg for two to three days in August to deepen our RE knowledge together in a beautiful mountain setting. Unfortunately, there were only very few registrations and for personal reasons I was not able to participate in short notice. So it was one RES and two people who prepared for the RE Practitioner degree, who practiced together.

I hope that we will be able to work a little more intensively again next year and that we will be able to connect the RE all over Switzerland.

Rebekka Lang

**There are no contributions and reports from the following countries this time:**



**Austria**  
**China**  
**France**  
**Germany**  
**Iceland**  
**Malaysia**



**Sweden**  
**Spain**  
**Taiwan**  
**Thailand**  
**United Kingdom**

## Reports from the IFAN working groups

### Professional Development Task Group

In coordination with the Steering committee monthly meetings continue with agenda focused on planning an international online gathering for mid-winter 2022, and the further exploration of handbook revisions.



## Rhythmical Einreibung

November 22, 2021

Dear Anthroposophic Nurses,

The annual IFAN Rhythmical Einreibungen Meeting was held on Monday September 13<sup>th</sup> at the Goetheanum. It was a gathering of approximately 30 intrepid travelers who were able to navigate and traverse the challenges the pandemic placed before them – gathering for the importance of gathering – gathering for all of us. Sadly, I was not one of those intrepid travelers. Instead, I participated via Zoom from my home in Pennsylvania between the yawning hours of 3 – 6 am. Many, many thanks to Rolf Heine and Elizabeth Sustick for holding the meeting my physical absence. The highlights of the meeting were two interactive presentations by Klaus Adams and Martina Menne, about their work supporting individuals with depression and other psychological issues with Anthroposophic Nursing – particularly RE. Thankfully, Martina and Klaus have written a report of their presentation for all of us to read.

\* \* \*

In January of 2017 I became the IFAN RE International Coordinator – a little less than 5 years ago – rather a short time for carrying this responsibility: for becoming familiar with the width of Rhythmical Einreibungen, the ways it is taught, carried and practiced around the globe – the women and men working overtime to help it to grow. It is with sadness I recognize I am not able to continue to give the RE Coordinator responsibilities the attention they need; and with hope that an Anthroposophic Nurse will take this on whose commitment is gifted with time.

Two areas of RE I hope to support beyond my role as RE Coordinator: 1) Meeting an AN who works regularly giving RE during pregnancy and who is willing to teach internationally about this. If you are such a person – please be in touch. 2) A second generation of cross-fertilization of RE among nurses practicing the different methods of RE as described in the Handbooks written and/or edited by Monika Layer, Monica Fingado and Eva Maria Batschko.

In the coming years I will continue to work as an AN and RMT at The Camphill School, providing RE and RMT for children with developmental disabilities and for adults, for teach in various settings, and to support NAANA and the Rhythmical Massage Therapy Association of NA (RMTA of NA). Currently, plans are in process to start an integrated AN Foundation Course, Home Care Course and Rhythmical Massage Therapy Training in the spring of 2022. It is a little complicated to cross professions in training – I hope works!

I give thanks to the following nurses, most of who, in addition to teaching in Dornach, I have worked with in-person and/or on-line in other venues to support the work of growing RE internationally: Hermann Glasser for his teaching RE for Newborns and RE for Individuals with Cancer. Sophia Weinberger, Anette Besswenger and Eva Maria Batschko for their teaching RE for Newborns. Martina Menne and Klaus Adams for their teaching about Psychiatric Nursing.

I would also like to thank my early mentor Edelgard Grosse-Brauckmann and Monika Layer, for their help in giving historical perspective and finding my orientation to the role of RE International Coordinator. To Rebekka Lang and Manuela Garve for their friendship and support in workshops. Thank you to Ursula Signer for bringing singing into the RE Meetings – I hope this community building initiative continues! And thank you Doris Buttschardt, who in retirement, brings the care and warmth of AN, into hosting with kindness and grace.

In closing I express my deepest gratitude for Steering Committee colleagues Rolf, Elizabeth and Sonja van Hees. It has been a warm working relationship wholly dedicated to the growth of AN. At this time there is not a successor to the role of RE International Coordinator, rather it will be carried by the Steering Committee: Rolf, Elizabeth, Sonja and new members Deborah Bednarek and Christoph von Dach.

With Warmth & Thankfulness For Anthroposophic Nurses!

Janice Balaskas, RN, ANS, RES, RMT

## RE in psychiatry, using the example of depression

(IFAN, Sept. 2021)

### 1. What is the impression that is shown to us in the depressed person? What hardships does he face in life?

In the very appearance we see the reduced erection. The gait is sluggish, heavy. The movement is rather laborious, needs overcoming.

Body temperature tends to be cold. Often an inner coldness is experienced.

The perception becomes dull, colorless, the life processes falter.

Darkness not only captures the spiritual life with social retreat, the experience of having no strength and joy. Concentration dwindles and thinking is determined by excruciating rumination. Sleep disorders intensify the downward spiral. His bed is the refuge, the windows darkened, doors closed, even locked. There are no needs, wishes or goals. He sees no meaning in life, nor does he have any hope of improvement. He sees no light on the horizon.

Fear shapes his life. Suicidality seems to be the only way out.

### 2. What is required of us nurses? Which soul powers are necessary?

We have to accompany the sick person in such a way that the physical care is guaranteed, that he is integrated into a not overwhelming daily structure and rhythms, that he is stimulated to movement and warmth, that we arouse interest in nature and art and that we shape conscious encounters in the social. Here is a brief look at the book by Boris Krause: Das Ich und sein Spiegel (Verlag am Goetheanum 2021), Seelische Erkrankungen aus anthroposophischer Sicht:

In the comparison with the patient, the nurse/therapist/doctor needs

- in thinking: **the unbiased question**
- in feeling: **love**
- in the will: **devotion**

### 3. The application of RE: what kind of quality, which substance?

(as a joint collection of experiences of those present)

Where to do the RE?

- In the case of somatization, do not treat the painful place, but feet, legs as a draining measure, "grounding"; downwards or upwards depending on the symptoms
- Abdomen (also as pentagram RE)
- 5-star RE or as a pentagram with the individual limbs
- The back to support the erection
- Whole body RE differentiated depending on the situation (do not overwhelm)
- Organs: liver, spleen, kidney, heart according to the anthroposophical human aspects

What kind of quality of touch?

e. g. up or down – various methods have been mentioned

What kind of substance?

Lavender, Solum uliginosum, Rose, Hypericum, Rosemary

Klaus Adams, Martina Menne

## Greetings from Japan on the annual IFAN Rhythmical Einreibungen Meeting

31<sup>st</sup> August 2021

Dear Rolf and Janice,

Season's greetings from Japan, where the days are hot and humid.  
I am sorry for late reply.

In the midst of the global corona scourge, I think it is very significant that you are holding this face-to-face meeting. However, as I think we have already told you that Association Japan will not be able to participate in this meeting, the number of new infections in Japan has exceeded 25,000 per day and is increasing daily due to the Tokyo Olympics and Paralympics and the influx of highly infectious Delta strains. A widespread state of emergency has now been declared with a deadline of 12 September. However, given the current situation, it is likely that this will be extended. Therefore, there will be a major hurdle to travel abroad, and our group will not be able to travel there to participate.

With the establishment of the AN Foundation Course, RE Foundation Course and AN/RE Specialist Course, our country started the International Nursing Seminar in 2009, based on the content of the AN Foundation Course and adapted to Japanese situation. In 2013, five ANS were born. The second AN Foundation Course has been held as a QAN accredited course.

We do not offer RE Foundation Course in our country, but we do offer a unique RE certification in Japan as a level of full-body RE, with fewer hours of RE in the AN Foundation course. We have discussed this with you before, and it is our understanding that we are not able to call ourselves practitioners when we complete the RE study in the AN Foundation Course in Japan, as our course does not meet the requirements for the RE foundation course. Those who have completed the Nursing Seminar in our country are well qualified in the theory of anthroposophic nursing. However, they are particularly lacking in the practical aspects of judging situations and analyzing nursing diagnoses. We felt that the basic level of RE practitioners in Japan should be at a level where they can call themselves practitioners who have completed the RE Foundation Course.

Now, we would like to submit some questions and comments regarding the contents of the new AN Foundation Course in our country.

1) This time, the AN Foundation Course and the RE Foundation Course are being integrated. The question arises as to how we, as a country, should deal with the difference between those who have completed the existing AN Foundation Course and those who will have completed the newly integrated AN Foundation Course.

We understand that nurses who have completed the new AN Foundation Course are allowed to call themselves Anthroposophic Nurses and will be recognized as practitioner level in terms of RE. So, the nurses who have completed the current AN foundation course are recognized as having studied on the AN foundation course? They should not call Anthroposophic Nurses.

What is the difference between them? What kind of nursing practice will be possible as a result of the new course? What are the things that we cannot determine independently? There will be a lot of opinions. Many nurses have rarely encounter anthroposophic nursing in practice, and we feel that it is difficult to explain

these questions to them. However, in our country, only a limited number of nurses who have completed the Nursing Seminar (former AN Foundation Course) are practicing anthroposophic nursing all the time. Despite current our situation, I must say that most of our graduate nurses are willing to learn more.

2) We believe that the graduates of the current AN Foundation Course in our country have learned and understood enough in terms of theory. However, we are recognized that they have not learned enough about RE techniques to be aware of the quality criteria. In addition, we have not had much experience in the external application of Anthroposophical treatments, including RE.

If a nurse who has already completed the existing AN foundation course in Japan, wishes to obtain the title of anthroposophic nurse, she can do so by taking the missing hours of RE practical lecture and adding the missing hours of applied in nursing practice, mentored practice and project works. We understand that there is no pathway for the portfolio route in the foundation course, but as an exception will we be accredited to complete the new AN foundation course?

3) In Japan, there are few clinics and hospitals that practice anthroposophic medicine, and few nurses who practice it. Graduates of the course feel that they lack the ability to apply the knowledge they have learnt in practice. How can they learn about cases (and gain practical experience) under these circumstances seems to be a challenge, but what possibilities and suggestions do you have?

4) One of the differences between the current AN Foundation Course and the new AN Foundation Course is that there are 120 hours of applied practice in anthroposophic nursing. As there are almost no anthroposophical hospitals and facilities, it is almost impossible to implement anthroposophical nursing in general hospitals and facilities, and it is not possible for outsiders to enter and teach in such practice. Is it possible for us that RES's taking on the role of mentor and implementing it to the extent that it is feasible to do so?

5) Because of the difficulty of accumulating practical experience in our country, before the Covid-19 pandemic, we organized an annual brush-up course for those who had learnt RE, encouraging them to attend it every two years to reconfirm the level of skills they had learnt. This barely maintains the level of skills they have learned. However, we believe that it is our task to create an environment in which anthroposophical nursing can be practiced. How is this addressed in other countries?

6) What are the expectations of the 30 hours of project work?

At the end, there are many challenges in organising the new AN Foundation Course, but we are positive about it. Up until now, our focus has been on learning of Anthroposophical nursing, but from now on, we are trying to work towards making anthroposophic nursing practicable in a variety of ways. In order to do this, we feel that we need to create an environment, both human and physical, in which we can practice. To do this, we need your help. We look forward to joining the meeting at Dornach again.

With kind regards from Japan,

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RE National Representative.