



ANTHROPOSOPHICAL NURSING

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Anthroposophical nursing evolved out of a striving to maintain the human caring and loving warmth of nursing practice whilst having cognisance of academic rigour and scientific nursing research. It is an extension of traditional nursing requiring inner personal development to accompany a modern scientific approach. Anthroposophical nursing first developed in the Ita Wegman Clinic in Arlesheim, Switzerland (1928-2005). The foundations for the philosophical theories are given in *Fundamentals of Therapy* (R Steiner & Wegman 1925/1967). Complex relationships exist between how we think, feel and act and holistic models in Anthroposophy give insight into all aspects of the human individuality. By broadening the understanding of the human being, as given in Anthroposophy, different aspects previously unknown through the physical senses are revealed. Nursing is enabled to develop and include the spiritual, biographical, soul and physical aspects for both the nurse and the person being cared for. By acknowledging the person in this extended way, the nurse's approach can respond to the individuality of everyone they meet.

When nurses speak of holism in health care they include social, emotional and spiritual concerns as well as physical and psychological needs. Through following a course of academic study, inner development and education in external applications the Anthroposophical Nurse imbues the intention of offering truly holistic nursing care (Fingado 2001; 2002; Heine & Bay 1995/2001).



EDUCATION

Anthroposophical Nurses are registered nurses who are recognised at the Anthroposophical Institutions around the world. Today there are at least 26 hospitals in Europe specialising in Anthroposophical Medicine and Nursing - 16 in Germany, five in Switzerland, two in the Netherlands, one in Sweden and one in the United Kingdom. In Europe, generally, Anthroposophical Nurses work in the Anthroposophical Institutions while in Australia and New Zealand they work in hospitals, medical practices or are independent nurses in private practice. Ritchie (2001) has prepared a comprehensive study on Anthroposophical healthcare in the primary care setting of the United Kingdom (Medical Section of the General Anthroposophical Society 2000; Ritchie 2001).

There are four nurse-training hospitals in Germany, two in Switzerland and a part-time three-year graduate diploma course in New Zealand. European Anthroposophical Nurses have access to a range of texts supporting their practice, for example Fingado (2001; 2002) & Heine & Bay (1995/2001). These texts were written in German and consequently the education of Anthroposophical Nurses in New Zealand has necessitated the development of English manuals that supplement the large volume of required reading (Anthroposophical Nurses Association New Zealand 1995/2002; 1996/2003; 1997/2004; Medical Section of the General Anthroposophical Society 2000).

The nurse receives an education that leads towards a personal journey encompassing streams of academic rigour, botany, human development, the arts, research, the Anthroposophical model of the human being, inner development and clinical practice. Clinical practice includes competence with a wide range of external applications: wound management using pure organic substances and Weleda remedies, compresses, rhythmical body oiling, massage and hydrotherapy. The primary contributions offered by Anthroposophical nursing to nursing in general lie in the realms of the Anthroposophical model of the human being, the nurse's path of inner development and the practice focus on external applications which are more fully explained in 'Nursing the Human Being: an anthroposophical perspective' (Therkleson 2005). Some clinical vignettes from practice follow.

CLINICAL VIGNETTES

Following are some examples of cases supported by Anthroposophical Nursing external applications. Names used are fictitious and all treatments were given in the nurse's clinic while each person continued to live at home with family and friends. Anthroposophical / Allopathic medicines are noted where relevant; all ointments, oils and footbath essences were obtained from Weleda NZ Ltd.

Chronic Glandular Fever

Ros, a professional, well-spoken woman of 30 years, presented herself. She was of solid build with fair hair and skin, wearing glasses, aware of poor circulation with consistently cold feet. Her general mood was tired, despondent and depressed. There was a history of positive blood tests for glandular fever over the previous two years with accompanying lack of vitality and libido. For five years she had been prone to throat and sinus infections.

Ros came once a week for four weeks to the clinic. She began a three-month course of Weleda Hepatodoron and Chelidonium Comp., Weleda remedies to strengthen the liver and general digestion. At each appointment a lavender footbath was given and a yarrow compress to the liver.

On the second appointment, she said she was "feeling miles better, best in weeks today", her sinuses which had previously been a problem also felt clearer. This sense of improvement and general well being continued such that at the end of the month she had resumed regular physical activity and had a more positive outlook on life.

Hyperemesis Gravidarum

Jenny, a mother of 37 years presented at nine weeks gestation. She was a softly spoken, slender and intelligent woman, fair-haired with pale, cold, drawn skin of yellowy tone. Her mood was anxious, burdened and depressed. She was weary through the day and at night experienced restless and disturbed sleeps.

Hyperemesis necessitated hospitalisation at 5½ and 6½ weeks gestation for intravenous hydration. Jenny lost 8.5kg in the previous weeks of the pregnancy and now, whilst taking Ondansatron 4mgs BD, continued to vomit daily at least once and had constant nausea when trying to eat or drink.

Four treatments were given, two each week before lunchtime. At each appointment, Jenny received a lavender footbath, rhythmical body oiling with hypericum massage oil, heart massage with aurum ointment and an oxalis ointment cloth to the abdomen. She continued to use the oxalis cloth at home to calm her digestion, especially before consuming fluid or food.

Following the first appointment, she said "there was no further vomiting, this is amazing". Now Jenny carried an air of confidence that "this nausea will pass". By the second appointment, the Ondansatron could be reduced to 6mgs daily. She was now warmer and more relaxed, smiling and talking positively about her toddler and the pregnancy. By four months gestation she had returned to work part time. Jenny delivered a healthy male at 36 weeks gestation by caesarean section.

Angina

Peter, 51 years, is married with three sons - the eldest (14 years) is autistic while the youngest is still a toddler. He has a friendly open manner and a demanding profession in the computer business. He presented as a man of solid, stocky stature, dark greying hair and a florid complexion with a tendency to breathlessness on exertion.

He has long-standing chest discomfort related to exertion with accompanying angina, which he experienced at least once a week, and was on the public hospital waiting list for an angiogram. He was prescribed Nitrolinqual spray, Weleda Cardiodoron, Arnica Aurum and Scleron.

Four treatments were given, one each week late afternoon after work. Each appointment comprised a lemon footbath, hypericum massage to the calves and feet and an arnica compress over the heart region.

During the course of treatments, Peter experienced the usual episodes of chest tension on exertion but now no angina. He commented he appreciated the treatments, as it was an "opportunity to breathe out...since the first compress I have felt more relaxed". Whilst he said his blood pressure lowered during the month of treatments, this was not confirmed when checked each visit.

Child refusing to go to school

David, a child of six years presented. He was dark haired and eyed with olive skin and a sensitive, quiet and gentle manner. He was the eldest in a family of three boys and refused to go to school after visiting relatives overseas. He said he was afraid of the bigger boys at school hurting him and clung to his mother when she attempted to leave him. He was of slight agile build with a tendency to mild asthma and colds going to his chest. Occasionally he used a Ventolin inhaler. Normally David was comfortable with his peers and happy socially, it was just that the time away had eroded his

confidence.

Three treatments were given, one each week for three weeks. Each appointment included a lemon footbath, rhythmical body oiling with solum uliginosum oil and an aurum cloth over the heart region.

After the first treatment, he was happy to return to school and no longer clung to his mother. After three appointments, he was noticeably more confident at school and unperturbed by a new relieving teacher.

These vignettes offer a brief picture of Anthroposophical Nursing care. Whilst these examples describe short courses over a matter of weeks, often in chronic conditions, care may extend over many months. The intention of the Anthroposophical Nurse is to offer support and complement existing nursing and medical care rather than act as an 'alternative'. There are occasions when what is needed is a rhythmical body oiling or compress and no additional medical remedy, allopathic or Anthroposophical, as with the young child 'refusing to go to school'.

CONCLUSION

Nursing the human aspect in those we care for inspires the nurse to acknowledge the uniqueness of every person met, striving to preserve and care for their individuality. Such an approach requires an understanding of the essence of the human being. Rudolf Steiner founded Anthroposophy, meaning wisdom of the human being, a science of the spiritual world, offering insights into the spiritual and physical nature of humans and their relationship to the earth and cosmos. Out of this understanding developed a new way of caring for people and the world in which we live; a way of wisdom and love inspired by spiritual knowledge and inner personal development. The Anthroposophical Nurse's understanding of the human being, including the Anthroposophical perspective and the development of an inner meditative life, accompanied by education in the appropriate use of external applications has the potential to lead towards a truly healing and holistic practice.

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Biographical details of Tessa Therkleson

In 1972, I graduated as a Registered General and Obstetric Nurse from the Hutt Hospital. For the following 25 years, as a mother of five children, I juggled caring for children and extended family with part-time nursing. The nursing practice included work in hospices, rest homes, private surgical clinics and occupational health nursing in a factory. Whilst I appreciated the challenges of surgical nursing it

was when caring for the elderly and dying that a deeper question arose in my consciousness - who is this person and how best can I meet their need?

In 1998, I graduated as an Anthroposophical Nurse in New Zealand, the answer to my question was now clear. I left the private surgical clinic where I was working at the time and established an independent nursing practice, RATO Health. Anthroposophical nursing is both challenging and inspiring particularly as there is so little information in English. Translating became essential, as well as the need to visit hospitals and clinics in Europe which specialise in Anthroposophical nursing; of the 26, I visited seven.

During these past four years, I have been committed to analysing and evaluating the Anthroposophical Nurses' external applications. These interests lead to the completion of a Masters in Social Science at Edith Cowan University in Western Australia when I researched the external application of ginger using a Husserlian phenomenological methodology. The phenomenological methodology opens the door to researching external applications for it considers the nature of the whole human experience, including all physical, emotional, mental and spiritual aspects. Last year I wrote a book 'Nursing the Human Being - an Anthroposophical perspective' by way of an introduction to Anthroposophical nursing. My intention is to increase understanding as well as stimulate an interest in a fresh, insightful approach to nursing the human aspect in those we care for.

Today a research consciousness is the cornerstone of my nursing practice in Lower Hutt.

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