



NORTH AMERICAN ANTHROPOSOPHIC NURSES ASSOCIATION
NAANA

CARING THROUGH WARMTH AND RYTHYM

GROWING INTO THE NURSING GESTURES: A PORTRAIT

by Teresa Ferrari, RN, ANS, RES

The more each nurse works with the nursing gestures, the greater the effect on his/her inner attitude. This informs the actions we choose so that our patients feel the free space between the nurse and themselves and are most effective. (1) I find that reflecting on the gestures I just used with a patient, whether they arise consciously in the moment or upon reflection, deepens my understanding of the gestures and my ability to express them with agility and grace, leaving patients truly free. What follows is a week-long example of using the gestures with a specific patient and her family. I cared for her daily in her home.

The month is October, it is a warm almost summery day. This spry and lively 83-year-old woman has just returned home from a short hospital stay. 5 years prior, she had a left breast lumpectomy for breast cancer and chose not to follow up with radiation or any medication like Tamoxifen. Instead, she worked with a local herbalist, kept up a daily dawn practice with other women friends swimming in Tomales Bay, and was

actively walking and hiking. She gardened, ate organic food, drank herbal teas she grew and harvested herself and she had a well-balanced diet.

What brought her to the doctor was an increasing fatigue and shortness of breath until she could not walk back up the hill home after her daily dawn swim. She knew that her cancer was spreading as a few years ago she noticed suppurative lesions externally over her left breast. These kept growing slowly in size, but she chose to continue the work with the herbalist as treatment. The urgent care doctor admitted her to the hospital for testing and hydration. Tests revealed that her cancer spread to her abdominal organs, in particular her liver, she was in liver failure and may also have bone metastases. The oncologist hydrated her and discharged her home with a recommendation for hospice care to begin. She was eating well in the hospital, but at her dinner meal the day before my initial visit, she became uncomfortable and had stomach pains.

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We wish to welcome all new NAANA members. We have new members from Hawaii, Michigan, Oregon, New York, and Texas. We hope you connect with the topics of NAANA and are able to reach out to members.

She is now refusing solid foods. She willingly drinks teas and water; she is on no medication and her bowels are active. I have known this woman in our small West Marin county community and her daughter is a friend. I offered to help care for her and she willingly accepted without even knowing what it is that I do, she just knows and trusts me, and we have spoken about herbal remedies in the past.

Day 1: I arrive to her home in the early afternoon. This slender, petite woman is lying on her futon bed in the living room, right across from the front door. The afternoon sun is streaming in the window and some simple sheet curtains are nailed above the windows. She appears to be sleeping. She loves to bathe, and her daughter told me that she had just helped her to bathe. Her tub has a lovely, wooded view and there is a variety of birdsong in the air. She appears very well cared for by her daughter.

As I approach the bed, she awakens from a slight sleep and greets me with a bright smile. "Oh good, you're here." She right away shows me her swollen abdomen, the cancer on her breast and I note that the ascites is very pronounced, her abdomen taut. She has lymphedema in her left arm and her slender calves are swollen and appear like stove pipes with no definition. Next, she says to me, "You know, my family is coming here tomorrow from Hawaii and Alaska. They think I'm croaking, but I am not." I laughed with her, held her hand and said, "OK, so you're not croaking, but perhaps I can help you be more comfortable." I explained the Rhythmical Einreibungen (RE) that I would do and where. (2) I told her that her response would inform me how to continue and if anything were uncomfortable or unpleasant, please tell me and I would adjust. She said, "That's right, it's my body and you are treating me like I still know what I want, and I do." In this instance, my will to heal joined her will to recover. Steiner reminded the doctors in several of his lectures to join with their patients with the will to heal even to the last. (3) I think it applies to nurses as well. I let her smell the oils I



wanted to use and made sure she approved. I had already made up an Aurum Lavender Rose (ALR) heart cloth and chamomile abdominal oil cloth to place on her after I left.

Relieving: When I did the calf and foot RE with ALR oil she had an immediate response and said, "WOW, I can breathe again; you're already helping me; I can BREATHE again." After the abdominal RE and liver RE with chamomile oil, she began moving her left arm, circling her wrist, and gently waving her arm. "Look, I can move my wrist again; its already less swollen. Thank you, will you come again tomorrow?". I assured her that I would come every day that I was able.

Stimulating: Clearly the abdominal & liver RE invited the stagnant fluids back into movement and in the 7 days I worked with her, the ascites steadily decreased until there was only a slight edema of her lower abdomen. Her stove pipe appearing calves began to have definition on the 2nd day and the edema steadily decreased until only her ankles were slightly swollen.

Affirming & Supporting Uprightness: My general attitude was to relieve her of discomfort and to model for her family a way of being with her that kept affirming her as the mistress of her own body and life. I always asked permission to touch her and gave a short reminder of what I would be doing, any changes I wanted to make since the day before and why and asked for her consent on each day. I also gently pressed on the soles of her feet, toes stretching to nose, both to prevent blood clots because of the increased time

she was in bed and as a way of greeting and saying goodbye. This strongly supported her as an upright woman standing on the earth.

Day 2: I worked with the patient much like the 1st day. She was more comfortable than the day before, sleeping more and having greater difficulty ambulating to the bathroom. I began planning with her family (4 adult children) and opened a conversation about their plans. I also let them know that I was first and foremost their mother's advocate and would be her voice if needed with them.

Making Room & Protecting: I discussed with the family that my goal was to move her into the bedroom and would need a bedside table and another table across the room. Things needed to be moved in the bedroom for this to happen. The patient let me know that last night at dinner it was very noisy, and she wished they would all just go somewhere else. I spoke with the family about having their discussions outside so there was quiet and calm around their mom. I reminded them often when they forgot.

Awakening: On arrival each day I had a discussion with her family members present to evaluate the effect of the day before, was there any complaint of pain, how did she sleep and any changes they noticed. I prepared them for the process of the declining etheric forces and how their mom's condition would change. I also made certain that they called the hospice nurse, arranged their intake interview, and were assigned a nurse. They did this and received the home care supplies and medications that may be needed.

Day 4 Making Room & Affirming: We moved her into the bedroom to a quiet peaceful place with a view of the woods around her home. This relieved my working because now I could walk around the bed. She was sleeping more, talking less, and having difficulty finding words. I sensed a strong declining and a transition, so I did the Pentagon RE with ALR before I left for the day.

Cleansing & Affirming: She was no longer able to walk to the bathroom and began using the commode chair. I began offering her a bed bath washing each day

with rose bath oil. I started arriving in the morning as she started asking for me upon awakening each day. Since I was coming in the morning now, I instructed her 2 daughters how to warm and use the ointment and oil cloth and asked them to apply them in the afternoon. This affirmed their important roles in their mom's life.

Nurturing & Relieving: Many of her friends made appointments in the afternoon to stop by and play music. The patient loves to sing and in the first few days she would sing along. I often sang to her as I worked in the last 3 days. After the RE session she said, "That is what's happening, the earth, the earth, the water, oh you know what I'm talking about, you know it's the, it's the elements. That's it, the elements. They are leaving me. That's what's happening. The elements are leaving me."

Challenging: She was ambulating to the bathroom on the first days; gradually her ability to walk decreased but I always met her with doing as much as she could do. This both affirmed her authorship of her life and challenged her to do as much as possible for herself. She was not defeated when she began to use a walker, but glad she could still go to the bathroom. Then we brought in a commode chair which she used until day 6.

Awakening & Affirming: The conversation with her family about their mom's declining forces continued. We also discussed what they would want to do after her transition. I told them that I am capable of post death body care and preparing for a home vigil. It was clear to me that their mom would want to be kept at home if they could manage it. They told me they had a family discussion and would want to do the vigil. Her 2 sons helped with gathering the necessary supplies and would make a box for transport.

Day 5: Relieving: When I greeted her, I noted that her face had a new tightness and when I gently touched her feet, she made a face. I assessed this was due to pain. I already discussed with her family how to gauge her pain when she was becoming less conscious. I asked her son to call the hospice nurse for instructions

and to begin the oral morphine. He did, and I waited for it to be given and take effect before I washed her and did skin care and turning. It was clear that just hand and foot RE was appropriate now, and she now needed basic nursing care.

Balancing Out: I let her family know that my phone would be always on and to also call my home number. We discussed the transition and what would be needed. Her granddaughter is a midwife and has been working with me. She was very interested to know more about end-of-life midwifery. Her 2 daughters also wanted to be involved.

Day 6 Challenging: When I greeted her and touched the bottoms of her feet she winced in pain. I checked the morphine record and noticed that her eldest daughter had taken over the administration of it (she discovered that she had the medical directive for her mom) and was not giving it consistently. I discussed her mom's pain with her and said that I must wait to bathe and turn her until she was made comfortable with morphine. As I waited, I sat with her mom, did hand RE and sang. I waited 30 minutes and the daughter still did not bring in the morphine. I gathered my bags and told her daughter that I could not work with her mom unless she would make her comfortable and so I would leave. She protested and said, "Oh no, please don't go. You're helping my mom so much and guiding all of us. We need you." I responded, "We all have different gifts. Each day you have been present when I work with your mom and you hold the sacred space around her with me. I have been grateful for that. You are good at that. But it is not easy for you to give the morphine, it may feel that it is too final, and you are not ready. Your brother is good at it, in this way he can participate. Let him give the medication." We had quite a bit of back-and-forth conversation, some further protestations and ultimately, she let her brother and daughter take over the morphine administration.

Relieving & Nurturing: When my patient was comfortable, I gave her a bed bath and skin care and turned her. Before I left, I gave her a sounding bath and

turned her again. Another friend came to sing.

Making Room: I removed the oil & ointment cloths from the room as well as any unnecessary equipment. I tidied the tables and had her daughter redo the flowers.

Day 7 Cleansing & Affirming: As I was getting ready to leave my home to visit her, I received a call that she had crossed the threshold peacefully and with ease. When I arrived, her granddaughter had already started the post death facial care. I prepared the washing bowls and her daughter and granddaughter washed her. Her eldest daughter and I held the space and sang. Her son went to get dry ice; we already had bags and tape to make the packets. The others left the room and her granddaughter, and I handled the sensitive parts of body care and then the daughters returned to dress her and fix her hair. They had already gathered rose petals and rosemary.

Protecting, Nurturing & Relieving: I visited each day of the vigil and held the family process. I helped them create a rhythmical schedule of quiet times alone with their mother and times to welcome others. We had already talked about roles each of her mom's close friends could hold. Many friends brought food for them and they were enjoying eating all together in the evening.

It was interesting to reflect on the way I would have cared for this patient before becoming an Anthroposophic Nurse. I would have thought more about Elizabeth Kubler Ross' Stages of Grief and assessed her in the first stage of denial, yet near to dying. I may have wanted to help the patient move through the stages rather than placing my certain and strong trust in the patient's clear and individual path as she died. I truly felt myself to be a midwife helping my patient to birth herself into the spiritual world. In my work with this friend, the gestures that were activated in me were awakening and challenging to hold this process strongly with the patient. I feel that I used every ounce of my being to meet the many and varied situations that arose and although I was tired after the week and needed a couple quiet contemplative days, I felt

strengthened and with new purpose in my nursing practice. I am grateful and honored to have been given this exceptional giving and learning opportunity. It led me from October into December and enriched my celebrations of Advent and the Holy Nights so that I added a contemplation of the Nursing gestures into my Holy Nights ritual.

1. Heine, Rolf (2008). *The Twelve Nursing Gestures and the Zodiac*. Camphill Press, North Yorkshire, UK.

2. Layer, Monica (2006). *Handbook for Rhythmical Einreibungen*. Temple Lodge, Forest Row, UK.

3. Selg, Peter, *Seeing Christ in Sickness and Healing*, Floris Books, 2005, pp 51-58.

Postscript – Usually a liver RE is contraindicated for a patient with liver metastases. Anthroposophical Nursing therapies are based upon the individual needs and particular situations. In palliative care the nurse is looking at providing comfort measures and move fluid.

Graduation in times of Covid

by Erin Phillip

I arrived for my first IPMT conference in April of 2018. The beginning of Spring was a fortunate time to gather as students and plant seeds of discovery. This began my journey in Anthroposophic Nursing.

During the next two years I immersed myself in my studies. I established practices in meditation and plant observation, discovered new approaches to nursing assessments, learned multiple home care applications for common conditions, and overall created a holistic approach to my work that supported the patient's ability to heal. This was all done while working closely with a mentor who gave me guidance throughout the process.

Due to the pandemic, the conference week in which I would have graduated was cancelled. Fortunately, there were many collaborative efforts by NAANA instructors to ensure that I and another third-year student finalized our certification. A portfolio process was created and from it I worked diligently with my mentor to fulfill all requirements. I completed these in October in the presence of my mentor Anke Smeele and auditor Judith Brockway. Many thanks to all who made this path to graduation possible. It is with gratitude that I join others in being an Anthroposophic Nurse.

Warmly,
Erin Philp



Teach the Teacher- an online conference

by Elizabeth Sustick

Dear NAANA colleagues,

The 3 year Teach the Teacher program sponsored by AHA was to have started March 2021 at the Chestnut Ridge location of Threefold Community. The pandemic forecast was bleak and so we are postponing until 2022 March.

For 2021, we are offering an online "taster", a preview of the full experience we will share in when it is safe for travel and gathering again. Registration information is in process.

Considering the economic climate of the time the fee is set at \$50, as all presenters and planners are volunteering their time. If there is hardship, please contact NAANA at anthonursing.org with request for assistance.

Advent light and love,
Elizabeth Sustick
TTT AHA Planning group
Adam Blanning, Tonya Stoddard, Allissa Gaul

Teach the Teachers One-Day Online Conference

Saturday, March 6, 2021

11am EST/8am PST

Introduction/welcome

Small Group work: Introductory concept/3-fold (text study)

75 min

BREAK 15 min.

1pm EST/10am PST

Artistic work with a picture/image-3-fold
60 min

Sharing between small groups
30min

LUNCH 60 min.

3:30pm EST/12:30 PST Small

Group work cont. Threefold: create an introductory experience)

60 min

Closing Plenum

30 min.

Adjourn: 5pm EST/2pm PST Optional: Discipline-specific meetings (by association) later that day or next day

FOR MORE INFORMATION

Anthonursing.org

Contact Info



Foundation Course completion

by Valery Cooksley, RN, OCN, AN, FAAIM, CERT

I began my formal AN training by attending the NAANA/IPMT week in 2018 at Chestnut Ridge NY. It was year one of a total of three, whereby many written papers, nursing care reports, and practicums would be completed prior to graduation. I worked with an ANS mentor and it was rewarding to have consistency throughout all three years. I learned a tremendous amount of new material, experienced treatments, embraced different philosophies, observed plants with intention, and much more. I

enjoyed the fellowship and warmth of being in a group setting, sharing, and experiencing the Anthroposophic community. During the next few years, I kept a learning journal, practiced my skills, read related books, and integrated the information and new skills I attained.

The third and final year (2020) was unfortunately cancelled due to CV-19, so I participated in a portfolio process to complete the AN certification. After performing a thorough self-assessment of my knowledge and skill base, I wrote a learning

agreement to meet my personal needs and educational goals. In lieu of in-person observation and assessment of my RE, I made several videos demonstrating my skills. These were reviewed by my mentor and the nurse reviewer with follow-up feedback and suggestions. I wrote additional papers representing my growth and learning process and completed artwork. Overall, my personal immersion in the foundational program in AN was very intentional, grounded, rich and full. My involvement of the portfolio process was particularly individualized. I experienced an opening towards my advanced studies, RE practice and spiritual soul aspects while learning this incomparable form of nursing.

SAYING GOODBYE IN A PANDEMIC – Julie Griggs, AN, RN

It happened so quickly, without much warning. My Father put on his best slippers and headed for the hospital. His cough would not stop. It was the start of the pandemic. He was quickly ushered into the ICU and after 2 days placed on a ventilator. His family could not visit him. I offered to wear an N95 mask of my own and to comply with all the rules as I am a Registered Nurse. The phone and silence were our only connection. After 15 days of checking in with the nurses and speaking to my Father through the telephone in ICU he transferred to comfort care. After days of being on comfort care, Face time became available.

I saw my Father for the first time. I spoke to him in a way I never could have spoken before. I realized after seeing what the nurses looked like, the necessity to provide some orientation for him like a compass-of his journey prior to the hospital and in the hospital. I watched my Father acknowledge me as I was speaking. The connection I was able to make with him was unlike anything I have experienced before. Guiding him, loving him, and acknowledging his next steps and our forever connection. He died a few hours later.

While there has felt a level of tremendous loss and grief, there is also the most solid growing, loving and courageous force in my life. This warmth carries me from day to day, allows me to face challenges without fear and help other people. I am now the nurse behind the mask and the face shield in that gown. Every human connection I make behind that mask speaks to the testimony of human beings helping each other and the greatest power that lies within that, the element of warmth. The warmth that allows a true meeting to arise with another human being when we actively surrender and make ourselves vulnerable to what needs to give rise, every time anew.

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