



Stars once spoke to human beings,
Their falling silent is human destiny;
Awareness of the silence
Can cause pain to human beings

But in the mute silence there ripens
What human beings speak to stars;
Awareness of their speech
Can turn into strength for spirit man.

Rudolf Steiner:
Truth-wrought words (GA 40)

Newsletter for the co-workers of the anthroposophic medical movement Summer 2012



Photos, left to right: 1 Buddhist temple near Beijing / China; 2 IPMT medical training Beijing; 3 Visit to WALA by the Medical Section; 4 Curative education congress in Quito / Ecuador on: Dignity, the message it sends and the needs of people with disabilities.

Dear co-workers of the anthroposophic medical movement

It is due to Rolf Heine, the coordinator of the nursing section, that we are able to return briefly and concisely to the issue of the “appropriate” social forms for the anthroposophic medical movement. The following text has been prepared by him:

It is to be welcomed that a deeper reflection on the way that our Medical Section works has started since the publication of the book *The anthroposophic medical movement. Responsibility structures and modes of work* at Easter 2010. But questions were raised at the same time to which we would like to respond. Because the questions showed us that some things in the book were not presented in a sufficiently clear way. That became particularly apparent to us in some seemingly contradictory views, something which very much motivated the authors of the book (the members of the International Coordination of Anthroposophic Medicine / IKAM) to clear up unnecessary misunderstandings so that the positive intentions of the social structures set out in the book can clearly emerge. We consider that to be very important for two reasons: on the one hand Rudolf Steiner himself created this social structure at the Christmas Conference of 1923/24 (see GA 260). On the other hand the attempt has been made since 1988 consistently to realise such a way of working internationally and it has therefore become a piece of living history of our anthroposophic medical movement. Its productive nature and positive social influence as conceived by Rudolf Steiner could repeatedly be experienced when the attempt to practice it was successful.

What is this way of working all about? How can it do justice to the developmental requirements of the anthroposophic medical movement? After all, the anthroposophic medical movement consists of many thousands of people spread across all continents; people in all different areas of the medical professions, sometimes working together in an anthroposophic enterprise, sometimes in professional organisations or anthroposophic branches or independent working groups, sometimes self-employed, sometimes completely separately outside any anthroposophically oriented environment. Ultimately they are united by the heart-felt need for the spirit-filled medicine on a human scale inspired by Rudolf Steiner’s anthroposophy. This need forms the basis for a global community of people inscribed in the heart. This community is the Medical Section of the School of Spiritual Science. Anyone who feels an affinity with it is a member and co-worker. In this context there are three levels or degrees of intensity of such participation in the Medical Section:

1. Working in a field of the anthroposophic medical movement,
2. Membership of the Anthroposophical Society to study anthroposophy and support the School of Spiritual Science,
3. Membership of the First Class of the School of Spiritual Science for the deeper study of anthroposophic medicine, maintaining the spiritual community and representing anthroposophy in public.

However, no rights are derived from this self-chosen form of participation, only an inner or outer self-chosen obligation.

The Medical Section has a physical centre at the Goetheanum in Dornach. It is represented by its staff and the head of the Section. The head of the Section faces the same inner challenges in the esoteric field as any other co-worker of the anthroposophic medical movement worldwide. Professionally she is responsible above all for the administrative services to promote anthroposophic medicine in the three spheres of the social organism: the spiritual, legal and socio-economic fields. In this context Rudolf Steiner refers in a good sense to ad“ministration”. She collects, combines and coordinates initiatives in the field of anthroposophic medicine worldwide. Exoteric and esoteric training, research and practice are as much a part of her field of awareness as general socio-cultural developments. But no rights accrue to the head of the Section from these voluntarily assumed tasks either. She cannot order things to happen by virtue of her office or a financial budget, she can only make suggestions and act as an intermediary. Everything she does from her own initiative can only become socially effective if it finds a response in the anthroposophic medical movement. It can only become effective through insight, not by order.

A threefold Christian formal principle can be seen in such a “leadership form of deliberate powerlessness”:

1. Anyone who wishes to place an initiative into the world as an individual requires association with others.
2. The resulting community around a task freely agrees rules of collaboration.
3. Then everyone supports one another fraternally thus contributing to the joint success of the enterprise.

This threefold ideal is, however, vulnerable and at risk in many different ways as can be seen from the diagram below. Because already existing working communities such as umbrella associations, professional organisations or companies work on the basis of different formal principles than the individual committing himself or herself freely to undertaking a task. They act as entities, not as single individual people. In order to place their initiatives into the world they instruct people to undertake tasks and grant them competencies. Organisations and companies delegate and assign mandates. But this path too – the way in which organisations typically realise their aims – is vulnerable and open to dangers from two sides, as the diagram shows. The individual carrying an initiative only answers to himself or herself. The bearer of a mandate serves his or her organisation. Yet both require abilities of social perception, a willingness to compromise and the functional competence to realise their task – if the latter is to succeed and good things are to happen.

There are a number of things opposing this:

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|---|---|--|
| Ahrimanic impulses such as abuse of office and power | Individuality principle Self-commitment on the basis of free initiative | Luciferic impulses such as personal vanity and ambition |
| Social consequences: | Social consequences: | Social consequences: |
| Cliques | Voluntary association | Esoteric circles |
| Pedantry | Voluntary agreements | Arbitrariness |
| Money for influence | Fraternal collaboration | Nepotism |
| Efficiency is when I make use of the skills of people and financial resources to optimise my accrual of power | “The healthy social life is found when in the mirror of each human soul the whole community finds its reflection and when in the community the virtue of each one is living” <i>Rudolf Steiner</i> | I achieve the greatest benefit to my “image” when the others admire my competence and I can act “by virtue of my position” |
| Force of circumstance “there is no alternative” | Relevant competence | Dilettantism |
| Tactical compromise | Ability to compromise | Rotten compromise |
| Abuse of office /power | Mandate | Corruption |
| | Service obligation. Assignments | |
| | Organ principle | |

Both formal principles, the individuality principle and organ principle, come together in the Medical Section. One is conditional on the other and they can complement one another constructively:

Businesses, institutions and associations accrue important functions from the “organ principle” within their respective national or international legal framework. They contribute to defining and shaping the public life of anthroposophic medicine. Through their activity it is present in cultural and economic life. The “individuality principle” of individual people and their intentional co-work and collaboration inside and outside institutions on their own responsibility means that healthy ideas and human warmth can take effect. Organisations and companies are dependent on such spiritual inflow of individual ideas just as individual initiatives have to draw on existing communities and services in order to succeed.

The management and leadership instruments implemented by Rudolf Steiner combine the individuality principle and organ principle each in their context in a coherent way. Thus he uses democratic means where existing communities delegate offices and tasks. When new initiatives are established, he “interprets” (seeks) co-workers on the basis of their competence and “suitability”. In collegial bodies concerns affecting the whole are discussed on a republican basis and decisions are taken with as much unanimity as possible.

The authors intend to work out these formal principles in a future edition to make them even clearer. They form the background against which we are happy to answer the questions which have been put to us so far:

“The book appears to be backward-looking. Why refer to the Christmas Conference of 1923 in a discussion of contemporary working structures? Have more modern methods and forms of organisation not been developed in the meantime out of anthroposophic social research?”

We do not want to legitimise the ways of working of the Medical Section on the basis of history. It is not because something was good in the past that it is necessarily worth protecting today. Rather, we describe ways of working that Rudolf Steiner himself applied in leading the Anthroposophical Society, ways which Ita Wegman – as the Section leader from 1923 until her death – felt obliged to follow. Rudolf Steiner’s way of working is a lodestar for us, an ideal and a path of schooling. It is disclosed here as an inner point of reference and way of working binding on IKAM co-workers. Why? Because the Goetheanum together with the Medical Section are Rudolf Steiner’s creation, part of his final – social – edifice. He described it as an impulse for the future, not limited to the next 10 or 50 years. We consider it to be our task to discover this future impulse and create and put into practice the social instruments it requires. Naturally we cannot require anyone but ourselves to embrace a piece of social art of this kind. So we are all the more concerned to make this aspect editorially clearer in a future, revised edition of the book.

“What are the tasks of IKAM? What is and why do we need a leadership organ? Who or what is to be led?”

The anthroposophic medical movement is a worldwide one that is represented on all continents in a good 80 countries. It is easy to see that some kind of international coordination is useful, necessary and efficient. It enables us to develop a mutual awareness of the numerous regional and national initiatives, communicate with each other, recognise contemporary cultural developments, ward off dangers to anthroposophic medicine, and maintain and present an image that is consonant.

Notwithstanding this, the question arises as to whether the spiritual source of anthroposophic medicine, too, should be cultivated from a centre or whether such cultivation should remain the task of each individual. Are we even capable of living up to Rudolf Steiner’s intentions with regard to esoteric ways of working in social life, or must such an attempt of necessity end in sectarian, illusionary or discriminatingly exclusive forms?

We see the danger! But we see it especially when administration and esotericism are separated or played off against one another. Such a separation would reduce administration and leadership to bureaucratic actions, perverting the spirit into a mere dogmatic, doctrinaire edifice. If, by contrast, a Christ-imbued spirit is allowed to pervade our administrative work, and our approach to esoteric questions is imbued with Christ-endowed moral techniques, we can counter these pathologies.

That is why we have attempted here to describe spiritual leadership, spiritual administration, and spiritual coordination. The source for this lies in Rudolf Steiner’s principles of leadership. It remains a risky venture as to whether we succeed in adequately understanding and living these principles. But to us it seems irresponsible not at least to make the attempt.

Leadership in Rudolf Steiner’s view is first of all the leadership and guidance that each person gives himself or herself. It is, furthermore, acting as a conduit for ideals, impulses and insights which are, however, accessible to everyone involved in the work, not just to the person who is leading or coordinating. What the latter precisely

cannot rely on is “special” knowledge because his or her “power” lies in the task of “working for” the community, not “instructing” it. With regard to the leadership question, Rudolf Steiner offered his most vivid description of the decisive difference between “the authority entailed in teaching” and “the authority entailed in working” in the twelfth lecture of his *Curative Education* course (Rudolf Steiner Press 1972).

In a third step, leadership is service to the community. It does not consist of stronger or more intelligent people telling weaker ones what to do, the rule of those with money over those who lack it, or the dominance of the charismatic person over the nondescript.

“Why should the Medical Section be led by a single person? Why not by two people or a group?”

Having several people shoulder the leadership is usually called for on the grounds that one person alone cannot cover the entire range of tasks or because we want to prevent the misuse of power by spreading around the responsibilities. We expect a leader to take undivided, personal responsibility. We counter the danger of the leader becoming overwhelmed by providing the necessary staff and material resources. We guard against possible abuse of power by offering intensive collegial collaboration and regular empathetic feedback on the way that the task is being fulfilled. Even so, these two dangers can only be effectively avoided the more both the leader and “those he or she leads” feel obligated to remain true to the ideal of a Christ-imbued leadership style.

“How does IKAM arrive at agreements? Are there conflicts of interest for IKAM representatives who are members of an institution or organisation? How are conflicts of interest handled?”

Agreements in IKAM are arrived at unanimously after the necessary discussion, also consulting experts if required. A decision will not be taken if it is vetoed by any one individual. Nevertheless, individual co-workers can take on an initiative on their own or with others even if the majority in the IKAM collegium does not want to be involved in the initiative. They are then acting on the basis of their individual competence but not as IKAM representatives. We hold the view that striving for power and forcing through individual interests despite major objections from others can pose just as much of a risk for the whole movement as paralysing initiative through enforced unanimity. Because conflicts of interest can undoubtedly arise. If they are disclosed, it becomes apparent why a particular view or attitude was taken. As the perspective from which respective IKAM representatives are talking is known and it is open to experience to what extent they are in a position to place their “particular interests” in the context of the whole, conflicts of interest do not necessarily have a negative impact on decisions.

“What is the status of corporate entities such as umbrella organisations and doctors’ associations within the Medical Section? What is the legitimacy of decisions taken by a committee (IKAM) that has no democratic legitimacy to take them?”

Umbrella organisations, professional associations and other bodies such as companies are necessary in order to be able to act in the various national and international legal frameworks. They are part of the anthroposophic medical movement and also carry out central tasks within their area on behalf of the whole. That is why they are included to the best possible extent in the leadership of the Medical Section, either as a direct field of coordination within IKAM or as represented by a coordinator. The importance of a particular collaboration within IKAM for the entire movement is either identified by the IKAM collegium itself or comes about through the initiative of individuals who have a sense for the whole.

Decisions that are made by IKAM can therefore never be directed against individual parts of the anthroposophic medical movement since it is their people in positions of responsibility who are working in IKAM beyond their own particular interest for the overall context. Whether one welcomes or rejects the decisions and initiatives of IKAM, they will only be put into practice if all who consider themselves to be co-workers in the Medical Section want to put them into practice. If they do not, then something else happens – or nothing at all. The same holds true with regard to the recognition and legitimisation on the part of the movement as a whole, or its co-workers, institutions and organisations, that is essential for IKAM. Either IKAM is wanted and is thereby effective, or it is rejected and weakened.

IKAM is strengthened when democratically elected organisations give it recognition based on their own democratic rules. This can be expressed, for example, by reference to a connection with the Medical Section in the statutes, informing the members about the activities of the Medical Section, or providing financial support for the Medical Section.

“How are the Medical Section and the fields of coordination financed? To whom are they accountable for the use of the funds that are donated in good faith?”

The Medical Section receives its funds from three sources:

1. Support via the Anthroposophical Society and contributions from the members of the Medical Section
2. Income from events, lectures and conferences
3. Project funds and free donations

Income and expenditures are published annually in the financial report of the Medical Section's annual report. The accounts are audited to ensure that the funds have been spent in accordance with the statutes. Each professional field coordinated within IKAM finances its own activities. This is done as far as possible through donations, membership fees, earmarked project funds or income from events. Each field of coordination gives account of its use of the funds within the field. If a particular field of coordination cannot finance its own activities, the Medical Section does what it can to make up for the shortfall through fundraising or out of its own budget.

We welcome further questions –

Please write to Rolf Heine: R.Heine@filderklinik.de

With warm greetings – including from the IKAM collegium:

Andreas Arendt, Roland Bersdorf, Dagmar Brauer (minute taker), Guus H. van der Bie, Ad Dekkers, Henriette Dekkers, Stefan Geider, Matthias Girke, Wolf-Ingo Gobin, Rüdiger Grimm, Rolf Heine, Nand De Herdt, Angelika Jaschke, Andreas Jäschke, Kirstin Kaiser, Manfred Kohlhase, David Martin, Unda Niedermann, Hans-Jürgen Schumacher, Patrick Sirdey, Heike Sommer, Johannes Stellmann, Anna Sophia Werthmann, René de Winter and Peter Zimmermann

Yours

Michaela Glöckler

News

Professor emerit. Michiko Koyasu was awarded the *Zuihō chūjushō* "Order of the Sacred Treasure, Gold Rays with Neck Ribbon" by the Japanese state last spring for her great services to communicating German-language culture. www.goetheanum.org

At the end of the 2012 summer semester, Marcelo da Veiga, rector of Alanus University for Arts and Social Sciences in Alfter, presented three new professors – Martin Basfeld, Matthias Bunge und Albert Schmelzer – with their certificates of appointment. www.institut-waldorf.de

In a study, "Mut zum Neubeginn", Dr. Stefan Ackermann critically discusses the overdue reform of the note system in nursing. More in the interview: www.damid.de/medizin/position/120512pflege_interview.html, http://www.nikodemuswerk.de/fileadmin/websites/nikodemuswerk.de/download/PTV-Reform_Mut_zum_Neuanfang.pdf

Updates on the working groups for our International Annual Conference for Anthroposophic Medicine can be found at: www.medsektion-goetheanum.org/veranstaltungen/jahreskonferenz2012

Book recommendations

Ad Dekkers. *Psychotherapie der menschlichen Würde*. Stuttgart 2012. www.urachhaus.de

Johannes Reiner (ed.). *In der Nacht sind wir zwei Menschen. Arbeitseinblicke in die anthroposophische Psychotherapie*. With contributions by Joachim Beike, Ad Dekkers, Henriette Dekkers-Appel, et al. Stuttgart. Publication date: 29.08.2012. www.urachhaus.de

Brigitte Ausfeld-Hafter, Martin Frei-Erb and Ursula Wolf (eds.). *Narrative Medicine – Erzählende Medizin*. Bern 2012. www.peterlang.com

Robert Gorter, Erik Peper. *Ich habe Krebs: Was nun?* Hückelhoven 2012, incl. DVD. www.medical-center-cologne.com

Birgit Emde, Michaela Glöckler, Daniela Haverland, Margit Müller-Frahling, Margit Schlenk. *Komplementärmedizin für Kinder*. Stuttgart 2012. www.deutscher-apotheker-verlag.de

Rudolf Steiner. *Der elektronische Doppelgänger* With an introduction by Andreas Neider. Basel 2012. www.steiner Verlag.com

Annejet Rümke. *Burnout-Sprechstunde. Frühsymptome erkennen – Wirksam vorbeugen – Neu leben lernen*. Stuttgart 2012. www.geistesleben.de

Jan Pieter van der Steen. *Demenz und Altersverwirrtheit. Hintergründe und Praxishilfen.* Stuttgart 2012. www.geistesleben.de

Maija Pietikäinen. Valborg Werbeck-Svärdström. *Des Herzens Weltenschlag. Eine Biografie.* Dornach 2012. www.vamg.ch

Events

26.08 – 02.09.2012

International postgraduate medical training for physicians and medical students / IPMT, Dornach, Switzerland; with introductory seminar: Anthroposophic veterinary medicine. www.goetheanum.org

30.08.2012

Cardiac insufficiency – medicine in borderline situations. Advanced training for doctors by the Ita Wegman Clinic and Basel University Hospital with public panel discussion. www.medsektion-goetheanum.org

13–16.09.2012

Anthroposophic psychiatry, psychotherapy and psychosomatics – Understanding, treating and preventing mental disorders. International annual conference on anthroposophic medicine at the Goetheanum. www.goetheanum.org

26–29.09.2012

International Michaelmas meeting for members of the School of Spiritual Science at the Goetheanum. www.goetheanum.org

27.10.2012

6th specialist conference for the caring professions. Looking after the I, a path to self-care, Bad Boll / Eckwälden.

www.medsektion-goetheanum.org/ausbildung/pflege/deutschland/

25–28.10.2012

Study days on therapeutic creative speech.

www.medsektion-goetheanum.org

27– 31.10.2012 International advanced training for kindergarten and school physicians.

www.medsektion-goetheanum.org

27.10.2012 Medical and educational thematic day:

How can we strengthen attention in restless and dreaming children?

www.medsektion-goetheanum.org

16–17.11.2012

Study weekend on Rudolf Steiner's basic medical work – Knowledge of the human being and therapeutic approaches in the first medical course, GA 312. With Prof. Dr. med. Peter Selg and Dr. med. Michaela Glöckler.

www.medsektion-goetheanum.org

All events of the Medical Section:

www.medsektion-goetheanum.org/veranstaltungen/

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when in the mirror of each human soul
the whole community finds its reflection
and when in the community
the virtue of each one is living.

Rudolf Steiner