

An Interview with Misha Norland

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Interview by Julia Hunn

AH: *What is your philosophy of education?*

MN: Was it Gary Schneider who once said that education should be more about lighting lamps than about filling bottles? The beauty of that analogy is that what you are doing is facilitating other people's lamps to shine. Now that aspect of being a teacher is really the most wonderful. It's the mantle-wearing, standing on the platform, that can become isolating. Very dangerous in respect to ego, because you can easily begin to feel you are bigger than you really are. And then there may be an equal opposite swing which can make you feel very small and insignificant. In the manner of *Lycopodium*, you can swell out and feel that you are the best (anything not to admit to the possibility of failure), or like *Veratrum* you can feel that you are divinely connected (anything not to admit to the possibility of being mere shit), or like *Platina* (anything not to admit to the possibility of being a dirty bitch). It's a very dangerous position. Many a guru has fallen.

AH: *Do you prefer to see yourself as a facilitator rather than somebody who is out there providing new ideas?*

MN: I haven't provided one new idea in all my life.

AH: *But you facilitate other people to throw their light on that which already exists?*

MN: There were a few definite steps and realizations along the way that I note as important. When I was somewhere around six, it became clear to me that if my parents hadn't had me, then somebody else would have done. I had the sense of an inner "I" that had to express itself in some form, either in this body or equally in another form with another genetic makeup. My schoolmates and friends often came to me for advice. Another realization, ten years later on, was that I was a teacher. Because I didn't want to do it in the standard way, I conceived of a school that would teach "truth, beauty and goodness" and would facilitate others to light their lamps. Of course, I had no idea how it was going to be; it was an inchoate vision. Soon after it arose, I put it into the background and said, "forget that." It felt like too vast a responsibility, and I was too inexperienced. So I digressed into making movies.

AH: *About what?*

MN: Persil—the one that washes whiter!

AH: *So the light was there even then?*

MN: Yes, we put more lights on the Persil kid to enhance the whiteness.

AH: *So how did the idea come forward from the back burner?*

MN: From soap powder to homeopathy? Because of my core interest in people, what forms who we are and gives us our place in the world, I became heavily involved with people who were interested in such things. These included people in the psychotherapeutic community, or a certain segment of them, and of course all of those who were searching in what we now call New Age therapies. Going back to the 60s, it was all there, but a little more underground. Certainly healing has been there forever and Yoga and astrology, while the Theosophists and the College of Psychic Studies have been there for almost one hundred years, radionics for maybe forty years, and color healing, acupuncture, body-work. So plenty going on in London, and amongst the people I knew. I moved in these circles—and people often singled me out, saying you have a responsibility here, this is what you should do, this is the path you should follow. People like you to do what they're doing, they like you to

AH: *Was that out of fear?*

MN: Oh yes! I would not have admitted to fear at that time. I just developed an amused aversion to them all, lock, stock and barrel—to psychotherapy, to healing, to astrology, to religion. I just shut the door. I said: Right, enough of that, let's get into the real world. I just wanted to be an ordinary person involved in materialistic pursuits. I've always enjoyed watching movies, so I decided to make them. And I had a lot of fun—it's a wonderful thing to do. It's co-operative, you get together on a venture. It has a planning phase, a production phase, a post-production phase, an end—and it's out there. Whether it's a Persil advert or whether it's a feature film, the difference is only in scale. It also got me a ticket to Hollywood where I edited a low budget Joseph E. Levine picture made on the back of *Easy Rider*. If truth be known, I hated the movie and felt that Los Angeles was hideous.

AH: *What turned that light back on?*

MN: I fathered my first child. My wife then, ex-wife now, was unready for the experience of parenting—it was all much too much for her. He was just a year and a half old when she secretly slipped out of our lives. For more than four years, neither I nor her parents knew where she was. All the trails that we picked up disappeared into dimness, into a mist.

So, I single parented him. Although I was completely unprepared for it, I was instinctively unwilling to put him in the hands of anyone else. He called me mummy. So, the door that I had shut was opened again.

AH: *In terms of...*

MN: The door into the interior world.

AH: *Into your own psyche?*

MN: Into personal space, yes. If I had had milk in my tits I would have fed him.

AH: *So you moved into another phase?*

MN: More feminine. It gradually prized open a crack in the door that I had nailed shut. And it kept on prizing—not opening a floodgate, but a gradual re-hydration of an old, dried-out sponge! It took me to look back in the field I had shut the door on. And it didn't take long for me to discover homeopathy. It was an immediate take, as if I had known about it for all my life.

AH: *Was that in terms of having had homeopathic treatment, or an attraction to the philosophy?*

MN: I did not come as a patient. My attraction was not even to the philosophy, but rather to materia medica. The first

AH: *How is that movie panning out?*

MN: Oh, it's great, I love it. Always a new character! There are no endings—that is the difference. When a movie is finished, it's out there, while homeopathy and homeopathic practice are continuously re-inventing themselves.

AH: *Did you see yourself at that point as practitioner or teacher?*

MN: As a practitioner, almost immediately.

AH: *How easy was that?*

MN: A piece of cake. I've always been a practitioner. All my life people have come and told me their stories, from childhood onwards. It was a way of formalizing that activity, and giving something which could initiate change.

AH: *Were you supported?*

MN: I was supported during my studies by the state. I was a single parent, and in the 70s the government was more favorably disposed to helping out than it is today.

AH: *Emotionally, or by your family?*

MN: Yes, my mum was still alive at that time, and was very supportive, in every way. She's my mother, isn't she? She would have been supportive of anything. As long as I wasn't going to rob bank—she might have drawn the line there, told me that was a bad idea, I might get caught and put away in prison.

AH: *I know you have a view that you were born into where you are—there is a certain amount of acceptance, spiritually, that this is your path. Do you, on reflection, have any regret? Would you have liked things to have been any different?*

MN: There is only one thing I would change, if I could wind back the clock. I would have taken up a musical instrument earlier than I did. I took up the piano in my mid-20s which, for me, was a little too late. My parents were against it when I lived at home.

AH: *Why?*

MN: Noisy.

AH: *So what do you do for fun?*

MN: The house is always full of music. Brigitte, my wife, is a professional musician, a flute player, a teacher as well. Two of my sons play musical instruments with commitment, especially Luke on his French horn. He calls it "Gloria."

AH: *Are they your outlet?*

MN: Ah, yes, that is the huge thing I do for fun: I have a family. It is wonderful. It's a lot of other things as well! And it's a vibrant and vital world that lives with you, in you,

around you, and is a part of you, wherein you always have a place. I enjoy cooking for the family and I prepare the evening meal whenever I am at home—which is 10 months of the year.

I also take long walks. A day that I am not out in the countryside is more of a struggle for me. Now that our dog is dead, I take his ghost on my rambles. And writing can be fun.

AH: *How creative for you is the school, the teaching element? Is that fulfilling on a creative level?*

MN: If it wasn't I would cease to do it. I have not the energy to do things which are unfulfilling. I get tired, physically tired. I don't have very much time in which I am not doing anything. Going for a walk and being with the family is quite active too.

AH: *So it was responsibilities that you turned away from in the first instance. Were you right to perceive that as an issue? Is it the responsibility that is tiring?*

MN: I don't think the issue is about responsibility *per se*. Making films has that element, too, and the activity can be very extreme, and often is. The life I lead now is for the most part less stressed than it was when I was in the middle of the movie world, in the middle of London, where there were constant pressures to do things by a set date. Prolonged stress does lead to burnout. If you are in a field where you are planting or harvesting, you can also get tired. It's a fact. Responsibility is something that is part of my nature, and so when I shut the door on healing responsibilities as a 20 year old, I only found myself with others, like movie production and single parenting. I just "do" responsibility, there is no escape. This is why I cannot view it as an issue, it is too integral.

AH: *Can you tell me a little about your current involvement in making homeopathic education more available in America?*

MN: It's the correspondence course that has spearheaded our involvement with the teaching of homeopathy in the United States and Canada. I didn't develop this for the specific purpose of having it reach the United States, or indeed anywhere else in the world—it was intended for the UK. Somebody once said to me that a man does not have to plan to have a beard; he merely has to decide not shave that day, and then a beard grows. I planned a course for the home market, which later grew larger than I had initially imagined it would.

AH: *Has the school grown from its initial conception? How has this occurred?*

MN: It happened that students sometimes couldn't attend lectures, so I got into the habit of making tapes specifically to fulfill that need. After a while we developed a considerable tape library. The lectures varied, as would any performance. There were some days when the teacher and the class were vibrant, and others when they were not, although the notes were the same. So I recognized "that was a good one!" and held onto that tape.

I had been teaching for many years, and sensed that my greatest joy is reaching the spring-off point at which students have suffi-

cient background information to make a leap into practice, or just a leap into knowing where a case is coming from. When they have acquired sufficient skill and honed their perceptions enough to have reached "critical mass," that is the point at which they can begin to make homeopathic connections. Then a chain reaction starts and it gets hot and happening.

From that idea the correspondence course was born. Lecture tapes and class discussions form the backbone of it. It is like a tapestry woven with three main fibers: original written work, original tapes, and texts that are available to anybody. We organized it into discrete units with diagrams, model answers, and tutor-marked assignments. And I collaborated with Stuart Gracie to manage this correspondence course. As I say, the primary purpose was to bring students into the school in Devon at the "critical mass" stage in their development.

Once the correspondence course had been created, it then obviously had an application in other countries. When I first discussed it with Stuart we thought that this would be a great offering to developing countries. Africa and homeopathy! We were not seeing things as they are, for Africa is basically a conglomeration of tribal peoples, and the way the information is presented is unsuitable.

AH: *Out of cultural context?*

MN: Yes. Yet it is quite suitable for the United States, where it is in cultural and linguistic context. It's gone to many places. There is a school in Athens that has translated all the material and is using it. Likewise, in Romania. It's been translated into Japanese and is being used there, not specifically as correspondence course material, but parts of it are being used in a classroom context.

AH: *Does this mean that homeopathy is becoming a worldwide system of medicine?*

MN: Expanding over the globe. It is.

AH: *Is that in acute prescribing, or are we developing practitioners?*

MN: Practitioners primarily.

AH: *What do you feel you are bringing in? Are there new concepts? What is your contribution?*

MN: The first thing is, there is nothing new. Anything that I have put together has been an assemblage of elements that have already been there. The analogy of the child playing on the beach is a suitable one. The beach contains a vast array of treasures that the ocean has pushed up: jetsam and flotsam, shells, bits of crabs, rock pools teeming with life. The child delights in bringing whatever it can back home. I have been like that child, collecting the treasures which appeal and bringing them back home.

I try to explain the conceptual world in terms of the tangible realities around us, in other words by metaphor and analogy. I guess that's why I like to write poetry. For instance, I was given a conceptual world of the four elements in my primary

school, when we started studying science. I must have been seven or eight. The teacher began by looking at the roots of science, and chemistry, and talked about alchemy. I was absolutely delighted, although she ridiculed the alchemists and what they did. But it lit my wick!

Those are a few of the seashells on the shore, that I have brought home with me, and that is the contribution that is made by myself and some of the other teachers at the school. We are not unique in this. Joseph Reves did primary work on it, calling it "The Circle," from which the "Mappa Mundi," as I call it, derives. He is the first to disclaim it as original. He has said that in this work he is reclaiming old teachings, just as I am saying. He started off with the model of Empedocles. All of this is in my article which accompanies this interview.

The map is a way of examining anything in nature; however, it is particularly useful for examining living systems, because it charts a dialogue of opposites. For example, the parasympathetic and sympathetic systems work reciprocally, one activating dilation, the other contraction. That reciprocal movement along a continuum between two poles is what the Mappa Mundi is about. It examines eight opposing forces, and therefore you have four dialectics which may be applied as a conceptual analogy for any situation.

My favored application is in case analysis. Patients come to you with their chronic ailment, that which is sapping their energy. They are in a position that is analogous to gravitational collapse: a black hole. If the treatment we give is working effectively, then an acute will manifest—that's an entire cosmogenesis right there! And it will do so in a specific way that the Mappa Mundi so beautifully charts. So if you have this, then you know what to expect, what its equal and opposite will be, what the outcome of treatment will be like. Thus when it arrives, instead of saying, "Oh my God, this is something else I have to treat," you can see it and say to your patient, "This is what is happening, this is the process, this is okay."

AH: So one of your contributions to homeopathy is to bring the Mappa Mundi into education, as a tool?

MN: Certainly looking at the dance of the opposites, yes, the polarity mapping is one that we have brought out. Another thing that the school is keen on, is bringing the esoteric into the light. It was called the occult, wasn't it? It means hidden. What we have striven to do is to make this visible.

AH: In what ways do you feel you are doing this?

MN: What have often been described as the mystery teachings (which have underpinned the great cultures of the past) have a place that is as important today as ever. However, we have lost touch with them, and that's like losing soul.

Every now and again something pops up before me. For instance, a little pamphlet produced in 1981, by the National Childbirth Trust. A group of us did a presentation for them and I came across a transcription of what was said. It's the

same me speaking, being delighted by the seashells that I'd found on the beach all those years ago—the same old seashells.

AH: By bringing those teachings into the light, and the Mappa Mundi being one of them, are we moving away from complementary, towards being more alternative?

MN: I've always felt that the term "complementary" was a cop-out. It seemed politically expedient to say it, by those who said it, but I've never felt comfortable with it.

You know those mystery teachings weren't always alternative! They were mainstream at certain times. It's a question now of finding what's useful and reclaiming those tools which are still valuable. Think of the Age of Enlightenment. It makes sense that it happened: the Middle Ages had gone down paths that had ceased to be useful, so the Reaper came and cut down the old. Obviously much that was valuable was also thrown out. Hahnemann threw much out too, because he belonged to the Age of Enlightenment. He threw out things like signatures and astrology, but still mentions that there are telluric forces that might affect us and he invented the Miasm theory.

We have gone out from the earth in our rockets, in our quest for knowledge and science. Science is a method of enquiry which wishes to order such phenomena as we observe into comprehensible systems of knowledge. (The Cholerist thrust is also to discover how things work.) In the process, we had to throw away old garbage but as is always the way, more was thrown away than was necessary. If you go down a path a very long way you reach an extreme position, and it has an equal opposite which is an extreme other position, and of course you lose that which is in the middle. This happens in going from extreme Yin to extreme Yang, from extreme fire to extreme ice. We are just reclaiming the middle ground.

AH: And de-mystifying?

MN: Some of it was deliberately mystified. Alchemy is a perfect example of deliberate mystification, and encoding for survival.

AH: Because of the fear of being discovered?

MN: Because it was heretical!

AH: Your work is quite radical. Do you think this may put us back into the same position as the original alchemist, being perceived as....

MN: Cranky and dangerous? Yes, Vithoulkas takes a stand here, a very strong stand. He is for a rational, scientific model. He had an engineering background, and represents an engineering model for homeopathy. I come from another place, and represent another link in the great chain. George and all of us who practice classical homeopathy are pulling the same rope. We should honor one another, rather than fight about it. It may look as if it's coming from a totally different place; however, it is the same rope.

AH: *When you are using the term classical homeopathy, are you holding the same chain as other disciplines of practice, such as polypharmacy, for instance? What is your stance there?*

MN: I use the term classical homeopathy to honor George. He was the first person to coin this phrase, as far as I know. What he meant by it was "homeopathy as described by ...". He has a list of people whom he considers to be classical, in order to define what he means, such as Boenninghausen, Kent, Boericke, Farrington, Hering. He is not okay with other viewpoints, not happy with the Miasm theory expounded by Ortega, or the insights of Sankaran or Scholten or the provings of Sherr. He has his classical group of homeopathic writers that he feels comfortable with. They have stood the test of time and their information is reliable.

Polypharmacists (by which I take it you refer to those who use mixtures of many remedies) are coming from somewhere else. Generally speaking a polypharmacist is viewing homeopathy in a more traditional medical light, through therapeutic application: a pile of remedies for treating a pile of bits. It's not a synergistic view.

AH: *How does revisiting these teachings help to move us forward?*

MN: It is interesting to ponder the future. Homeopathy must have a place, whatever the future may bring, simply because it works.

It is revealing to use the Mappa Mundi as a hook to hang these observations on. Seeing into the future is a tricky business. Yet we can plot a graph based on what we have seen in the past and what we see in the present, and extend it into the fantasyland of the future. On a very basic level, we are seeing certain areas of the planet become hotter and drier, while other areas are becoming wetter and windier, though not necessarily colder. Certainly we are seeing the planet heating up. It is close to home, because in Devon we are experiencing the wettest and warmest winter for many years. Whereas if you travel to other countries you see drought. The situation polarizes on the hot/dry-windy/wet axis, which gives us a clear Mappa Mundi orientation.

Hot and dry is associated with the Choleric temperament, and wet and windy with the Phlegmatic temperament. Choleric people are people who go out and do things. They are the adventurers, the explorers, and are noted for their irascible temper. For instance, Boericke describes *Nux vomica* as having a choleric temperament—and so indeed it has. This is an out-there person, grappling with the material of the world. The drive is to get on with it efficiently, effectively, and now. One might say this is the temperament of the Hero who probably will be fighting battles with many monsters on the way. This dynamic to bring in the new may, and does, include homeopathy.

If we look at the present thrust of Western civilization, we see that it is about discovering how the world works, not so much what our place in it is, just the question: How does it work? It's getting out there to take a look and see how *it* is. The information is brought back as electronic images, another

form of fire. Fire is the light producer in our environment, so fire and light co-exist. It's images that we see. We also speak in terms of light years to denote distance.

It's interesting that what we are investigating right now is the impact on our environment of the black hole—no light and everything collapses into it. It's the very opposite of this fiery element. It's the hole of death. In terms of what's happening in our planet, we are getting very polarized between extreme positions. Genesis above and death below. Hot and dry, wet and windy. An unstable time. A time during which our major efforts are going to be for our survival. Unfortunately some species are not going to make it—we are at a time of mass extinctions, a black hole.

I have no doubt that humankind will make it, because we are more adaptable than many other species, but we are likely to be increasingly stressed. At such a time homeopathy is absolutely magnificent—in acute work rather than chronic. It was in the treatment of acutes that homeopathy won its laurels. Folk took it seriously because it was good at bringing the dying back from the brink in cholera epidemics. Acute work is relatively simple for the prescriber, because it can operate according to the model of therapeutics (looking at the short-term disease state) and that is close enough to the medical model to be acceptable—compatible, workable—by doctors. Computers can be employed. Anyone can grasp it easily, if they ask the right questions. Because acute work requires a relatively small system, it can be taught quickly. We were thinking about bringing homeopathy to the third world. Rescue work should not be difficult. I think there is a huge place for homeopathy in the future.

AH: *Homeopathy in the western world is moving away, I feel, from what you are describing—that is, hands-on, acute homeopathy. I feel as if we have moved towards facilitating a place to have middle class neurosis listened to.*

MN: It's like any chronic disease; it's slow moving. Middle class neurosis is a form of chronic disease.

AH: *I wonder if we have become caught up in that as homeopaths, and are we moving away from perceiving the real chronic in the planet?*

MN: I want to say something in defense of that form of treatment, basically because I agree with you that treating indistinct chronic complaints, lacking clear definition, can be difficult. Also because I take it that by middle class neurosis you refer to over-much introspection and self-analysis. Viewed from a political perspective this could be seen as a privilege of the educated and wealthy.

A lot of practice goes down that route because middle class neurotics represent a group of folks who know about homeopathy and can pay us. I have heard that many practitioners get fed up working with them, wanting to work in what they consider to be a more real situation, and may even drop out of practice. In the treatment of chronics, whether it's middle class neurosis or any other kind of chronic ailment, we do little

until an acute arises. In a sense, what we are aiming for is transforming the chronic into an acute phase of development. This may require patience and skill. This is why we find ourselves increasingly focusing upon psychological aspects of a case and plumbing the depth of remedies' mental symptoms.

AH: *So we are bringing the chronic problem to a head—is that what you are saying?*

MN: Yes. That is great, if that's what happens. It's easy for us to be frightened at this moment, so as therapists we have to know about this. It's all very well if our waiting room is full of itching and scratching patients, for then we know that we are being successful at treating latent psora! However, it is more complex when a patient's languishing depression changes into acute pneumonia! And what makes all of this more problematic is that we invariably work in isolation. We have no peers to commiserate with or with whom to discuss our problem patients or our problem selves. It's very discouraging to work in isolation!

AH: *I am aware the school has brought supervision to the forefront of our profession. Why has that been so high on the agenda?*

MN: I'll start by describing the most practical reason, and it will be a lengthy tale, so bear with me! A graduate of this school, or any other, goes out into the world of sick people, carrying a toolbox. If you imagine the remedies as being individual implements, well that's a lot of tools in the box. Then he has the underpinning philosophy which, according to the analogy, is the way in which the box is built, and how it opens. So, the graduate has got what is needed to go out there and start helping people. Invariably people come—unless the graduate has a very dim light shining—people actually come because of that light, rather than because of the tools. Anyway, people come, and the graduate starts applying the teachings and using the tools. The graduate quickly discovers that homeopathy works. Enough people get well for others to be impressed by this, and although it may become scary, the graduate does have the back up of the doctor. He can say to his patients, "Please go to the doctor, and I will also prescribe, we'll work hand in hand." Unless the doctor is of the old school, they usually accept this arrangement. In that manner the graduate is held.

In the treatment of chronics the outcome can be rather different—situations can become acute because your prescribing has been good. The dark, frozen state of the chronic turns into the fast moving, hot state of the acute. These sorts of changes can be very alarming, and alarming too if the acutes are mental as well as physical.

We work in isolation; that is our culture. The homeopath goes out with the toolbox and they are on their own in the world. Although you may be able to take your acutely suffering patient to a doctor for a cooperative opinion and possible intervention, what do you do with your chronics? They don't understand what you are talking about. The idea of moving a case into acute manifestation is unknown to a doctor, it is

alien territory. The only people you can turn to are other homeopaths: homeopaths can help other homeopaths. In order to do that, you have to have a culture. This takes a while to develop. After all, we had no homeopaths when we began, just a handful of doctors and a few quacks. An unkind way of describing lay practitioners, but that is how doctors viewed us back then. A few crazy doctors who practised homeopathy, and a few quacks—and we established homeopathy out of this! We all worked in isolation; however we did have each other—and our sense of fraternity was strong. As we have spread out, the feeling of fraternity has gotten weaker, because the inner core group was turning all their attention outwards into teaching others.

The tide has now turned. There are enough people out there for supervision to be available. We would have had supervision before, if we could have done. It takes a number of years in practice (we believe about five years) in order to be a supervisor to a neophyte. Supervision means that there is now somebody to whom you can turn. It's much more than using a toolbox, it's about the whole field of therapeutics, and what happens in that field—where the expectations are, where the boundaries are, where your competence runs out and you are in need of others to step in and help.

It's about not feeling a failure, or that you have let your patients down, by looking for other therapists to help you come through.

AH: *How easy has it been to introduce this?*

MN: In my experience people have found it hugely helpful. The school has been very fortunate to have had Sheila Ryan in the forefront of the supervision process. Also it is useful to have some induction in order for practitioners to move into the role of supervisor, and Sheila has set up workshops, which focus on what the supervision role is and establish its territory, so that we know where we are in it.

AH: *How is this concept being developed overseas with less people out in the field?*

MN: There are fewer people who can act as supervisors. Setting up supervision workshops has not been easy, for obvious reasons—the United States is huge. You can fit England into the United States hundreds of times. However, the psychotherapeutic network has a good tradition of supervision, and the issues are not totally different. The toolbox is different, but the human issues of projection, collusion, boundary-keeping are exactly the same. So there is a way in which practitioners can go to psychotherapists for supervision. Not personal therapy, rather for the therapy of the practice.

AH: *One of the ways I am aware that supervision is taught, is through supervised provings.*

MN: I would like to extol the virtues of provings, and not just as a gift to the profession, for obviously they give us an understanding of new therapeutic agents. Also they allow us to appreciate the power of homeopathy, and its power to produce change over a long period of time. If you are a prover

...the tide has now turned.

and you are just slightly susceptible to the substance being proved, you are affected for maybe weeks or months. If you are very susceptible to it, the changes it produces in you are fundamental, and can be very long lasting. If it's curative for you, the change may last the duration of your life. How can one be a prover and a polypharmacist? Suddenly that whole question disappears off the map. There would be no problem proving the polypharmacist's mixture—that's fine, it would be an interesting proving. I suggest that twenty remedies mixed up together may be a bit more than one would like to handle.

AH: *How important is that compared to experiencing constitutional treatment?*

MN: There are similar benefits to be had. It is really important for the prover to have established what their constitutional remedy is. In so doing they experience the effect of treatment.

We need a definition of constitutional treatment. Traditionally "constitution" meant whether one was either Choleric, Sanguine, Phlegmatic or Melancholic. These were the four constitutions, and they did not change no matter what occurred. We can apply Mappa Mundi analysis to it and look at the pairs of opposites, so that we are looking at a continuum between two poles. One of them could be Choleric and the other in this case would be Phlegmatic, because it's the equal and opposite. According to the map of temperaments there are only two continuum and four poles. In Mappa Mundi there are actually four continua and eight poles, yet theoretically there could be more. Say we postulated and defined a hundred continua and two hundred poles; that would be far more complex and lead to the consideration of many constitutional types. Indeed this would be akin to a polychrest topography, and would be further away from the traditional definition of constitutional types.

So what do we mean when we say constitutional treatment? The pragmatic approach is probably most straightforward. We clearly don't mean the four constitutions, because they are so primary that they remain constant over a lifetime. One moves from one dipole to another. Basically the orientation that one has is dynamic but remains constant within those parameters. So, by constitution, and treatment according to constitution, we don't mean that. When we say constitutional treatment, we are referring to the application of the remedy that has worked for the person a number of times in the past. It's useful to have established this remedy because if a person gets stuck in a proving and can't get out of it, and new symptoms are continuously arising and are troublesome, then this remedy will set them right again.

AH: *As an antidote?*

MN: It's a dynamic antidote. It brings a person back to their stable position. What is happening within the economy of the person who is doing a proving and producing very vivid symptoms and is troubled by them? It means that their susceptibili-

ty to that proving substance is very finely tuned, and they have been thrown substantially off balance by it. They are discovering aspects of themselves which they would rather not know about—psychologically, physically and spiritually. Even though the constitutional remedy will bring them back into a position of balance, that experience is never lost, and it's invaluable as raw experience, as raw data for a new understanding.

These experiences, however, represent an unusual situation. Generally speaking, people are able to pass through a proving experience in a way which is immediately creative, even if it might be distressing. This too allows them to discover aspects of themselves that might have been obscured. Anything that brings parts of you (symptoms) out of the darkness and into the light is of therapeutic value. I am sure that is why Hahnemann explained that doing many provings is health promoting. The sixth edition of the *Organon* didn't get published in his lifetime because he finished it six months before he died, aged 90 plus. I have a feeling that doing all those provings reduced the psora that he had (despite the fact that he denied having it!)

AH: *Are you involved in the provings at the school?*

MN: How could I not be? I am so involved that I always take the pill, but frankly whether I do or I do not is completely irrelevant.

AH: *Because of the group dynamic?*

MN: Indeed.

AH: *You seem very passionate about this.*

MN: I've gotten a huge amount of joy of discovery out of doing provings. Sometimes I did not realize I was being personally affected until a year or two later. Then I could see that I had, and the degree to it. This is because I was actively being changed by the proving and therefore unable to gain an objective viewpoint of myself. Glory be to those changes. The worst thing is being stuck, and the best thing is being alive and adapting and changing. If we as a species are going to enjoy the future, we have to be very adaptable, and therefore homeopathy has a place.

AH: *Putting provings into the curriculum puts student homeopaths in a position of having to walk the talk, instead of being cerebral.*

MN: Definitely. However, one proving isn't likely to be enough. Sometimes a person is not susceptible. But at least some students get to walk the talk by means of this experience and indeed by becoming intimately involved through acting as a prover supervisor. Occasionally students have suffered, and I've footed the bill.

AH: *Is that out of blame?*

MN: Oh, no. That's just what you do. I've been cursed, but never blamed.

AH: *That's a difficult position to be in, to be initiating a proving and then standing back.*

MN: It's okay with me, first of all because I don't stand back. I'm right in there. I don't stand back with patients either; I'm right in there. With the provings it just seems right that, as initiator, I have a responsibility to ensure that the outcome is as good as it can be. And if that means paying some money, that's the least of the problems. Mostly it takes time, as much time as it takes. It's like you are with a patient. You may charge £30, but is that for half an hour, or an hour or three hours? As long as it takes. You don't say to your patient: I've spent three hours on your case, now I'd like £90. It comes down to where your bliss is. If it's not in perfecting your understanding and skill in order to be of better service, then you probably are in the wrong work. Healing is an end in itself, a way of life which provides you with much more than a fortune. It is not merely the means to a fortune.

AH: *How do you deal with somebody not wanting to be involved with the proving?*

MN: For one thing, it's in the school's prospectus. The only persons I know who have ever been able to remove themselves have been pregnant women.

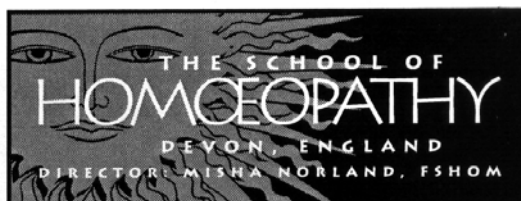
AH: *Is it possible to put that psychic boundary around you anyway in a proving group?*

MN: Some people have tried to do it.

AH: *Are they told that they might like to choose to do this?*

MN: Yes, but it's tricky. People have tried all sorts of things and not succeeded too well. We are not very good at putting psychic boundaries around ourselves. Most of us haven't had much practice at it. I think that the most artful thing is to be open to all experiences. This is what Soul craves, is it not, to experience all aspects of life: the good, the bad and the ugly? And from the perspective of survival, to integrate these experiences, not to repress them or to cut them off. When fear steps in the path of experience, as it may do if a person resists a proving, then the state of fear itself opens up the person's innate susceptibility for the very thing that provoked the anxiety in the first place. When this occurs it opens up an opportunity for that individual—an opportunity to experience, to learn and eventually to integrate the negative, anxiety producing state within the totality of consciousness. Since proving symptoms span all levels of being, the integration can likewise involve all levels of consciousness: physical, mental, emotional and spiritual.

Julia Hunn is a former student of the School of Homœopathy, and now has a practice in South Devon, where she lives with her three children. Apart from homeopathy her interests are her family, singing, writing and laughing.



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