

An Interview with Begabati Lennihan, RN, CCH
in *Simillimum* (the journal of the
Homeopathic Association of Naturopathic Physicians)

Neil Tessler, editor: First of all, how did you get started in homeopathy?

BL: I went to Harvard expecting to become a doctor like my father. But it was the late sixties, a time when the world was being turned upside down and everything was being questioned. I ended up with a passionate commitment to alternative medicine instead. I think I'm the only person in history who graduated from Harvard and opened a health food store. (Actually I first spent three years in book editing and design, which has helped me contribute to a number of homeopathic texts, like *Yasgur's Dictionary*.)

I ran the store for almost 20 years but by the time I turned 40 I wanted something more professional, more challenging intellectually. I was familiar with just about every alternative healing modality through running the store. There was no question in my mind that homeopathy had the greatest power to heal on all levels.

In the meantime I had spent several years studying how people learn. I had been doing weekend seminars with Dr. Dawna Markova, who took the idea of visual, auditory and kinesthetic learning to a new level, creating a more subtle and sophisticated system. She had other concepts, like active versus receptive learning-- the importance of having students take in concepts or information and then express them in order to really consolidate their learning ("inhale" and "exhale" as Dawna calls it). Part of her approach to learning is that *all* of us are visual, auditory and kinesthetic learners, we just use these "channels" in different ways.

So I remember my first day of homeopathy school. On the one hand, I felt the hair stand up on the back of my neck, feeling, "Oh my God, here I am, I am 42 years old and I have finally found my life work, my passion, my reason for being here on this planet," and on the other hand wondering, "Isn't there a better way to teach this?" I investigated different schools, and they all seemed to be lecture format. You know the type: the school revolves around a brilliant, famous teacher who stands up in the front of the room and talks while students scramble to write down everything he says. And they can feel increasingly discouraged by the gap between their ability and his.

I can't in any way blame homeopathy schools for being structured like this. It's pretty much the way all American schools are set up. But did you know how we got that model of education? It comes from schools for the Prussian bureaucracy in the 1800s. In other words, it's a way to convey objective information while at the same time teaching students to accept authority. It's not a great way to encourage students to develop skills or think for themselves. And in homeopathic training, you have to do that, because of the highly individualized nature of the homeopathic process. When you're sitting there with a patient, you have to know what to do, because that famous expert is not in the room with you, and it's unlikely he's taught you a case exactly like the one you're taking.

NT: So did you figure out a better way?

BL: Well, for years I imagined my dream school. I thought of ways to involve students of all learning styles. For learning to be complete, it needs to teach everyone in all three channels, then give them active experiences to help them consolidate their learning. The kinesthetic

channel suffers the most, because most schools are heavy on the auditory channel (students listen to lectures) and usually involve the visual (handouts, PowerPoint presentations). For the kinesthetic, students need to "get" the remedies (perhaps by handling the original substance and making a remedy) and "get" the practice of homeopathy (by interviewing patients, solving cases, and wrestling with case management issues).

So these are ways students can "inhale" or take in information in all three channels. For the "exhale", the part where they really nail down their knowledge, they can write or tell a story about someone they know who exemplifies a certain remedy type, or find ways to embody the remedy. You can also have students in small groups create skits to act out the different remedies they are studying. It's hilarious, it's multi-channel, and it really makes the remedies stick in their minds--plus it picks up the energy of the class at the end of a long day!

NT: So did you create your school around these ideas?

BL: Actually, after years of dreaming of a better way, I met Dr. Joel Kreisberg at a meeting he organized of homeopathic educators. He was talking about Teleosis, the school he founded in New York in 1996, and immediately I realized that not only had he created my dream school, it was actually better than I had imagined. One of Joel's basic concepts was that teaching consists of conveying knowledge, skills and attitudes. Most homeopathy schools revolve around conveying knowledge: information about remedies or the laws of homeopathy or the structure of the repertory. But this information is available in books and on computers. It's not a great use of classroom time to have the teacher recite information while all the students are writing down the same thing. Why not put most of that learning into home study, and spend classroom time on the other two aspects?

So at Teleosis most of the time is spent practicing skills. We break down case analysis, for example, into about 10 separate parts. In a school that meets one weekend a month for ten months (a typical schedule) you can have the students master one aspect of it, one skill, per weekend. Taking the mass of raw data in a case and extracting perhaps 5 to 15 elements which you want your remedy to address is a particular skill, called characterizing the case. Then looking at these elements to see how they are related, which ones are most important, and whether any can be eliminated is another skill -- evaluating and prioritizing the case. Finding rubrics, assessing the results of repertorization, and doing a miasmatic analysis are other skills.

Here's another crucial concept: you want to structure the learning experience so that students master a particular chunk each time. I mean really master, so they have a sense of "I get it!" So many times I hear people going to seminars by famous homeopaths, and by Sunday at 5 pm they're saying, "He is so brilliant, and I'll never be able to do this." If participants come out of a seminar more discouraged than they went in, what kind of learning outcome is that?

Our motto is "highly effective training for highly effective practitioners." We want to see all of our students in practice when they graduate. I've seen too many classes in which less than 10% of the students end up as homeopaths. So the students need lots of practice along the way, like in our student clinic where they take all the cases and prescribe the remedies (with supervision). It's great to learn from the modern masters, but at some point it's like, if you want to learn to play tennis are you going to watch the US Open year after year, or pick up a racket?

So you want to break up the homeopathic process into manageable chunks, then create

exercises for the students to do in class in which they can practice and master one of those chunks at a time. The result is a classroom in which the students are active most of the time. Lecturing is kept to a minimum.

You also have to create a very supportive environment in which students are not afraid to try out their ideas. So many times in seminars with well-known homeopaths, the lecturer will present a case and then ask the audience for remedy ideas. Most people are way too timid to call anything out. If they do, usually the lecturer just says "Nope!" and then springs a surprising remedy on the audience. So there's minimal learning from this process (like, why did the participant choose that remedy? and what's the differential diagnosis with the correct remedy?) and there can be an atmosphere of intimidation.

In our school, students are matched to appropriate tutors to cultivate their ability to think homeopathically. An acupuncturist brings a different set of skills than a physician or psychotherapist. We use a small-group classroom design, plus well-matched tutors giving constructive feedback on written assignments, to help students incorporate these other skills.

Let's face it, homeopathy can be daunting! I realize that most of your readers are beyond the classroom phase, but here's a hint for people teaching seminars. We've found that if you present a case, then ask participants to discuss it with one or two other people, you will get much more interesting and complete feedback from the class because they have a chance to try out their ideas in the small group. You can't have groups larger than three, or someone tends to dominate and someone else can't get a word in edgewise.

Here's another value of that classroom design: placing the locus of power and energy in the students rather than the teacher reflects the homeopath-patient relationship. In an allopathic practice, the model is that the patient passively surrenders herself to the superior knowledge and power of the doctor. The doctor remains the expert and makes the decisions. It's a patriarchal dynamic. In homeopathy, the patient is the expert when it comes to her own body: she is the one telling us whether she feels better or worse from the remedy. We're asking the patient to articulate her inner experience, and we honor that is not part of the allopathic paradigm. So by asking students to articulate their ideas, and by respecting their ideas, we are creating a classroom dynamic that mirrors the dynamic in their future practice.

NT: What about attitudes, the third thing you were talking about?

BL: All schools convey attitudes automatically, it's just that most schools don't realize it. Here's a common attitude: "My way is the best way [or maybe even the only right way] to do homeopathy. People from other schools are doing it wrong." Here's another one: "Western medicine is evil and dangerous." How do these attitudes help us create community? There are so few of us, homeopaths need to stick together, and we need to communicate with open-minded allopaths.

At Teleosis, we have reflected on what values we want to convey, then created a classroom design around them. For example, we feel strongly that homeopaths have for too long practiced in isolation and we need community instead. So we emphasize small group work in which the students treat each other as resources. In each group, you might have a pediatrician, a vet, a psychotherapist, and a mom who has more practical experience with giving remedies than any of the others. Students are encouraged to contribute and to learn from each other. Then when they graduate they have a built-in community.

Also we convey the idea that there is more than one good way to practice, by inviting in guest lecturers. Several times a year, we let a visiting homeopath take over our school for a weekend! Of course each one has a different slant on potency and case management, which

is fascinating to the students. It can be bewildering at first, but it ends up being empowering. The students realize that they can each decide what approach will work best for them.

NT: Other examples?

BL: One thing that has bothered me in other seminars is the attitude toward the patient, for example in video cases. I felt the patient was being treated like an object, even sometimes laughed at. I think we need to remember that patients are living beings who on some level will receive the energy directed toward them from the classroom. So we have a custom that before presenting a case, we have a brief meditation in which we send the patient our gratitude for sharing his or her story and we send our good will and healing energy. We explain this to patients when we ask permission to videotape cases, and they really like the idea.

Speaking of meditation, another tenet of our school is that homeopaths benefit from having some kind of spiritual or self-reflective practice that helps them to stay centered and inwardly attuned while with patients. We need to overcome our egos, we need to put our self aside to truly receive the patient. And if we can become inwardly silent, we can be receptive to the patient's energy, like using ourselves as tuning forks to vibrate at the same frequency as the patient. There can be tremendous learning in this, in addition to the objective facts we get about the case.

So we strongly encourage our students to have a self-awareness practice of some kind. We begin and end each class weekend with a meditation. At first some students resist, feeling that it is taking away valuable classroom time. But then they realize the benefits. Meditating before a class helps students to be focused and present and more receptive to learning. Meditating at the end consolidates the learning. People leave feeling energized rather than totally drained.

I tell the students that I meditate before I see each patient, and I also meditate at the beginning and end of each day in my practice, so that I can be a good instrument of healing for my patients. I also pray for protection for my patients and my practice. When leaving I feel I am giving the responsibility to God. It's a great attitude: it means if things go well, you know some higher power did the healing so you can't get a swelled head, and if things do not go well, you don't have to feel totally depressed by the responsibility. You just do the best you can and (like the *Bhagavad Gita* says) you offer the results to God.

NT: So how did you end up with Teleosis?

BL: Joel Kreisberg passed it along to me two years ago because he is going off in another direction, taking homeopathy to a wider audience. He talks to organic farmers and bioneers and sustainable living folks, those who are concerned about antibiotics in animal feed. Yet these same people tend to put their kids on antibiotics when they get sick. When Joel points out the connection, and tells them homeopathy can provide an ecologically friendly alternative, he says he can see the light bulb go on over their heads! He tells them about Ecologically Sustainable Medicine, how homeopathy and other forms of complementary medicine are safe for the environment and healing for the planet. It's great because it's bringing homeopathy to a potential audience of millions and millions of people in the environmental movement.

NT: And what new directions do you see for homeopathy?

BL: I'd like to develop the positive aspects of remedies and the notion of homeopathy as a way to support people in their spiritual growth. We know homeopathy is good at taking

people who are "broken" in some way and "fixing" them, bringing them to whatever is functional and normal for them. Of course, since it was developed as a system of medicine. I'd like to see it go further, taking people who are already functional and helping them fulfil their own highest purpose on earth. In my neck of the woods, near Harvard Square, I have a lot of patients working for various non-profits and good causes. I tend to give a lot of Causticum and Carcinisin. I always explain to them that I'm not trying to cure them of working for a good cause. I give them a lot of credit for the good work they are doing and tell them I hope they can work even more effectively as a result of homeopathy.

In general, when talking to patients about their remedies, I always try to find something good to say. It's another example of an attitude, of how homeopathy can be healing. In a doctor's office, patients may have felt reduced to their pathology. In a homeopath's office, we want to treat the whole person -- and that means including their spiritual being, their good side, their positive qualities in how we receive them. And then we can look for ways that homeopathy can bring out the good as well as heal what is lacking. Just as the remedies can be transformative for our patients, we also see our students going through a profound process of inner transformation as they study it. [See related article, "Homeopathy from the Heart."]