# Dreams &

# A homeopath's guide to dreamwork

by CHRISTOPHER SOWTON, ND

Dreams... we all have them—those mysterious movies of the night. But what do they mean? Can they help us in any way? Some people say dreams are just our brains processing and discharging the events of the day. Others believe them to be valuable messages from the unconscious, from the spirit world, from deceased relatives, or from God. Increasingly, however, researchers agree that dreams play an important role in maintaining our emotional and mental well-being.

Dreams have an interesting place in the world of homeopathy these days, too. Some homeopaths pay close attention to their clients' dream reports, giving them paramount importance in remedy selection. Others pay no attention to their clients' dreams whatsoever. Still others may profess the importance of dreams in choosing a remedy, yet they have no idea what to do with a dream once it has been reported to them.

Many modern homeopathic proving reports are full of dream-derived material, with the "themes" of these newly-proven remedies identified from feelings and situations in the provers' dreams. Consequently, the "Dreams" section in the "Mind" chapter of our repertories expands with every update—yet many homeopaths never bother to look at it. What is going on? Why such a muddle?

In my 26 years of practice as a homeopath and therapist, I have noticed this very same inconsistency in the world of psychotherapy. Some therapists never even ask about their clients' dreams; while for others, dreams are indeed the

# Reir Meaning

royal road to the unconscious that Freud famously proclaimed them to be.

#### The question of dream meaning

In both of these disciplines, the question of what a dream may mean is critical, and I think central, to the aforementioned inconsistency. Dreams are varied and complex, and they do not have simple fixed meanings. Entering the dream world requires a particular skill set and some degree of familiarity with the symbolic language of the unconscious. Some authors of dream dictionaries may wish to disagree, but in my experience, a dream of a spider, for example, could mean almost anything, depending on the individual dreamer and what is currently happening in his life and psyche. This is why dream dictionaries are problematic: they limit a huge range of possibilities and restrict it to one fixed and simplistic meaning.

We have an analogous problem in homeopathy. If our client has a dream about a spider, how do we use this in our remedy selection process? Should we consult the repertory rubric, "Mind, Dreams, spiders" (pictured below)? Should we use this rubric to narrow down our remedy choice? In my view the answer is no, and here's why. If we use this rubric with its 33 remedies as a key part of our case analysis, we buy into the following set of implied premises:

# 1. There are 33 remedy types that dream of spiders.

Not true. In my experience, spiders are a very common, even universal dream motif. If this repertory rubric were to be made truly complete, it would have to include *all* our remedies. The same applies to hundreds of other universal dream motifs such as flying, falling, being chased, robbers, children, babies, our old school, ghosts, water, toilets, driving, animals, and snakes.

# 2. All the remedies that are not listed in this rubric are somehow not associated with spider dreams.

**Not true**, for the same reasons given above.

# 3. A spider dream is a singular symptom with a particular meaning.

Not true. A spider is a dynamic symbol that is used in human dreams to carry many different meanings and associations. If a person says, "I feel angry when someone interrupts me," this is a fairly specific reported experience and therefore a valid symptom, and we would be justified in using the corresponding repertory rubric in our analysis ("Mind, Anger, interruption, from"). But if a person says, "I had a dream about a spider," what does it mean? Is it warning her about a spider-like person who wishes her harm at her workplace? Does it refer to her own poisonous feeling of hatred

# Entering the dream world requires familiarity with the symbolic language of the unconscious.

and jealousy toward a friend? Does it refer to a problematic sexual attraction? An uncontrollable fear? A suppressed creative urge? An early stage of a disease? It could have any of these meanings or dozens of others. We simply don't know what it means yet, and we cannot consult the repertory until we do know, because each of these possible meanings would lead to a completely different rubric. This brings us back to the question of dream meaning.

#### **Double resonance**

The true message of a dream cannot be discerned by the practitioner alone; it must be done by or with the dreamer. Only the dreamer can have that "Aha!" moment of realizing how the dream message connects to his or her life. For me, this experience of connection is the simplest and most useful goal of dreamwork. I do not attempt to analyze dreams or interpret them; I just try to help my clients make this connection. Once this has been achieved, it's fair game to start thinking about repertory rubrics

How do you know when an insight or connection is accurate? There is an experience that I call *double resonance* whereby both you, as a practitioner, and the dreamer are resonating with the accu-



DREAMS

spiders (33): acan-pl<sub>-Milb</sub> <u>adam\_shee</u>, agath-a\_N<sub>Orla</sub>, androc\_Z<sub>alb</sub>, bani-c\_H<sub>ero</sub>, caras\_K<sub>ib</sub>, carc\_M<sub>ab</sub>, carn-g <sub>Rime</sub>, cinis-p.<sub>Cob</sub>, cinnb\_K<sub>an</sub>, ciad-r\_N<sub>orla</sub>, convo-d<sub>Mang</sub>, Cerv-C<sub>Befa</sub>, crot-c\_A<sub>lle</sub>, eryth <sub>700</sub>, garden <sub>Yale</sub>, helod-c<sub>-Kla</sub>, lat-h\_b<sub>ros</sub>, isd<sub>Norla</sub>, nelum <sub>Nero</sub>, oxal <sub>Rib</sub>, oxyt<sub>-Milb</sub>, ozone<sub>Kan</sub>, peria<sub>Gray</sub>, plut-n<sub>-Shero</sub>, por-m<sub>-Fin</sub>, ratt-n<sub>-Nero</sub>, sars<sub>-Noack</sub>, solv<sub>Robb</sub>, spect.<sub>Gray</sub>, Teg-A<sub>Nock</sub>, thuj <sub>Grab</sub>, ven-m<sub>-Rae</sub>

# Only the dreamer can have that "Aha!" moment of realizing how the dream message connects to his or her life.

racy of the insight. It is a kind of epiphany, an "Aha!" moment. If you are not able to get to this point, put the dream aside as a work-in-progress; hopefully, it will be understood in the future. In the meantime, I would suggest that you do not include the dream in your homeopathic case analysis.

# Method: Dreamwork for the homeopath

Here is a method you may wish to try that has worked well for me and many of my students. It does add a bit of time to your homeopathic case-taking because you are introducing a new step, but the results will often prove sufficiently valuable that you will deem it time well spent.

#### 1. Take off your homeopath hat!

When someone tells you a dream, listen as if you were a psychologist, a counselor, or a helpful friend—not a homeopath! This means keeping homeopathic categories and theories at bay. Try not to think of rubrics or remedies or miasms or kingdoms or sensations or whatever else your homeo-mind comes up with to process the dream. Enjoy your break from the daily grind of being a homeopath!

#### 2. Ask your client to tell you the dream.

Ask for the dream in full detail, and just listen. You will probably want to write it down, too, so you can refer back to certain elements.

# 3. Facilitate a resonant insight on how the dream connects to the person's life.

Here are three tried-and-true techniques for quickly helping your client connect their dream to their life. First, ask: "What do you think the dream is trying to tell you?" Sometimes the person will already have a good insight about the dream message. If this insight also resonates with you, then you have arrived at a usable connection. If this does not yield a good insight, ask: "What do you think the dream is asking for?" This brings a different perspective and will often lead quickly to a connection point. A third technique is to pick out two or three feelings present in the dream and read them back to the dreamer (preferably using their own exact words). Then ask: "Where do these feelings exist in your life?"

# 4. Distill this connection into a short phrase.

If, for example, the person has the insight that the spider in her dream refers to an intense feeling of jealousy and anger triggered by a certain friend, put this into one short, simple phrase, say it aloud to the person, and make sure it fits: "So, can we say that the dream spider refers to a feeling of anger and jealousy that appears suddenly and uncontrollably when you think about B.?"

## 5. Translate this phrase to a repertory rubric.

Now, if both you and the client are satisfied, you can put your homeopathy hat back on and move to the repertory. In this example, the best-fitting rubric would probably be "Mind, Jealousy." Note: you do not need to use the rubric "Mind, Dreams, jealousy." The client has confirmed the accuracy and reallife connection to the dream message of "sudden, uncontrolled jealousy toward B." You have a clear psychological symptom, and you are entitled to use this in your case analysis. [Note: the rubric that corresponds to the psychological symptom itself (e.g., "Mind, Jealousy") typically will be larger, better developed, and more reliable for remedy selection than the dream rubric featuring that symptom (e.g., "Mind, Dreams, jealousy").]

A brilliant advantage of doing this kind of dreamwork as a homeopath is that you will often uncover key psychological symptoms (and occasionally physical symptoms as well) that the client is not fully aware of or not able to articulate in the usual case-taking interview. A symptom will often announce itself via a dream. This highlights one of the key functions of dream life: dreams point out traits and behaviors that we deny, disown, ignore, overlook, or just don't know much about yet.

# 6. Include this rubric in your symptom totality and repertory analysis, with appropriate weighting.

How much importance should you

give to a dream-derived rubric versus the client's other symptoms (rubrics)? There is no fixed answer; it is a clinical decision you must make along with all your other weighting decisions. You must assess how strong the dynamic of jealousy is for this person's case. Occasionally, the dream-derived symptom will be central to the case, but sometimes it is just one small piece of a bigger puzzle in finding the appropriate remedy. At any rate, as a classical homeopath you consider the totality of the client's symptoms and would not choose a remedy based on the dream alone.

The following two case examples of Paula and David further illustrate this method.

#### Paula: Life crisis at 30

Paula came to see me for primarily emotional concerns. She was about to turn 30 and was sensing an approaching "life crisis." She felt very disappointed in two major aspects of her life-career and relationship. She described several traits in herself that she wanted to change: "I'm extremely sensitive emotionally, everything affects me, and I'm way too empathetic." She went on, "I'm a neat freak, obsessive about cleanliness. Cleaning the house is one of the only ways I can relax." She added, "I'm very hard on myself, very self-critical." She also saw problems in how she approached relationships: "I crave affection but I can never ask for it, and I often pull away if someone is affectionate, especially physically." This tendency went as far back as she could remember: "As a child I used to hide and hope someone would come and find me; I was famous for hiding, I even hid in malls, I still do this; when I'm feeling hurt I hide in my room and hope my boyfriend comes to find me. It's so dysfunctional!"

In addition, Paula had 90% hearing loss in her left ear following an acute fever at age 14. She tended to be depressed more in the winter, and she could only sleep on her right side.

I considered her primary symptoms (craving affection, desire to hide, compulsion for cleanliness and order, hearing loss, and right-sided sleep position) and put together a repertory chart (page 17). Then I sat back to mull things over.

I was considering Pulsatilla, Carci-



nosin, and Baryta carbonica as possible prescriptions. Paula had the soft, timid, mild, almost childlike quality that I have seen so often in clients who benefited from Pulsatilla. She also cried at several points in the interview while talking about her symptoms—another confirmation for Pulsatilla. The strong emphasis on hiding along with her childlike shyness supported a choice of Baryta carbonica. The combination of being emotionally sensitive, overly empathetic, and holding herself to very high standards led me toward Carcinosin. Meanwhile, Arsenicum and Phosphorus also matched well, but Paula did not have the restlessness and fears typical of people needing Arsenicum nor the improvement when in the company of others that we tend to see in those needing Phosphorus.

#### A dream makes the difference

Overall, none of these remedy choices felt fully satisfying. I decided I needed more information to make a prescription, so I asked Paula to tell me a dream. This is what came out:

"I was in my old school with two friends. The teacher came up to us. She was actually one of my current bosses, but in the dream she was my grade school teacher. She was coming to talk to me! I started to panic. She told me I had done something wrong on the test! I felt awful! I was so ashamed! My two friends tried to support me but it didn't matter. I had done something wrong! I woke up almost crying with a lump in my throat."

This was a very intensely emotional dream and clearly pointed toward something problematic in Paula's psyche. But what? I asked where this feeling of "having done something wrong and feeling terribly ashamed" existed in her current life (I was using one of the techniques outlined earlier for facilitating a connection/insight). She replied that it could happen whenever she had even the mildest criticism from a boss: "I can't take any kind of reprimand; I completely fall apart. I might even start crying." The dream allowed us to add a new and very strong emotional symptom into the mix—sensitivity to reprimand. It was not that Paula had deliberately avoided telling me this symptom during the initial interview; she simply had not thought to list it as one of her chief concerns, and I had not asked her the right question to flush it out.

Now, with the addition of this leading symptom that fit the indications for *Carcinosin*—sensitivity to reprimand, reproach, and criticism—the balance tipped, and I felt good about prescribing a dose of *Carcinosin* 1M for Paula.

#### **Relief and liberation!**

Carcinosin helped Paula in a number of ways, one of which was quite dramaticshe broke up with her boyfriend a few weeks later and experienced a tremendous sense of relief and liberation! She realized in hindsight that she had been wanting to do this for months but had been too frightened, both of his reaction and of possibly making a mistake. The prescription also significantly improved her compulsive need to be clean and orderly, her self-critical tendency, her sensitivity to reprimand, and her anxiety. On a physical level, Paula noticed an improvement in her sleep and energy levels, and a significant lessening of her nosebleeds (a symptom she had not mentioned earlier). To date, her hearing loss has not changed. (If there is structural damage in her ear, it might not be amenable to cure.)

If we were to extract the surface elements of the dream—school, teacher, boss, test, doing wrong ... we would miss the key message of the dream.

# Learn to Speak Dreamish in 5 Easy Steps

The dreaming brain has its own native "language." Here's a crash course:

## Dreams can use any figure to "play a part."

If you dream of George Clooney, he has probably been recruited by your dreaming brain to play the part of someone Clooney-like in your life or of a Clooney-like part of you.

#### Dreams use metaphor.

If you dream of an elephant, it is probably a metaphor for something elephant-like within you or in your life.

#### Dreams contain feelings and emotions that correspond to the feelings and emotions we experience in our waking lives.

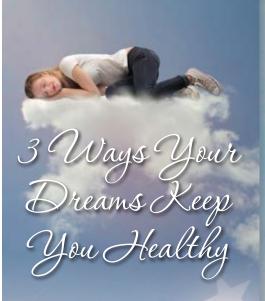
If you dream of someone feeling insulted, ask yourself where this feeling occurred in your recent life.

#### Dreams often employ exaggeration and heightened urgency.

A building feeling of resentment might appear in a dream as an approaching tornado.

#### Dreams use figures of speech, idioms, puns, and wordplay.

If you dream of being shot, it may be because you feel someone "took a shot" at you recently.



Your dreams call attention to your unhealthy and imbalanced behaviors.

One of the most common dream metaphors for this purpose is driving without good control. If you dream of driving too fast without being able to brake safely, ask yourself—is there some way in which I am not able to slow down?

# Your dreams point out when a new part of you is emerging.

If you have dreams of being pursued, or of a frightening figure at the door, ask yourself—is there some emerging aspect of myself that I am afraid to meet and acknowledge?

# Your dreams point out places where you are stuck in an old repeating pattern.

If you have anxious dreams of being back at school, chances are your brain is stuck in a repeating loop. Try this: visualize going back into the dream, catch yourself, realize that you don't need to be in school anymore, and walk out!

#### Make a connection to real-life

Paula's story shows how an important symptom can find its way into case analysis through a dream—and how it could have been easily missed if the dream life had not been considered. It also illustrates how to use (or not to use) the dream rubrics in the homeopathic repertory. If we were to extract the surface elements of the dream—school, teacher, boss, test, doing wrong—and take them literally and directly to the repertory, we would miss the key message of the dream. You need only to look at these repertory rubrics (dreams of school with 23 remedies, dreams of old school with 3 remedies, dreams of teacher with 4 remedies) to realize that they could not possibly adequately represent one of the most common dream motifs in our society-being back at school and having something bad happen. But if we try our new dreamwork method instead and connect the dream to the dreamer's life before we consult the repertory, we may indeed arrive at a reliable and characterizing rubric.

# David: Deep sorrow from the start

David, age 37, consulted me for homeopathic treatment in August 2012. His physical symptoms were fairly mild and very common—cat allergy, history of eczema on the forearms, and sugar craving after meals. What was really bothering him was his "sorrow." He told me: "I have always had a deep, heavy feeling of sorrow, and I don't know why. It may have to do with my father. He was so angry, and I made myself the conduit for his rage; I did this willingly because I felt nobody else in the family would be able to withstand it. But I couldn't handle it either, something in me was broken. It feels so old and ancient, it may not be healable. Also in my mid-20s, one of my best friends killed himself. I was in mourning for three solid years. I think I went into some kind of martyr place. I even thought I maybe should try a monastic life. Now I'm

in an amazing relationship, but I don't feel worthy of it. I always have this undeserving feeling, and I'm afraid this may cause me to sabotage everything." David's self-description was reinforced by his presentation and manner—his sorrowful eyes seemed close to tears, he sighed heavily as he told his story, and his voice broke with emotion several times. He emanated a powerful sense of grief, at the same time assuring me that everything in his current life was "wonderful."

The well-known remedies that address grief and mourning—*Ignatia* and *Natrum muriaticum*—certainly came to mind, but it was not until David told me the following dream that the whole case began to gel for me:

"I'm high in the air, flying with my partner (not anyone I know in waking life). She and I have a deep connection. Suddenly I started dive-bombing straight down as if I'm going to crash! Then she did something-she grabbed me and swung me around and above her so that she landed first and took the brunt of the impact. She did this to save my life. She was going to die because of this. She was okay with that, but I wasn't. I was so...(he started sobbing)...deeply...anguished...that she sacrificed herself, and I felt that I had caused her to die. She was reassuring me that it was okay, and that it was not my fault. A lot of energy radiated from her eyes. She said: 'Come find me again (meaning in the next life), don't get hung up on the sorrow..."

As we discussed this dream, two new powerful emotional symptoms were added into the mix along with the sorrow: guilt and responsibility. David understood clearly for the first time that he lived with a constant feeling of guilt as if he was responsible for someone's death, and he had been carrying this all his life! But why should he have such a feeling? He could not pinpoint any experience that would have produced it.

"As a child I used to hide and hope someone would come and find me; I was famous for hiding."

# Dream: "I was in my old school with two friends. The teacher came up to us. She was actually one of my current bosses ..."

#### **Vanishing Twin Syndrome?**

In my 26 years of working with dreams in a healthcare setting, I have come across a similar dream pattern many times, and although I have no way of knowing for sure, I suspect it may be a result of Vanishing Twin Syndrome (VTS), the medical term for the not-uncommon occurrence in which one fetus from an initially twinned pregnancy dies in utero or is miscarried, usually in the first trimester. Many psychologists suspect that the emotional aftermath for the surviving twin is a deep sense of loss and a feeling of "survivor guilt," much like David described.

In dreams, the pattern of elements that I have noticed and suspect may be related to VTS are: a fall from a height, an impact, an act of sacrifice, a sense of one dying and one surviving, and a terrible feeling of loss and guilt. I discussed the possibility of VTS with David, and

he experienced a spontaneous upwelling of cathartic emotion and a strong (and lasting) sense of resonance with the idea. For the purposes of finding a good homeopathic prescription, however, I did not need to know if this was truly a case of VTS or not, as it would not change the process in any way.

#### Time for the hat

Now it was time to don the homeopath hat once again and translate this experience into repertory rubrics for case analysis. I selected the dream-generated rubrics for guilt ("Mind, Anxiety of conscience," and its sub-rubric "Unpardonable sin, feels she has done") as well as "Mind, Responsibility, ailments from," and added them to the rubrics I was already considering. This generated the graph on page 20.

*Ignatia* certainly presented itself as viable choice, since the open expression of

acute grief with sobbing and sighing is highly characteristic of people who need Ignatia. But I wanted a remedy that, in addition to correlating with David's grief, had the theme of bearing a great responsibility, failing in that responsibility, and thus carrying a heavy feeling of guilt and remorse. Aurum metallicum fit that theme well and appeared at the top of the repertorization chart. Extreme guilt, remorse, and even "delusion that he has neglected his duty" are some of the descriptions we see in our homeopathic references for people who benefit from Aurum metallicum. I thought this remedy provided the best match for David, so I gave him one dose of Aurum metallicum CM. I chose a very high potency because the problem was, in his own words, "so old and so ancient" (he could not remember a time in his life when he had not felt these feelings) and because his physical health was strong enough to handle this potency.



# Be a Dream Catcher!

### 3 TIPS FOR CATCHING YOUR DREAMS

We all dream, but some of us have trouble remembering our dreams. Try one or more of these techniques to improve your dream recall.

- **1. Set your intention.** Whatever we pay more attention to, we will get more of. When you go to bed at night, tell yourself that you intend to remember your dreams in the morning.
- 2. Allow time to drift up to the surface in the morning. It is very difficult to remember a dream if you are jarred out of bed by an alarm clock. As many mornings as you can, allow yourself the luxury of drifting slowly awake, lingering on the "shoreline" between sleep and waking, between your unconscious and conscious minds. This half in/half out state is when you will have the best chance to recall your dreams. In this state, you can practice "going back in" to the dream and retrieving more details.
- **3.** Anchor the dream before it drifts away. Many people remember a dream vividly in the morning, only to find that a few hours later they have completely lost it! This is because they did not anchor or store the dream securely in their long-term memory. Anchoring is different for different people—some people need to write the dream down in their bedside journal, some need to speak it out loud, and some need to go over it a few times in their mind. Find out what you need to do to anchor your dreams, and start doing it. **Tip:** If you don't want to fully awaken to anchor your dream, quickly jot down 3 key words, or draw a simple graphic, before drifting back.



In my 26 years of working with dreams in a healthcare setting, I have come across a similar dream pattern many times ...

The results were wonderful. At our next visit, David reported "a lightening. Something shifted in my unworthy, undeserving feeling—it hasn't come up lately. The sorrow hasn't been living inside me so much. I'm starting to feel a very strong and beautiful feeling inside me." He no longer carried a fear that he might sabotage his relationship or the feeling that he did not deserve such a wonderful mate, and he is now happily married. His sugar cravings subsided to a manageable level, and his eczema improved to a point where he described it as "negligible." All these changes have held nicely through the last two years.

# Pitfalls of premature repertory use

If the surface elements of David's dream had been taken literally and directly to the repertory—dreams of falling, of falling from high places, of casualties, of dying, of guilt, of remorse—we would not have had the same results. Indeed, we might have even been led astray in our remedy selection.

In general, I think most of the entries in the "Dream" section of the repertory correspond to common and universal dream motifs that could emerge in any person, in any disease state, and during any remedy proving. They do not, in my opinion, point strongly to any particular remedy. For this reason, I think the pitfalls of using the "Dream" section outweigh the benefits; we would do better to avoid it and use our clients' dream

material according to the method shown in the examples of Paula and David.

### **Exceptions to the rule?**

Of course, as with everything in homeopathy (and life), there are always some exceptions! I do think some entries in the repertory's "Dream" section are valuable and can be used as guiding symptoms; they seem to somehow capture the true "voice" of the remedy. This was brought home to me in a striking way when I conducted a proving of spider web material—Tela araneae. Four provers dreamed of being treated badly in a restaurant, either being served second-rate food or being seated somewhere they didn't like. I have no idea why or how this dream theme could be related to the spider web, but after 10 years of using the remedy in practice, it remains the most commonly-reported dream theme that has guided me to successful use of this remedy, and I would classify it as a "keynote" or "leading symptom" of Tela. I have encountered it more than 20 times to date.

I believe it would be beneficial for homeopaths to attempt to discern which other dream motifs in the repertory can be used in this way to successfully guide us to a remedy. I would suggest that the following qualities may be helpful in identifying such dream motifs:

- 1. they are precise and specific (as opposed to general themes)
- 2. they do not involve common human emotions, sensations, and feeling states

- 3. they appear within several provers of the remedy (not just one or two)
- 4. they are surprising, unpredictable, and unexpected.

Some other examples of dream motifs from recent remedy provings that seem to have these qualities are the dreams of theft for *Lac leoninum* (lion's milk) and dreams of circles for *Lac delphinium* (dolphin's milk), as described by Nancy Herrick, and the dreams of castles for *Helodrilus* (earthworm), as observed by Lou Klein.

#### Give dreamwork a try!

I have long sensed that many homeopaths would give dreams a more central role in their case analyses if only they had a reliable method of dreamwork at their fingertips. I hope I have supplied you with one in these pages. If you are a homeopath with an interest in dreams and the messages they carry, I encourage you to give this method a try. Put it into practice—you might be happily surprised with the results it brings.

#### ABOUT THE AUTHOR:



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