

On Practice

This article examines the role of the healer and the value of dreams in the therapeutic encounter. It looks towards the active participation of both parties in a process of revelation and healing where unconscious elements are welcomed into the consulting room.

It has been stated that the archetype of a healer is linked to that of a priest or priestess. The roles overlap because both are concerned with our welfare: priest, concerned for the welfare of our soul, and healer, concerned for our body. In the Christian tradition, it is Jesus of Nazareth who most powerfully exemplifies this relationship. Physical and psychological health are dependant upon surrender to the higher spiritual truth revealed through Him. The spiritual teachings are substantiated by healings and miracles as evidence of that truth: that consciousness arranges the world. Surrendering to consciousness gives rise to changes at all levels of manifestation.

Any child when injured or sick looks to their parent or a parent figure, while a sick adult looks to a healer/priest for solace, care and wisdom. This is often the dynamic, the projection and collusion that homeopathic practitioners consciously or unconsciously participate in, every day, in the consulting room. We are helped in our healing mission because of it. As an aside, it is because of this dynamic that we need to be particularly watchful over our 'psychic hygiene', and it is because of breakdowns in trust, that complaints over misconduct most often occur.

As the patient looks to the healer/priest, so the healer/priest looks to the lineage of teachings and to spirit as the source of healing. This source is in the now, this moment, wherein all past moments are gathered and from which all futures are born. Here, there is capacity for change with dynamic vitality. Here, there is room for transformation. A healing space, which, as James Hillman suggests, can be envisioned as a room, a tomb and a womb.

So, before we begin, it is necessary to bring our presence, our attention into the consulting room. We need our enthusiasm to be there, our awareness, so that moments in the now may arise. Our minds and hearts need to be open to what may unfold without judgement or interference. Those who are open to the practice of healing are aware that they must let go of expectation, let go of 'end gaining' and in the case of homeopathic practitioners, let go of chasing for the remedy, and asking formulaic and routine questions. Healing moments in the now occur when what appears to be a mystery begins to unfold as the therapeutic journey begins. This is associated with a palpable energy shift, and along with that, there occurs a 'translation' from one realm into another. The patient shifts from the mundane, where symptoms are recounted, to core issues, where the source of the disturbance is located.

As an example of this, see how often emotional states, with a little amplification, or even spontaneously, translated into bodily sensations and gestures, and arising from this, images, memories, trauma (literally dreams) surface into awareness. This may be envisioned as unravelling a knotted ball of thread. Often the first thread to be unravelled was the last to have been wound on, later the earlier, and so on, until all the tangles can be released – Hering's Law playing itself out. In many instances we are called to repeat the remedy, or to give other remedies along the way, because the unravelling requires old memories in the body and its tissues to participate in the process of de-manifesting the internal disease and to come into the now. In settled chronic diseases and in cancer cases, for instance, this may call for sequential prescribing. Sometimes though, the patient and practitioner find themselves in free fall, time-travelling, and then the deep past may come into view, as a trauma from childhood, maybe, unexpectedly, is brought into the now and presented as a sensation and body memory. To help it untangle, as would a midwife rotate a baby knotted up in its cord, the practitioner needs to believe in

their art of healing, without reservation, without holding back, without offering resistance. The surrender to the process, its mystery and its wisdom, should be complete.

A healer needs to be able to navigate their patient through their healing process, which will certainly have its encounters with obstacles. When there is free flow, without resistance, then the patient need not hold back. In times of no resistance, they become the flow itself. In a manner not unlike falling into white water, it is the flow that protects, circumnavigating the hazard of boulders. Likewise the patient in the flow will feel and sense that they are being heard, understood and met. A healing alliance deepens between patient and healer, who because of this agreement are both given the opportunity to intuitively navigate these apparently treacherous waters. This manner of healing is beyond those tangible disease processes with their greedy draining of the vital energy resources of the patient. Because of this, a dynamic revelation of the core state is made possible. The process is intensely creative!

As James Hillman has written, the room provides a safe haven in which the patient feels cared for and heard while the healer is able to let go of the past and focus in the now. The case-receiving journey can then be energized by the highest level of awareness, and will be unhindered by the practitioner's personal opinions. The tomb is for the death and repository of the old state. The womb is analogous to the healing process itself, giving birth, and releasing the original state of the disease. By releasing we are referring to Hering's Law, understanding that deeper levels of pathology are provided with venting routes by the healing vital-intelligence, and manifest their disorder in peripheral disturbances. In this sense they are time traveling from the past to the present, or put another way, are turning from chronic to acute states.

To help us be in the moment and generate the action field of the now, we should be committed to what we do. It is not appropriate to bring dullness or doubt into the healing room, nor is it useful to bring along our own baggage. That stays outside the door. She or he who enters can then be awake and present: ideally, in a state of unencumbered awareness. Then there will be no practitioner burnout, nor will the practice wither away. By way of analogy we could say that this is because folk gather around a light. So, what to do, if the light should dim? My advice is: become revitalized in the teachings. We can draw inspiration from our lineage. We can also take time to cultivate silence, to switch off the chatter of the restless mind. In our consulting room we are also practicing this in the most natural manner. We can keep up our homeopathic study, for we are forever students, and we can nurture watchful awareness in our lives from which natural peace and playfulness arise.

On dreams

Carl Gustav Jung coined the term the collective unconscious, a concept that though it predates his discovery, was placed in the field of analytical psychology by him. For Jung the psyche is both outside time and space as well as anchored within the personal soul. The collective substratum of the unconscious is that which is shared by a whole society, indeed all humankind. It is the product of ancestral experience and contains its archetypes. Archetypes may be thought of as elemental forces that play a creative and formative role in shaping the world. The ancients called them elemental spirits while Plato, abstracting, conceived them as solids. Mind is rooted in the unconscious just as a tree is rooted in the ground.

In between the collective, archetypal and personal unconscious is a region populated by forces, images and experiences of the patient's personal ancestral heritage. All of these can provide sources of dream material. Such dreams are not mere compensations of day-world experiences, on the contrary, they belong to the deepest parts of the dreamer's psyche. They are to the psyche what DNA is to the body. Such dreams even if they are beyond interpretation, when given space and attention, may drive the session forward in an inexplicable way, leading towards the energy field of the deepest issues that require healing. Personal and impersonal soul/psychic forces are at work together, providing a symbolic language for healing ambivalences and for integration. When both the disease, and its many derivatives, and soul inhabit the same body/mind simultaneously, then ambivalences arise unless disease and soul remain perfectly aligned to meet demands in the outer-world coherently. As this only occurs occasionally, the individual is driven to respond in an inappropriate and un-integrated manner most of the time. Attempts at integration may be precarious, and coping mechanisms may fail. When sustained this manifests as organic disease.

The etymology of the word psyche, which in ancient Greek means butterfly, provides an analogy that will appeal to the imagination of the homeopath, who naturally seeks correspondences. This is because the butterfly is a prime example of a being that metamorphoses its shape and function, as does dream and reality. Jung found it necessary to define soul and psyche as separate concepts. This arises out of the German language since there is but one word "die Seele" for both. "By psyche, I understand the totality of all psychic processes, conscious as well as unconscious... By soul, on the other hand, I understand a clearly demarcated functional complex that can best be described as a personality."¹ The psyche therefore, is capable of extending consciousness beyond the soul/personality.

The psyche speaks directly into the ear of the dreaming soul.

In my practice, initial contact with a patient is almost invariably by phone. This gives us both a chance to sense the others presence as well as establishing the ground upon which subsequent healings encounters will depend. Alongside the usual request for a written anamnesis and family history in the form of an annotated family tree that includes the story of identified key members of the family, I usually request a dream. Making reference to the Talmud, that states "a dream which is not interpreted is like a letter which is not read", I suggest that the patient's subconscious may oblige by posting a message through the letter-box of dreaming into the day world of consciousness. In so doing I am also inviting that such dream-like awareness be part of the session that we are scheduling.

In dream-work everything that appears in the dream is seen as being representative of the dreamer's psyche, whether it is animate or inanimate. We give it our full attention thus endowing it with vital energy, so that it is able to express itself and its intention. We understand that we should never know better or first, for the dreamer and the dream are things about which we have no prior experience. We put all assumptions and associations into abeyance, taking heed only of what the dreamer has to say about their dream. However, we do actively lead them to examine, to explore and to reenact the events of the dream. We travel with them as they explore. We are in the position of a companion who may know some of the language, but never the territory, for that belongs to the unique inner world of the

dreamer. It is unlikely to be found in books that write about dream symbols, because these presume set interpretations. On the contrary, the dream material that is useful in homeopathic analysis needs to be taken at face value: it is what it is, and need not be interpreted.

In encouraging our patient in the exploration of their dream experience, we enter into the reality of their soul/psyche with them. This will have a numinous ambience that we, the therapist, breathe our life into. We believe in it, and as I have written, we provide it with vital energy accelerating its capacity to reveal itself. This belief and active participation helps our patient give credence to what is occurring in the dream and in the dream-like occurrences in the consulting room; then it is not a matter of the intellect taking possession of it, but rather of allowing the dream to weave its insubstantial veils into substance in the here and now. Believing and participating in this reality is of the essence.

Working with dreams, imagination and dream-like states in practice

Dreaming is one of the keys to harnessing creativity. We know that all creative works are the product of the imagination, and like all personal expressions have their source in the psyche. Because the psyche is unchangingly present and was there in the child who we were, it may be accessed through goal-less and child-like play as well as through dreams. Then its creativity will not be overlaid by the censorship of the adult's critical mind. Later these sources arising out of playing, fantasy and dreaming may be interpreted through whichever techniques are appropriate.

Bringing creativity into the case-receiving process is fun! Creativity can be encouraged by allowing the active imagination into the consulting room. Then it can be invited to take part in describing and enlarging upon all experiences: metaphors can be found, stories of events that effect profoundly can be sought, likes and dislikes can be exaggerated until they become so huge... And of course, drawings and doodles can be asked for. Psychoanalytic tradition has its couch, and we can adopt the practice, without necessarily adopting the couch, by suggesting that our patient shut their eyes. This is to help them enter more fully into their situation and state. In inviting shut eyes we insinuate the dream world. In this state abruptness of speech and an interrogative manner would be completely out of place and would jolt the dreamer out of their reverie. Our tone must be soft, and interrogative questions should be replaced by mere suggestions in the form of, "what would it be like if...?", "tell me more about this?", "what are you experiencing?" Later, sensations, images and feelings are offered back to the patient for further exploration, and finally, once the dream-like realm has been left, the patient can be asked to interpret or comment.

In my opinion, the honouring of 'the other reality' is the most important aspect of being a therapist because it brings core issues to the fore upon which we may then prescribe. (All sorts of accretions add themselves to the core state, for the psyche is endlessly adaptive and creative in its attempts at correcting and adapting to the disturbance at the core. If we follow the lead of these secondary expressions, then we will surely be led away from the center.) Second to this are the technical aspects that allow us to come up with a fix-it similitum. From an educational point of view, I believe that both are of equal importance and that a solid foundation is given to the student only when the dreaming soul is welcomed into all of the practical work with patients.

Carl Gustav Jung (born 1875, died 1961) was a Swiss psychotherapist and prolific author, who founded Analytical Psychology.

James Hillman (born 1926, died 2011) was an American psychotherapist, journal editor and author. His magnum opus, *Re-visioning Psychology*, was written in 1975.

ⁱ <http://www.jungny.com/carl.jung.179.html>