

Shrink Rap Radio #337 February 6th, 2013

“Using Dreams in Health Care”

Dr. David Van Nuys Ph.D., aka ‘Dr. Dave’ interviews Christopher Sowton, ND
(Transcribed from <http://www.shrinkrapradio.com> by Gloria Oelman)

Introduction:

My guest today is naturopath Christopher Sowton and we’ll be discussing his new book *The Dreamworking Manual – A Guide to Using Dreams in Health Care*. Dr. Christopher Sowton ND has been a practicing homeopath and naturopath since he graduate from the Canadian College of Naturopathic Medicine in 1988. His practice in Toronto is a blend of classical homeopathy and psychotherapy with an emphasis on dream work and depth psychology. Since 2003 Christopher has been focusing on training health care practitioners to integrate dream work into their practices. He has developed a course called The Dream Reading Method, which can be used by practitioners facilitating their clients and also by non practitioners who are trying to get more out of their own personal dreams. He’s recently published a book, *The Dreamworking Manual – A Guide to Using Dreams in Health Care*. For more information on all aspects of his work see <http://www.dreamreading.ca>

Now here’s the interview.

Dr. Dave: Dr. Christopher Sowton, welcome to Shrink Rap Radio.

Christopher Sowton: Thank you.

Dr. Dave: Well, it’s great to finally have you on the show. I really appreciated the opportunity to meet you last summer at the annual IASD, that is, International Association for the Study of Dreams conference where you gave a wonderful presentation on using dreams in health care. So I knew at that point that I was gonna want to talk to you and you told me you had a book in the works and the book’s finally come out and so now we can do that interview that we talked about back then.

Christopher Sowton: Right.

Dr. Dave: Well, before we get into your book and your work on dreams, how about a little bit on your professional background. I know that you’re both a homeopath and a naturopath. I’m not sure if everyone will be familiar with these two disciplines, I’m not even sure how much I know about them, so please enlighten us a bit.

Christopher Sowton: Yeah, sure. So, by license I’m a naturopath so here in Ontario, Canada where I practice, the recognized license is a naturopathic one but naturopathy is really an eclectic gathering of many different types of medicines. I guess the thing that they have in common would be that they attempt to support the

body in healing itself but they would include many things – supplements, diet, nutrition, traditional Chinese medicine and many kinds of body work.

Dr. Dave: Hm,hm.

Christopher Sowton: And also here in Ontario include homeopathy under their kind of umbrella and I'm particularly interested in homeopathy. Homeopathy is a very particular kind of medicine that was invented about 200 hundred years ago by German doctor Samuel Hahnemann and it basically is medicine that is chosen according to the law of similars, meaning that you choose your medicine to match the state that the person is already in and the more similar the medicine is to the person's state, the better it will work. So it works by similarity rather than opposition which allopathic medicine works through opposition, through opposing the symptom.

Dr. Dave: Well, I know there's more and more openness to alternative approaches these days and in fact I think I'm gonna have an interview down the line at some point with a listener who is a homeopath, so we'll be able to go into more detail when I do that interview.

Christopher Sowton: Yeah, O.K. I think... Well, one quick example I could give you of the homeopathic principle is the cold feet example. Like, 'What do you do if you have chronically cold feet? Like, how do you make that better?'

Dr. Dave: Well, I don't know, I don't suffer from that, both my wife and one of my sons do and they put on wool socks.

Christopher Sowton: Yeah, what they intuitively try to do, which is essentially allopathic, is warm up their feet. You know, they'll use a hot water bottle, or extra socks, or they'll put their feet on the radiator, or on their husband's warm leg, or whatever but what that does over time is it just weakens the whole circulatory system and makes the chronic problem even worse because basically you're not challenging a vital response from your own body. So what the homeopath will do is the opposite – they'll take the cold feet and make them a little colder. So a homeopath would be likely to tell you, for example, if you have cold feet, to go run in the snow which...

Dr. Dave: Oh, my goodness.

Christopher Sowton: ...here in Toronto now because we're covered in snow right now and when you do that you're challenging your body you're not helping, or palliating it, you're challenging it to up its game and get a bit stronger and when you do that, the chronic problem improves because you're actually forcing your body to do something for itself, rather than helping it from the outside which has a weakening effect, even if it's a desired effect.

Dr. Dave: Well I understand the logic of it and I can tell you, you'd get some resistance from my wife for sure. Well, what led you to follow these paths, I mean how did you get on this particular career track?

Christopher Sowton: Well, I myself had a personal experience with a health challenge. I had an allergic rhinitis issue all through my youth and teenage years and you know, basically a chronic runny nose that was exacerbated by many allergens. So I took the tradition allopathic route and had all crazy these injections for months and months and months that were very painful and about a year into that, I realized ‘You know what, this isn’t doing anything. It’s making it worse and it’s very painful and I don’t even like the idea of injecting all these things into my body.’ So I went to a homeopath – an old timer here in Toronto – and he gave me one dose, literally one tiny pellet of a homeopathic medicine and that chronic problem that I’d had for many years started to improve. So I was very intrigued, I was hooked from that point and I went on to seek admission into the Naturopathic College here in Toronto, which at that time was the only way that I could see available to me to become a homeopath.

Dr. Dave: And how many years have you been in practice now?

Christopher Sowton: I graduated in 1988, so quite a long time.

Dr. Dave: Yeah, it’s too complex math for me but it’s a long time and so, you know, here you are presenting at a dream conference and writing a book about dreams. When did you first get interested in dreams?

Christopher Sowton: Well, looking back on it, even when I was in the college as a student, I was very interested in dreams and I was journaling my own dreams and I was going to all the Jungian Institute seminars, so I became very interested in Jungian psychology and read everything I could about it.

Dr. Dave: Well how’d you even know about it? I mean as an undergraduate I never even heard of Jung.

Christopher Sowton: Yeah, I’m not sure how I first picked up the trail there but I do remember a turning point experience for me – I believe it was in 1985 so I was still a student at the college – the Naturopathic College – I went to see the wonderful film series featuring Marie Louise Von Franz, the Jungian analyst, called *The Way of the Dream*.

Dr. Dave: Yes, I’ve seen that series – it is truly wonderful.

Christopher Sowton: Yeah, she’s remarkable, I mean she’s dead now but she was recognized by many people to be the greatest exponent of Jungian dream work and very, very impressive and I would recommend anyone who has a weekend where they want to really delve into the dream world, to get a hold of a copy of that – it can be ordered from the Marion Woodman Foundation – and watch it. It’s really an eye opener and I remember saying to myself at that time ‘You know what, I’m gonna use this in my work. This is not going to be just an interesting personal thing for me. This is gonna be more than that and I’m gonna use that.’ I didn’t know how really, at that time and it took me many years to actually develop a consistent dream working aspect in my practice but I knew that I wanted to do that.

Dr. Dave: Well what were the challenges that you faced in doing that?

Christopher Sowton: Well, one of the challenges was that dream work is not on the curriculum anywhere in medicine, including in the Naturopathic College where you would expect that it might. It's really... you know this is one of the things that really bothers me and motivates me, is that dreams seem to have lost their place in medicine and health care and I really think we need to do something collectively about that. So that was one problem – that it was not considered to be a legitimate aspect of health care – and another problem is that when you're talking about an individual person who comes to see you for health care, they are not expecting in most cases to talk about their dreams. So you don't... if you like, there's a mandate problem – you don't have a mandate to ask them about their dreams, so you have to negotiate that mandate and you have to essentially convince a lot of people that dream work is legitimate and related to their health.

Dr. Dave: Yeah, I can see where both of these would be challenges. So as you began to use dreams in your practice what sorts of results did you begin to experience.

Christopher Sowton: Well, what I noticed that there are of course different kinds of people and people behave differently when they get sick but I did notice that some people really just wanted relief of their symptoms and their illness. They wanted to feel better and they didn't want to invest a whole lot of time and energy into that and those people are usually not gonna want to do dream work. And then there's another kind of person who really gets the idea that we have an inner guide, or an inner healer and that inner healer speaks to us in various ways and one of the ways is through our dream life and they wanted to tune in that inner voice. As Von Franz said in that film series I was talking about, what we try to do is to train people to hear their inner voice and follow it through dreams and that's what I try to do with that second type of person.

Dr. Dave: O.K. well, I'm sure you've got stories that, you know, from doing this over the years and feel free to throw them in at any point here that feels appropriate. I'm wondering at this point if there is a story or two that kind of stands out in this practice that you could share with us.

Christopher Sowton: O.K. Sure. Well, let me tell you one that involves a very important dream. I was working with a woman in her late twenties a few years ago and she had been a singer – a semi professional or even professional singer – for a long time and then she'd stopped that completely and was now studying in another field and had not been singing for many years. And she reported a dream in which she was led down stairs in a house that she wasn't familiar with and the figure who is leading her, took her to a freezer and she opened the door of the freezer, saw many frozen babies inside the freezer and she was of course horrified and then the dream went on to other parts but when we were working, we focused in on that part of the dream because it seemed to have so much emotional impact and intensity...

Dr. Dave: Sure.

Christopher Sowton: ...and what I did with her was help her connect it to her life, which is my goal. You know it's very important to, when you're doing dream work, to keep a very clear goal. My goal is just to get a connection, a resonant connection between the dream and the dreamer's life. So, the connection she made was

facilitated by me saying, ‘Well what in you is frozen?’ And she immediately connected it with her singing. It’s still alive and it’s still in her, in some sense but it’s in a deep freeze and she immediately realized at that point that she had to start singing again. She couldn’t continue to leave this vital part of herself in the deep freeze.

Dr. Dave: Aha.

Christopher Sowton: So she made a very significant life change based on an insight from a dream and that is the kind of work I really like to do, you know, that kind of work really excites me.

Dr. Dave: Yeah, that’s a great story and I think one of the things that I really resonate to as a dream worker myself is your emphasis on connecting to the real life – or, maybe the real life is the wrong word but the outer life that... well, both outer and inner but making those connections, is also kind of my focus as well. Now the sub title of your book is *A Guide to Using Dreams in Health Care* and so that’s kind of general. What other health care professions do you see as this having applicability for and I wonder if you’ve... I think you do some workshops, maybe you’ve trained some other health care professionals?

Christopher Sowton: Yeah, that’s become a really significant part of my work is training other people to do this. Because I’m primarily in the naturopathic and homeopathic community here in Toronto my audience largely comes from that community but I’m really trying to extend it out to other types of health care workers and you know I really do think anybody in the helping professions. Let’s expand it even just from health care, to all the helping professions where you’re trying to help somebody else with their problems and their personal growth. So that’s very wide – that includes psychologists and counselors, pastoral counselors, spiritual counselors and all kinds of people can all use dream work.

Dr. Dave: Sure. I’m remembering your presentation in Berkeley though, at that IASD conference and it seemed like a major challenge was that people aren’t necessarily coming to you for a 50 minute/hour of dream work and you might have to squeeze it in to 5 or 10 minutes. As you know when I think of medical doctors, I mean that’s the kind of situation they’re in these days – a lot of pressure, you know, maybe you’re lucky if you get 20 minutes with an MD.

Christopher Sowton: Exactly. It’s the time factor. The time factor is one of the primary things that’s working against dream work, you know, in a health care or helping profession context. Because as you say, even for someone who’s very open to it, let’s say ideally both the practitioner and the client, or patient, are totally open to working with this dream and they both know it’s important but they’re running out of time. Now this happens all the time, so we really do need, I think, a dream working style that can be done in a relatively short time and I’ve devoted a lot of work and effort to developing this and I think... it’s not the only option, I mean by all means if you have the time to lavish on a dream, take it, because it will be very valuable – the more time you’ve got the better but what often happens is, you know, the appointment’s almost over and the dream comes up – are you going to work with that dream at all, or are you gonna just say ‘I’m sorry we don’t have time for that.’ And unfortunately what happens most of the time is that the dreams are just left there even

though both parties want to work with them. It's just, practically speaking, it can't be done, so my... what I've developed is a couple of tricks to do effective dream work in a short time and the first one again has to do with the connection thing. You've got to keep your goal relatively simple, so make sure your goal is something that's achievable in a short time. So connection, by which I mean, the dreamer goes 'Oh, yes, I see where that connects to my life,' if you make that your goal, then you may indeed be able to achieve it within a short time. Whereas if your goal is to make a sophisticated analysis, or interpretation of a dream, that does justice to all the richness of the dream, then no, you probably won't be able to do that in under an hour. So both are wonderful and valuable but you know, we've got to be practical and work with what we can do. Another trick is to make your starting point not 'What does the dream mean?' but instead, 'What is the dream asking for?' Because you can always look at a dream from the point of view of what's it asking the dreamer for. And if you do that it, accelerates the movement, it accelerates the whole process and gets you to a connection point much faster, in my experience.

Dr. Dave: Well, let's think about that dream that you shared with the babies in the freezer. Does that apply there? You know, what is the dream asking for?

Christopher Sowton: Yes, absolutely. Imagine you were in your office listening to your client tell that dream and in the back of your mind, you framed the question 'What is this dream asking her to do?' And then very likely you would say it's asking her to take the babies out of the freezer and nurture them and warm them up and give them some life – bring them back into life. Then of course you would have to check that out with the dreamer because the dreamer would have to resonate with that too. So then if the dreamer did resonate with that, then there's your answer. That's what the dream is asking for and you not only know the meaning of the dream, you already know what it's asking the dreamer to do, so you're already at the level of making an actual practical response to the dream.

Dr. Dave: So it would help to know something about the dreamer's life, to have done an intake in which you really know something about their life, so that you would be sort of prearmed with some material that could help you to make those connections and know what questions to ask.

Christopher Sowton: Right, exactly, yes. 'Course the more you know about the person the more likely you are to be able to help them make a connection.

Dr. Dave: And that means you gotta take time to listen to them somehow, even in a busy session and even though, you know, we've been talking about health care professionals and that's in the subtitle of your book, I really got the sense that you had a much wider audience in mind as you wrote it and that really just about anybody could benefit from this book. Is that true?

Christopher Sowton: Yes, I really... I decided early on in the process I thought 'Do I want to write a popular book for everybody, or do I want to write a book that helps to train dream workers?' And I realized that I wanted to do both, so in a way the book is kind of straddling both those but it's primarily aimed at someone who is trying to help another person understand their dream, so it puts the reader in the position of the facilitator. And it doesn't have to be in a health care context – it's anyone who is

trying to help another person understand their dream and get more out of it. And of course you can even do it with yourself but if you do it with yourself you should divide yourself into two people – you the one who had the dream and you the one who's facilitating the dream.

Dr. Dave: Yeah.

Christopher Sowton: And a facilitator should use the question and the templates and the constructs that I've developed on themselves, in a way and that actually works very well.

Dr. Dave: Yeah, you've done a lot of original work in the book. I think really done some original thinking and we'll be getting to that but you know our brains are really tuned to be responsive to stories and so I want to ask you if there is a dream you can share from your own personal life, that made a big impact in terms of either your own self understanding or the direction in your life.

Christopher Sowton: Oh, Yeah. Well, there's lots. I have lots of dream journals going back to the early eighties but I'll tell you one that I think was critical in turning me on to the idea of being a dream worker in my profession. And that was one I had back in my college days. I had a dream that a dog was leading me through a dark landscape and up over a difficult barrier and then down the other side and then into water. I had to make this decision 'Oh, do I wanna plunge into this body of water? O.K. well the dog says I should, so O.K. I'm going to.' I was trusting the intuition of the dog and I went into the water and soon I was in very deep water and I saw three very large grey wolves swimming right towards me and I thought 'Uh, oh' and I thought, 'Oh, I've gotta make a decision here. Do I turn and swim for shore as fast as I possibly can, or what? Do I try to, you know, make some kind of bold encounter with these wolves?' And I chose the second. I said 'O.K. I'm out here, this is pretty amazing' and I started to feel like I might not be killed if I swam right towards the first wolf. So I did that, I swam right into the first wolf and he kind of disappeared and then the second wolf, he disappeared and then when I swam into the third wolf, it was a kind of amazing upward whooshing of energy, as though the whole scene was being pulled up into the sky – and I woke up.

Dr. Dave: Wow. What a powerful dream and certainly it has archetypal elements you know with the guide and going over an obstacle and then being led into this body of water, which often is associated with, you know, a dive into the unconscious and then confronting these instinctual elements. How did that bridge to the understanding 'O.K. I need to bring this into my practice?'

Christopher Sowton: Well, there were a number of things. The first one was that I was really struck by the fact that I trusted in the dog, you know, I trusted this intuitive creature to lead me where I needed to go. So I thought, the dream... one of the things the dream is asking for, is for me to put more trust in my inner intuition and then as you say the plunging into the water, that was another thing. I equated that at the time – and I still do think it's true – that I would literally be doing a lot of my work as if in the water. That is, as if I was exploring around in the unconscious – on the surface between the conscious and the unconscious – which is often depicted as being on the surface of the water, where the exciting part of this dream took place. And the third

thing I took from it was just about, you know, going back to the homeopathic principle – you have to be courageous sometimes. If you've got cold feet, you gotta be courageous enough to make them even colder because that's what's gonna make you stronger, not warming them up. That's gonna feel good, yeah but it's not gonna help the problem, so there's something about making a decision to swim right into the face of the fears that I also felt applied to my work.

Dr. Dave: Yeah, I can see that, I can see that. So, from your point of view and maybe it's obvious from what you've said so far but people might be wondering – why should we pay attention to our dreams?

Christopher Sowton: Well, you know, it really comes back to this question of 'Do you think, a) you have an unconscious and b) if you do have an unconscious, does it know more than your conscious does?' And I think it does and I think the evidence is overwhelming to that effect but I know a lot of people don't necessarily believe that.

Dr. Dave: Yeah, there are two kinds of people out there – the ones who embrace that and the ones who go, scratch their heads and say 'What!' (laughter)

Christopher Sowton: Yeah, but you know, I really think, if you're working on yourself and you wanna change in a positive way, you have to be able to contact your unconscious somehow. You have to be able to know what's going on in the deeper, darker unconscious parts of your self because they're so powerful. I mean, if you're sitting in therapy just using your conscious ego to figure out your problems, that's one thing but if you get a message from your unconscious about why the problem is ongoing, then you're getting information that's non ego. It's something you really didn't know and a lot of that kind of information comes through the dream life. It's not the only way that it comes of course, there are other ways but the dream life is, I think, one of the most frequent and most available ways. So why on earth would you not avail yourself of that information?

Dr. Dave: Yeah and the great thing about the dream as compared to that sort of more ego approach that you were just talking about is, at the ego level, we can deceive ourselves, fool ourselves, etcetera, confuse ourselves but dreams don't lie. They're utterly spontaneous, we have no control over where they came from or what they're gonna say to us and so that's a good reason to really listen to them.

Christopher Sowton: Yeah, you have to have some non egoic source of input, if you're really gonna try and change yourself. So I say why not look at our dreams because they're happening every night and a lot of them are what I call ego check motifs. In other words, they provide mirroring or feedback to your ego as if to say 'Hey, this is what you're doing – are you sure you wanna be doing this? Or maybe you should think about changing it.'

Dr. Dave: Yeah.

Christopher Sowton: A lot of dreams are like that.

Dr. Dave: Yeah. Now many people shy away from dream work. Why would that be? Either working on themselves, or doing dream work with another person.

Christopher Sowton: Yes, so, I do feel pretty well suited to answer that question because I teach, you know, at a health care college – the Canadian College of Naturopathic Medicine – and I've had so many students come up to me... they're, you know, they're in the third or fourth year and they're working in the clinic there and they have a patient – the patient brings in an intense dream, the patient is asking for help with the dream, the clinician knows that the dream is important and they want to, of course, help the patient with it but they have no idea what to do. So this happened to me many, many, many times and eventually I said to myself 'Wait a minute, I've gotta try and do something about this. I've gotta help develop a method that these people who want to work with dreams can actually use.' You know, so I think the main thing that stops people is that they feel lost.

Dr. Dave: Yes.

Christopher Sowton: You know, when the patient starts telling them the dream, they just, they panic. They don't know what to do, they don't know what to say, they don't know how to be helpful. They're lost and they need orientation, so my dream working method is very big on getting oriented.

Dr. Dave: Hm, hm.

Christopher Sowton: I mean, like there you are in somebody's dream – how do you recognize familiar elements to get you orientated towards what kind of dream message it is and so I think it's very important. Another thing is that a lot of people, they worry that they will do harm to their patient's psyche by mishandling or misinterpreting a dream somehow and I really think you don't need to be worried about that too much because what happens when you misinterpret a dream is really just muddled confusion and petering out into not much going nowhere. It's not harm.

Dr. Dave: I find people are very resilient and if it doesn't ring true with them they're just gonna discount it.

Christopher Sowton: Right, exactly.

Dr. Dave: Yeah.

Christopher Sowton: I could tell you an interesting story about a student who – they were working with a patient of theirs who had a dream in which they were preparing to go outside and they opened their front door and there was a dead squirrel lying on the doorstep and they said, 'Oh, I can't step over a dead squirrel, so I can't go out' and they woke up. So the patient brought this dream to the dream worker who was a student at the Naturopathic College clinic and she started to work with it because she'd been going to a couple of my workshops and she did the technique which I call 'be the part' where you actually play a part of the dream. So she asked the person 'O.K. could you be the squirrel?' And the woman said 'But then I'd be dead!' at which point she got scared and she lost her nerve because she felt she might harm the patient's psyche by asking her to be dead, to be the part and she, unfortunately,

stopped doing the dream work. She said ‘Oh, O.K. well let’s move on to something else’ and the whole thing was just dropped...

Dr. Dave: Oh, wow. Yeah.

Christopher Sowton: ...because she got, essentially you know, scared of doing harm and so she brought this to the next workshop and it was really good to talk about that in a group setting and the key thing there is, you know, of course in dreams things happen all the time that are not literal. That squirrel because it’s a dream squirrel may not literally be referring to something that’s dead but just something that’s not currently very alive, or not currently very animated. So actually what you’d be doing metaphorically, when you’re asking the patient to be the squirrel, would be to explore what part of them may not be very animated or alive currently and which is a totally legitimate thing to do and you would certainly not be harming them in any way.

Dr. Dave: Yeah, exactly and I love your wording there. I might have said, you know, ‘What part of you is dead?’ but I like the way you kind of add some shading to that in terms of ‘what part of you is not animated or, you know, not fully alive?’ And in passing, I just want to remark how great it is that you went from that place of, you know, your early dream in which you were called to do this work and you swam and you confronted the wolves to, you know, wondering how practically you could integrate this into your work to the point now where you’re teaching in your Naturopathic College that you were a student at – you’re now teaching a class on this. So I think that’s just a wonderful progression.

Christopher Sowton: Yes, well actually I’m supposed to be teaching homeopathy (both laugh) but I certainly get a lot of dream work in there around the edges (laughter).

Dr. Dave: Hey, I know about that, you know, I taught at some institutions where there was a lot of important teaching that got taught around the edges, if you will. One of the other things I really like is that – where was this question I had – you talk about, I remember you talked about this in your presentation at IASD – and I don’t ever recall hearing anyone else refer to this – you talk about something you called the double resonance test and I have to say that test resonated with me. So tell us what you mean by the double resonance test.

Christopher Sowton: So the thing is when you do dream work you need a reliable way to know when you’re on the right track and when you’re not – when you’re heading down towards a red herring or a dead end. And the way that I’ve developed is what I call the double resonance test, whereby when you’re onto something, it’s like a tuning fork is vibrating in you and it’s also vibrating in the dreamer and when they’re both vibrating together, that’s double resonance and that is what tells you that you’re on the right track. So, when you make a... when you suggest a connection, so let’s say with the dead squirrel dream, you suggested to the dreamer ‘Is it possible that the squirrel is referring to some part of you that’s not currently very alive?’ And she tries that connection on and if it starts to vibrate her tuning fork and yours is also vibrating, then you know you have what I call a resonant connection. So that’s your goal, you’ve just achieved your goal right there – you’ve connected a dream motif to the dreamer’s life.

Dr. Dave: I guess the reason I get so excited about that is that you have validated my intuition as a dream worker to some extent. You know, we're taught to be very cautious and very tentative and not to force any interpretations down somebody's throat and but things have sort of... in some ways they lean so far in that direction. Hey, I've been doing dream work for, you know, thirty or forty years at this point and I do know something... when I hear a dream...

Christopher Sowton: Yeah.

Dr. Dave: ...you know, I know a bunch of stuff (laughter).

Christopher Sowton: Right, right.

Dr. Dave: And so your, sort of, double resonance kind of affirms that.

Christopher Sowton: Yes, and you should trust your tuning fork – that's the thing. Another thing is that beginning dream workers are, as you say, usually over cautious and if they suspect a connection and they set it up for the dreamer and the dreamer says 'No, no I actually think it refers to my husband who's not very alive these days' for example, your tuning fork is not resonating with that connection and you are probably right and you should trust it because the tuning fork thing is actually very accurate. It may seem whimsical but when you put it into practice it's very accurate so you really should trust your own intuitive feeling about it and maybe sometimes challenge the dreamer. You don't need to do it in a rude way, you don't... you would never say anything but 'No, I really don't think that's right.' What you do is kind of include theirs and expand. You say 'O.K. that's possible but could we also look at it as if it was an aspect of you?'

Dr. Dave: Aha.

Christopher Sowton: You know it's a non-challenging way of expanding the field of possible connection.

Dr. Dave: Yeah, yeah. You're very deft – I like the way you work around these resistances and you know, at the same time I'm always having to relearn humility and I've been in dream groups, you know, that I... in classes where I've taught dream work and a dream is being shared and then some student, some student in the dream group, their tuning fork is vibrating and they say to the dreamer 'Boy, if this was my dream' and they go off on, you know, some story about if it was their dream. Inside I'm going 'Oh my God is that ever off the wall, you know, geez' and the dreamer lights up and says 'Oh, wow, that's it' (laughter). So, you know, somebody's ...

Christopher Sowton: Yeah, that's right. As long as, you know, as long as two tuning forks are lit up, that's very accurate. Of course there may be more than one valid connection point in the dream...

Dr. Dave: Yes, that's true as well.

Christopher Sowton: Just because you get the first one doesn't mean that's the only one, so that's another thing to keep in mind.

Dr. Dave: Sure. Now, in your book you spell out five levels of benefit that we can get from our dreams. Take us through those if you will.

Christopher Sowton: Yeah, yeah. I think that's very important because a lot of people – they don't need to go all the way to level five but they can still get great benefit. The first level is just simply having the dream. I mean we all know from sleep and dream research that the sleeping brain needs to dream and if it's deprived of that ability, then there's a decline in overall psychological health. So that's the first level. The second level is remembering the dream and I think there's another level of benefit you get because you're... now you're getting the sense of a communication between the unconscious and your waking conscious state and the third level is sharing that dream with somebody and it doesn't have to be a therapist, it just, it could be your partner, or your friend, or anybody but sharing a dream out loud seems to bring another level of benefit, whereby the dream is much more likely to resonate in the conscious mind for a long time and bring valuable insights. Whether or not either party actually works with the dream per se, just the fact of telling it out loud is very beneficial in itself. And the fourth level you're really into dream work, so you've kind of crossed the threshold into actively working on the dream and that's the level of connection for me. That's what you're aiming for in level four, is making a resonant connection between the dream and the dreamer's life. And then if you can make a connection, you can go to level five, which is to respond to the insight that you just got – you actually do something about it in your life. Now you can't go to level five unless you've done level four because if you don't know what the connection is, then you don't know what you're responding to. So it has to go in that order. I kind of give the image of the nested dolls – you know the Russian barmalay (?) dolls they all...

Dr. Dave: Yeah.

Christopher Sowton: ...inside each other. You have to have the one below to support the one that you're at, so it has to go in that order.

Dr. Dave: It's almost like degrees of healing as I hear you talk about it. We believe that dreams serve a healing function even when we don't remember them but it sounds like with each level we get kind of... we move a notch up to...

Christopher Sowton: That's right.

Dr. Dave: ...to more healing.

Christopher Sowton: Yep. And so if you want to help somebody as a practitioner, you know, keep in mind those five levels you can go to level three you know and that's very helpful in itself, just allowing them to talk about it even without doing any formal dream work.

Dr. Dave: Yeah. Now you also discuss different types of questions that the dream worker could use in working with someone else's dreams and again you created some

categories – you talk about amplification questions, orienting questions, connecting questions and responding questions, so you give a fair amount of detail on all of these, maybe you can take us through each of these and give an example or two.

Christopher Sowton: Sure, sure. O.K. well, let's use the dead squirrel dream again.

Dr. Dave: O.K.

Christopher Sowton: An amplification question is a very open, non leading question where you're just amplifying the dream content – you're just getting more out of it, you're getting clear about it and that includes getting clear about what the feeling tones in the dream are because unfortunately a lot of people when they record their dreams, they don't record the feelings, they just record the story and the feelings are very, very important because they often... that's what helps you make the connection – is the feeling tones of the dream.

Dr. Dave: So what might you ask the squirrel's dreamer?

Christopher Sowton: Yes, so you would say... an amplification would be 'What did you feel when you saw the dead squirrel?'

Dr. Dave: O.K.

Christopher Sowton: Yeah, or you know, 'What colour was the squirrel?' Or, 'Where were you going when you opened the door – where were you trying to go to?' Those are all just filling out the story and the feelings of the story and they're completely open and neutral, non leading questions.

Dr. Dave: O.K.

Christopher Sowton: At a certain point when you feel you've got the full story then you shift gears and you go to orienting questions. Now here, you're trying to get orientated, which is the opposite of being lost, so you're framing questions either in your own mind silently, or out loud, depending, that are helping you get oriented and one of the most common orienting questions is the inner-outer question, meaning 'Is the squirrel an inner squirrel, that is to say a part of the dreamer, or is it an outer squirrel – someone or something in the dreamer's life that is... that they're concerned about, that is not currently animated, or alive?' And it could be either, you don't know yet. Only the dreamer would know for sure but even in just framing the question in the back of your mind, you're starting to get oriented.

Dr. Dave: Or, you know, we actually have squirrels on our deck every morning that we feed, you know and maybe there was a dead squirrel one morning that I'm concerned about...

Christopher Sowton: Right, it could be even referring to a literal, dead non... that is to say, non-metaphorical squirrel. It almost all the time it will be referring to a metaphorical... that is, the squirrel will be standing for something either in the dreamer, or in the dreamer's life.

Dr. Dave: Sure.

Christopher Sowton: But not always - it could be a literal one.

Dr. Dave: Yeah.

Christopher Sowton: And then... so once you get oriented, you shift gears again and you go to the connecting level, whereby you're using a formal construct to help set up a connection. So an example of that would be 'Is there some way in which you feel not currently alive, or a part of you feels not alive?' So you've already suspected a connection but you don't want to just say that to the dreamer because it's always more valuable if they arrive at the connection themselves in their own way.

Dr. Dave: Hm, hm.

Christopher Sowton: It's more resonant and long lasting and so you... what you do, is you try to set it up for them and they, they will, you know, they will... if they can make the connection and say 'Yes, you know ever since such and such a time, I haven't wanted to go out much because I feel this part of me is just dead,' like say 'The part of me that wanted to go out dancing is dead' and there they've resonantly connected to the squirrel there and *they* did it, like you didn't do it for them. It's, you know... that's why setting up is always better than telling them what you think.

Dr. Dave: Hm, hm. Well what about responding questions?

Christopher Sowton: Yeah, so then once you've made the connection you shift again and you go to level five and you say 'O.K. now what can we do about this dead squirrel situation? Can you think of something that would help bring that part of you back to life again?' And then again you don't tell them what *you* think they should do, you try to create the conditions whereby they can generate an idea themselves.

Dr. Dave: Yeah, that makes total sense.

Christopher Sowton: Yeah, those are the really... those are very different types of questions and you gotta be clear about which type of question you're asking at which point. And another thing I just wanna say, because I train dream workers a lot – don't ask long, rambling, multi phrase questions.

Dr. Dave: Yes.

Christopher Sowton: Because the dreamer gets overloaded – they don't know which part of your question they should be responding to. Your questions should be quite short and just one at a time. If you need to know three things about the squirrel, you just ask one at a time, don't ask all three, because you know, the poor dreamer doesn't know what they're answering. They may have forgotten the beginning of the one question before you get to the end of it.

Dr. Dave: Yeah, yeah. That's, you know, it sounds like such a simple thing that you're saying there but it's certainly something that I have observed a lot, you know, in working with students around this and I can't remember if it ever occurred to me to

make such a simple statement as you've made here but it's really an important guideline.

Christopher Sowton: Yeah.

Dr. Dave: Now you've got another set of categories that you lay out in one of the last chapters of the book, where you go over what you call twelve common dream motifs.

Christopher Sowton: Yeah.

Dr. Dave: And I won't ask you to take us through all twelve of them, people should go out and get the book, for heaven's sakes (laughter). Well, perhaps you can tell us what you mean by a motif and take us through one or two or three of them.

Christopher Sowton: O.K. so a motif is a smaller unit than a dream. So a dream can have several motifs in it. I would say a motif is a unit of meaning within a dream. So it's, for example, to take the very common dream of you're driving and you're having trouble controlling the car, let's say the brakes aren't working very well, so you can't slow down very well.

Dr. Dave: Oh, yes, I know that dream very well.

Christopher Sowton: Yeah – very common type of dream in our culture.

Dr. Dave: Yeah.

Christopher Sowton: That's a motif – the motif of the brakes not working well and anxious about not being able to slow down. That's a motif.

Dr. Dave: Hm, hm.

Christopher Sowton: It could exist within a much larger dream with many other motifs but *that* motif is a unit of meaning in there – it's asking for something. It's like the smallest unit of the dream asking for something, I would call a motif. So that motif almost always, in fact I would go out on a limb and say always – is asking you to be aware that you're going too fast in some area of your life and that you're having trouble slowing down and it's also asking you to try and do something about that, actually address that situation.

Dr. Dave: O.K. but the... that's very helpful and but you list these twelve common dream motifs and I don't think there's one in there about 'can't control the car' motif or...

Christopher Sowton: O.K. that would be an example of what I call an ego check motif, meaning...

Dr. Dave: Aha.

Christopher Sowton: ...meaning it's mirroring communication from your unconscious. The unconscious is holding up a mirror and saying 'Look, look how fast

your going and you're really having trouble slowing down when you need to. Are you sure you wanna keep doing this, or should you try to change this?'

Dr. Dave: Yeah, 'cause when I first saw, you know, motifs, common motifs, I thought 'O.K., there's can't control the car, there's teeth falling out, there's flying etcetera but you have a broader way of categorizing these.

Christopher Sowton: Yeah, my way of categorizing is essentially, again based on what the dream is asking for – what kind of thing it's asking for. So ego check motifs are always, they're some version of 'Hey, this is what you're doing – are you sure you wanna keep doing this?' So they're asking for a possible change of the ego position, or the ego attitude.

Dr. Dave: O.K., that's very helpful. Let's talk about... what about the flying dream – does that fit into a motif?

Christopher Sowton: Well the... yeah – the flying dream in a way is a little bit different for me because it's a universal motif that I think everybody has, whether they remember it or not.

Dr. Dave: O.K.

Christopher Sowton: You know probably all higher mammals have some version of that dream I would bet. But and its... I really believe it has to do with the soul. You know, the soul meaning the part of us that is not tied down by gravity and being in a body and time and place and weight and all those things. We have a part of us which really likes to get away from all those things and just have the sheer ecstatic joy of flying and so flying dreams are like a universal positive experience that I think we can all enjoy. So yes, that is a motif and very often what you'll see with flying dreams is there's some problem with the flying – like can't get off the ground, or you get up for a short time and then you become frightened and you come back down – so those flying problem motifs are very important because they're showing that there is some soul problem that needs to be looked at.

Dr. Dave: I'm trying to remember – is there a soul, or transcendent, or spiritual motif in your characterization?

Christopher Sowton: Well, there... yeah, I ... you know, one issue in working with dreams, is that you have to be very clear about your terminology and you have to define your terms, because a lot of these terms, like soul and spirit, are used in different ways by different people.

Dr. Dave: Hm, Hm.

Christopher Sowton: The way I use the word 'soul' which is entirely based on dreams and what I've noticed in people's dreams, is that the soul is the part of the human being that is not tied into the body and all the limitations of the body. And 'spirit' is slightly different to me – a spirit – or what I call the personal spirit, is the part of the person that has a continuous sense of self and a continuous sense of personal history and that is the part that can be damaged by trauma. So when there's

an unbearable trauma, there's a break in the personal history and that creates a very characteristic dream motif, which I call the personal spirit motif, which is very often depicted as an abandoned child, or baby and that is one of *the* most important kinds of dreams in health care, or any use of dreams because it's saying 'you have been split off from yourself in some way because of a trauma that caused a rift and that part of you that's split off is depicted in this dream as this abandoned child and you... it is very urgent that you now try to reestablish connection with that child because the psyche wants to be healed and whole. It does not like being split like that and it will keep producing that inner child motif, if you like, or the personal spirit motif in dreams, in an attempt to appeal to the ego to reestablish that connection and heal that trauma. So, that's a very, very important and again, very common, type of motif.

Dr. Dave: Well, Chris I love your clarity, both in this conversation and in your book. As we begin to wind down, I wonder if there's anything important that we've left out, or a thought that you'd like to leave our listeners with.

Christopher Sowton: Well, I'd like to mention the fact that the IASD upcoming conference in June 2013 which is gonna be in Virginia Beach – part of it is going to be devoted to this question of dreams and health care.

Dr. Dave: Hm, hm.

Christopher Sowton: So they're gonna be splitting off a one, or a one and a half day part, which will be kind of a symposium, where a lot of people who work in the health care context will be talking about this really important question of 'How do we get dreams back into health care?' Dreams throughout human history often have held a very, very important, even central, place in health care traditions and healing traditions but that is not currently true in our society.

Dr. Dave: Yeah.

Christopher Sowton: So what are we gonna do about this?

Dr. Dave: Yeah. Are you the person who set that up?

Christopher Sowton: Well, yeah, I was one of the catalysts for that and in talking with Bob Van de Castle who's one of the main organizers of the upcoming conference – he really... he thinks this is a very important area and it's time has come because you know at the IASD conferences there are a lot of health care workers of various kinds.

Dr. Dave: Sure.

Christopher Sowton: And a lot of people are working with dreams but in very disparate contexts but there are some people working in hospital settings, in hospice settings, in small clinics, and we... I think it's time for us to start pulling together and really bringing this question to the forefront. So, 'What would it take to get dreams back into the curriculum at medical school?' for example.

Dr. Dave: Yeah. You know you might wanna reach out to the Jungian analyst Robbie Bosnak because he has created a sort of Aesculapian style healing centre in Santa Barbara, so he might be a good person to have on the panel.

Christopher Sowton: That would be a very good idea, yeah. So I'm gonna be there talking about this from the point of view of, you know, working with dreams in an alternative health care practice and I know some hospice care workers and some nurses will be on the panel but yeah, put the word out there. You know you're a disseminator of dream news, so yeah...

Dr. Dave: Yeah (laughter).

Christopher Sowton: ...because I really think it's something that... it really needs to be addressed at a grass roots level. There needs to be a movement about a validation of dream work within medicine and we need to gain back some ground that has been lost.

Dr. Dave: Yeah. Well you have just disseminated that information and I'll just add that anybody can join IASD and anybody can attend this conference, so you can go to the website. Well, I'll put it in the show notes but I think it's... (discussion re. website details followed).

Website for conference June 2013 conference: <http://www.asdreams.org/2013/>

Dr. Dave: O.K. Well Dr. Christopher Sowton, it's really been great to talk with you here and I wanna thank you for being my guest today on Shrink Rap Radio.

Christopher Sowton: You're very welcome. It's been a real pleasure Dave.

WRAP UP:

I hope this conversation with Dr. Christopher Sowton has reinvigorated your interest in dreams. I'm not sure if you heard some problems in the audio or not. We started out with him on Skype and had to restart Skype twice because Skype began to drop words from what he was saying. On the third try we switched to his landline phone. I think I pretty successfully joined the different pieces together seamlessly, I hope. Did you notice the breaks? Personally I've never consulted a naturopath and have always been a little skeptical of homeopathy, though I have friends who swear by these alternative approaches. I may have to revise my own stance because Christopher is so intelligent, clear, well spoken and knowledgeable about Jungian psychology and dream work that he has a halo effect on me. My sense is he is somebody I would trust to visit for a consultation or treatment. I think his techniques for shortening the dream work process to fit into the work of busy health practitioners, is ground breaking. Much of what he writes about is familiar to me from the many other books and workshops I've attended on dream work. At the same time though, I think he's done a brilliant job of reconceptualising the standard lore and also has introduced many original ideas and dream categorization schemes. The book is easy to read and it's laid out in a very practical way, with box insets on nearly every page containing a dream working tip. For example here's a dream working tip from page 160: The headline in the box says "What if you can't make a good connection?" The text says:

“If you’re not able to make a resonant connection and you’re running out of time in the session, then it’s quite alright to simply declare ‘It’s a work in progress.’ Ask the dreamer to give it some more thought before your next session and make a note to yourself to check in with them at that time. Some dreams are not understood for months or years after they occur, often because the dreamer’s outer life has not caught up with his inner life.” So that’s a good example of a dream working tip in the book and he also includes lots of dream examples. I think both novice and experienced dream workers will find much to like in this book.

Thanks to today’s guest Dr. Christopher Sowton for his tips on using dreams, particularly in health care.