How Dreams Heal

Introduction

When we sleep, our brains do not turn off. Instead they process and problem-solve in our dreams. The images, environments, and stories of our dreams often tackle situations we feel unequipped to face in our waking lives. The question remains, however, are these dream images consequential in the mitigation of the painful symptoms experienced as a result of emotional trauma?

Dargert (2016) proposes that while neuroscience explores the relationship of brain to mind, the psyche is for the most part unexamined. For the purposes of this paper I will explore the interface between Depth and Archetypal psychology theories and science with an eye toward how they might be integrated to promote a new vision of how dreams can be used to heal trauma symptoms.

Embodied Imagination (EI), a kind of guided dream work, is concerned with the direct effect of imagination on the mind, body and spirit, incorporating both archetypal psychology and dream science. Therefore, an exploration of the author's understanding and experience of the healing properties of EI will also be explored.

The Science of Dreaming

Despite claims to the contrary regarding rapid eye movement (REM) sleep, dreaming has no clear biological marker. In research cited by Pagel (2014), REM sleep occurred without dreaming and vice-versa. He maintains that it is still unclear whether any special relationship exists between REM sleep and dreaming, stating that "there are electrophysiological,

neurochemical, anatomical and physiological systems of dreaming, with each of these systems affected by a wide variety of medical, psychological, sleep, and social variables" (p.xix).

According to Domhoff (2001), who draws on insights gleaned from the analysis of tens of thousands of dreams, dreaming stops without the adequate functioning of a fairly specific neural network located primarily in the limbic, paralimbic, and associational areas of the forebrain. When this network is functioning properly for dream generation, it produces something that is fairly continuous with waking perception including repetition of characters, themes and emotions. This research suggests that the basis for repetitive dreams including PTSD nightmares, may be what he calls "the emotional brain" (Domhoff, 2001 p.13). He also suggests that dreams may make use of the same system of figurative thinking that is prevalent in waking thought, suggesting that both dreaming and waking cognitive states are dealing with the same issues. However, Pagel (2014) points out that "dreaming incorporates internal memory processes that are not concerned with the processing of externally derived perceptions and stimuli" (p.54).

Additionally, in exciting new research by Sicari et al. (2017), EEG recordings of subjects during both REM and non-REM sleep reveal that dreaming was linked to a drop in low-frequency activity in a brain region that includes visual areas as well as areas involved in integrating the senses. These results were shown whether the dream was remembered or not. The results indicate that dreaming is grounded in the same changes in brain activity regardless of the type of sleep. They also suggest that this brain activity may establish a core correlate of conscious experiences during sleep, which may further our understanding of mind and consciousness as well as of dreaming and its role in our lives.

Depth and Dreaming

The ancients believed dreams were a gift of the gods sent in order to direct humans in their lives. In the 5th century Asclepian healing centers were scattered throughout Greek, Egyptian, and later Roman worlds. There, healing was thought to come about both through the worship of Aesclepios and due to dreaming, which was considered to be medicine of the soul. Our modern word clinic is taken from the Greek kliné, which was the couch used in sacred dream healing ceremonies. It wasn't until until the turn of the twentieth century the couch showed up again as a conduit to healing in the office of Sigmund Freud to be used in psychoanalysis (Dargert, 2016).

Freud believed that dreams were a means of accessing the workings of the unconscious mind. While dream work has evolved and developed since Freud's time, his theory was truly groundbreaking and no examination of the healing potential held within dreams would be complete without acknowledging his contribution. Of particular note with regard to Depth psychotherapy, Freud stated that in dreams "we find the child, with its impulses, living on in the dream" (as cited in Whitmont & Perrera, 1989, p.8). Here we see a reference to repression of negative memories residing in dreams.

His colleague, Carl Jung viewed dreams as more of a symbolic portrayal of the self, as well as the actual situation in the unconscious. He saw dreams as creatively producing new information for the waking mind, not just repositories for suppressed desires. While Freud

believed that dreams were meant to conceal something, Jung believed that they were meant to reveal. He believed that the study of dreams would enlarge one's understanding of oneself and of mankind. Perhaps the most distinctive element in Jung's dream theory is his hypothesis that some dream images are derived from collective or archetypal contents rather than from the dreamer's personal experiences (Whitmont & Perera, 1989).

Dougherty (2013), shares a belief with Jung that dreams hold personal meaning and the capacity to heal. She points out that "both dreams and outer events can be fruitfully related to as symbolic messages coming from a source that sustains and directs the individuation process throughout the dreamer's life" (p.97) . She points out the importance in the therapeutic setting for accessing unconscious material found in dreams. Dargert (2016) notes that the understanding in depth psychotherapy is that suppressed material does not go away. Both psychological symptoms and dreams transpire naturally. Attending to symptoms as they show up in dreams, as a natural part of healing, allows them to fulfill their design.

Symbols and Archetypes

Jung believed that "archetypes are systems of readiness for action, and at the same time images and emotions. They are inherited with the brain structure - indeed they are its psychic aspect, while on the other hand they are the most effective means conceivable of instinctive adaptation" (as cited in Luton, 2014). When dealing with trauma these archetypes can form unconscious character structures that function as interpersonal defenses. However, when entertained with equal status as conscious or waking reality, they can become guides as well as outlets of creative expression (Dougherty, 2013).

Some of the key types of archetypal figures to be found in dreams, include the shadow, the child, the mother, the demon, and the maiden as well as the anima and animus, each with its own complex form of psychic energy. Jung pointed out that these archetypes are living psychic forces that will demand to be taken seriously and will make sure that their effect is taken in any manner of ways, often metaphorically. Dreams containing archetypes can be concerned directly with the life of the dreamer or with the dreamer's immediate psychic situation. As James Hillman (1991) so eloquently states it, "dreams show us to be plural and . . . each of the forms that figure there are the full man himself" (p. 44).

Myths and fairy tales, like dreams, are developed around archetypal themes. They emerge from historic and prehistoric times as representatives of the collective unconscious. They portray the unlearned behavior and wisdom of the human species and provide symbols that help the unconscious to be channeled into consciousness, interpreted, and integrated. In the following sections we will examine how these archetypes or psychic energies might be integrated to affect our neurobiology, leading to healing for both the body and the spirit.

Embodied Imagination

During the practice of Embodied Imagination (EI), a dreamer is carefully guided to become embodied by dream images containing emotional states. In exploring a dream, the dreamer, with help from an EI practitioner, picks up and anchors image experiences in the body, both positive and negative. The assumption is that these images are fed to consciousness by our dreams for the purpose of healthy integration. Robert Bosnak (2007), who developed the method, views these images as independent, intelligent "image-presences, not as sub-personalities of the

dreamer, but as beings in their own right" (p.33). The dream is considered to be a "world intermediate between the corporeal and the spiritual state and whose organ of perception is the active imagination" (Bosnak, 20017, p.37).

During an EI session, much like in waking life, your brain preferentially scans for, stores, recalls, and reacts to unpleasant experiences. However, simultaneous with this process, the dreamer and guide strive to integrate positive, ego-syntonic emotional experiences as well. This holding together of emotional states stimulates the central nervous system, both the parasympathetic and autonomic nervous systems, allowing neurons to fire and thus wire together. Rick Hansen (2009), a physician and neuroscientist, describes this as the way mental activity actually creates new neural structures claiming that even fleeting thoughts and feelings can leave lasting marks on the brain. In this way, EI may help break the patterned cascade of trauma responses and behaviors that impede healing.

In an EI session, the dreamer revisits dream imagery in a controlled setting in order to examine, understand and potentially resolve real-life situations represented in the dream. To begin, the dreamer is induced into a hypnagogic state—the transitional state between wakefulness and sleep. This dual state of consciousness allows the dreamer to become engrossed in the images while remaining aware that they are sitting safely in a chair 'working' the dream. With focused attention, and using the present tense, the dreamer carefully recreates the dream as an imagined reality.

The dreamer is then instructed to share any associations or identifying information related to the dream images, thus placing the dream in a personal context. The dreamer then recounts the dream again, with eyes closed. During this recounting, the dreamer is slowly and carefully

guided toward noticing the particularities of certain images and then asked to pinpoint where within the body she most strongly experiences the sensations and emotions of those images.

For example, let's say the dreamer encounters a frightening dog. She is guided to see the events of the dream from its perspective, to feel what it feels, and to identify where within her body she feels those sensations. At this depth of exploration, the dreamer will often answer in a way that indicates that she has been embodied by the dog and respond, "I feel it in my paws." It's worth noting that the dog who appears frightening at the telling of a dream, once embodied may in fact be sad, or hungry, or lonely. We never know in advance what the dream images may hold, and often it is quite surprising.

According to Dargert (2016), "when the images are physically located in this way, a new sense of embodiment can emerge with a greater sense of mind body unity. We can then more easily recognise that the body informs the mind as much as the mind directs the body" (Kindle Locations 1887-1888). During EI, the dreamer is guided to embody anywhere between 2 and 5 dream images. The act of holding all of the anchors, or bodily felt experiences of the images, together in the dreamer's body is called the "composite". As Bosnak (2007) describes it, during the composite we are at "combinatorial optimization point, the multiplicity of embodied states inhabiting a single body begins to act in an emergent pattern, behaving like a single flock, a self-sustaining web, qualitatively different from the sum of its parts" (p.66). Frequently dreamers will report swirling or vibrational feelings while holding the composite, accompanied by bursts of insight or catharsis. Finally the dreamer is encouraged to practice the composite for several minutes a day until they no longer feel the need.

Summary: Trauma and Healing in Dreams

There is now sufficient research to support the idea that our physical health suffers as a result of stress and unprocessed emotional trauma. Dargert (2016) cites neuroscientist and pharmacologist Candace Pert, whose research has shown that a kind of chemical communication by way of our cells is going on in the body all of the time. She refers to this phenomenon of cellular chemical messengers as "the second brain", whereby certain important communication is carried through the body via the bloodstream rather than the nervous system. Pert believes that "unconscious emotions are stored in the body where they result in restricted blood flow". She claims that these withheld emotions are released and experienced in sleep and that making them conscious by way of dream work has a healing effect (Kindle Locations 1900-1911). During Embodied Imagination this would be experienced as the emotional states found in dream images, which, once embodied in a state of dual consciousness, can lead to integration and healing.

Many crises in people's lives have a long unconscious history that can be perceived and integrated through dreams and a willingness and ability to attend to what is shown there. For example, according to Dougherty (2013) traumatic implosions set off in childhood can create profound relational and neurobiological cascades. As a result, consciousness in a schizoid personality is often overwhelmed by archetypal content. However, once one comes into relationship with these archetypes, defenses can give way to achievements in psychology, mathematics, music or many other vocations as dictated by character style (p.25). This same theory need not apply only to trauma suffered in childhood, or to personality disorders, but to all types of trauma, and the healing relationship with the archetypes can be established in dream work.

White (2015) who examined the effects of EI on veterans experiencing PTSD nightmares, highlights that although the outcomes appeared to encourage posttraumatic growth, further research comparing this approach to similar techniques for treating traumatic nightmares is needed. Benefits, limitations as well as shared components of modalities such as Guided Imagery, Somatic Experiencing as well as some of the mindfulness practices could lend further support and insight.

Once both the science and the spirit behind dream work are embraced, doctors and patients alike will find that a holistic approach that includes guided dream work will ultimately result in more comprehensive treatment and greater potential healing. As Dargert (2016) states it, "if we cannot hear the message of the dream or the voice of the daimon in the dream we may find it necessary to respond to a more compelling manifestation of the image" (Kindle Locations 1520-1522). Physical or psychological illness and their symptoms just might manifest from the internal world just as much as from the outer world.

Ideally, in the near future both doctors and psychotherapists can find a way of looking at symptoms as guideposts to those places we must attend to, places that are rich in the archetypal imagery associated with what must be made conscious. Perhaps recent scientific insights into how the brain works in sleep and dreaming can help to bridge the chasm that exists between evidence based medical practices and traditional and alternative practices. In the interest of healing perhaps we can embrace the idea that just as your body is built from the foods you eat, your mind is built from the experiences you have, even while dreaming.

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