Journal of Dependence bağımlılık Dergisi

OLGU SUNUMU | CASE REPORT

Bağımlılık Dergisi, 2025; 26(3):347-351
Doi: 10.51982/bagimli.1601425

A Dream Reflecting the Desire to Avoid Substance Use: A Case Study on Unconscious Self-Prevention Effort

Madde Kullanımından Kaçınma Arzusunu Yansıtan Bir Rüya: Bilinçdışı Kendini Koruma Çabası Üzerine Bir Olgu Sunumu

Mustafa Danışman [1], Gamze Zengin İspir [1], Kübra Sezer Katar [1]

1. University of Health Sciences, Ankara

Abstract

Drug-Related Dreams (DRD) are dreams observed in individuals with substance use disorders during withdrawal or recovery periods, containing various substance-related themes. It is known that DRD may include themes such as searching for drugs, attempting to use them, seeing substances but not using or being unable to use them, rejecting an offer to use substances, or witnessing someone else using them. It is thought that when DRD are satisfying in terms of content and emotions (Type A, drug-use dreams), they can help alleviate and manage cravings, leading to a positive prognosis. On the other hand, if these dreams are not satisfying (Type B, failed drug-use attempts), they are believed to reignite and intensify the craving for substances. Instead of assuming that DRD with different content and emotions provide varying levels of satisfaction, analyzing these dreams through the lens of the censorship mechanism may reveal that they aim to satisfy distinct desires. In this paper, the dream and clinical course of a patient who experienced a drug-related dream during inpatient treatment at our clinic, was discharged voluntarily, and later relapsed into substance use, are discussed. When the patient reapplied for inpatient treatment after resuming substance use and was found carrying drugs, their admission could not be processed. The case is examined through the censorship mechanism in dreams. Although the patient was aware of our clinical rules, we interpreted their behavior of seeking admission to our clinic while under the influence of substances not as forgetfulness or an attempt to smuggle substances, but as an unconscious cry for help to overcome their desire to use substances.

Keywords: Cencorship, drug related dreams, substance use

Öz

Madde bağlantılı rüyalar (MBR), bağımlı bireylerin yoksunluk veya iyileşme sürecinde görülen, maddeyle ilişkili çeşitli içerikler barındıran rüyalardır. Madde bağlantılı rüyalarda, rüyada madde aramak, kullanmayı denemek, maddeyi görmek ancak kullanmamak ya da kullanamamak, madde teklifini reddetmek ya da bir başkasının madde kullanıyor olduğunu görmek gibi temaların bulunabildiği bilinmektedir. Madde bağlantılı rüyaların içerik ve duygular bakımından tatmin edici olduklarında (Tip A, uyuşturucu kullanımı rüyaları), uyuşturucu arzusunu hafifletmeye ve yönetmeye yardımcı olup iyi bir prognoza sebep oldukları, öte yandan bu rüyalar tatmin edici nitelikte değilse (Tip B, başarısız uyuşturucu kullanım denemesi rüyaları) ise uyuşturucu arzusunu yeniden harekete geçirip arttırdıkları düşünülmektedir. Birbirlerinden farklı içerik ve duygulara sahip madde bağlantılı rüyaların farklı tatminlik düzeyleri sağladıklarına dair bir varsayım üstünden değil rüyalardaki sansür mekanizması ile incelenmesi, bu tip rüyaların birbirlerinden farklı arzuların doyumlarını sağlamaya çalıştıklarını gösterebilir. Bu yazıda, kliniğimizde yatarak tedavi gördüğü dönemde madde bağlantılı rüya görüp, kendi isteğiyle taburcu edilen; taburculuğunun ardından ise tekrar madde kullanmaya başlaması üzerine kliniğimize tekrar yatış için başvurduğunda, üstünde madde bulunduğu için yatışı yapılamayan bir hastanın rüyası ve klinik seyri, düşlerdeki sansür mekanizması üzerinden tartışılmıştır. Hastanın, klinik kurallarımızı biliyor olmasına rağmen, üzerinde madde ile kliniğimize yatış başvurusu yapmasını, bir unutkanlık ya da kliniğimize madde sokma girişimi olarak değil, madde kullanma arzusunun önüne geçebilmek için bilinçdışı bir yardım arama davranışı olarak değerlendirdik.

Anahtar kelimeler: Sansür, madde bağlantılı rüyalar, madde kullanımı

Correspondence / Yazışma Adresi: Mustafa Danışman, University of Health Sciences, Ankara Training and Research Hospital, Alcohol and Drug Treatment and Training Centre, Ankara, Türkiye E-mail: drmustafadanisman@gmail.com

Received /Gönderilme tarihi: 14.12.2024 | Accepted /Kabul tarihi: 25.02.2025

Introduction

The DSM-5 identifies “vivid, unpleasant dreams” as a symptom of psychomotor stimulant withdrawal (1). Studies suggest that individuals who use stimulants are more likely to experience (Drug-Related Dreams) DRD, which are often highly disturbing in nature (2,3). DRD contain substance-related content and typically occur in individuals with substance use disorders (SUD) during withdrawal, early, or sustained remission (4-6). Common themes in DRD include seeking substance, attempting to use the substance, encountering the substance without using it, refusing an offered substance, or seeing others using a substance (4-7). After waking, some individuals report relief upon realizing they have not used any substances, while others may feel anger and disappointment upon this realization (4-9).

Freud proposed that a psychological component called the "censoring agency" governs whether an emerging desire enter consciousness. This agency suppresses elements that might lead to discomfort upon fulfillment. During sleep, this censorship is diminished, allowing unsettling content to be partially gratified through methods like displacement, condensation, and symbolism (10). Freud’s concept of "children's dreams" or "infantile dreams" illustrate that such dreams reveal their meaning without disguise, demonstrating the fulfillment of wishes (10,11). Similar to these, adult dreams of the infantile type arise from the deprivation of biological drives such as hunger, thirst and sexual urges, and are easily recognizable as the fulfilment of wishes (11). These are the only adult dreams where dream censorship is not required, resulting in straightforward and explicit content without distortion (11,12). Dreams about substance use, as perceived by clinicians, similarly aim to fulfill an individual’s desires (6,9).

DRD are categorized into two types: Type A, involving drug use, and Type B, involving failed drug use. In type A dreams, drug use is pleasurable, but upon awakening, individuals often feel relieved they did not use, accompanied by regret and guilt, which arise from the continued presence of thoughts about drug use. "Type B dreams involve unsuccessful attempts to use drugs, leading to feelings of frustration and disappointment (9).

Research indicates that DRD have a two-way prognostic value for substance use inclination (6,8). Satisfying Type A DRD can alleviate drug cravings and result in a positive prognosis. Conversely unsatisfactory Type B DRD can reactivate and increase drug cravings (6,8,13). However, the literature does not provide a definitive explanation for the mechanisms by which DRD (Type A or Type B) fulfill the cravings for substance use, or why their effectiveness varies. This suggest that the level of satisfaction associated with these dreams, thought to fulfill the cravings, is influenced by predictive research findings and hypotheses about the patients' periods of abstinence. Instead of assuming that dreams provide varying degrees of satisfaction, examining DRD with different content and emotions through the dream censorship mechanism may reveal that these dreams aim to satisfy distinct desires.

At our clinic (Ankara Training and Research Hospital, Alcohol and Drug Treatment Center, Ankara), the importance of patients sharing their DDS is emphasized during initial consultations. Throughout their treatment, these dreams are tracked using a specially created diary, which includes questions derived from research on DDs. This case report aims to examine the DRD and clinical progression of a patient with methamphetamine-use disorder who experienced a DRD during his inpatient treatment at our clinic through the censorship mechanism in dreams. The written consent has been obtained from the individual.

Case

MB, was a 23-year-old male, educated through the 8th grade, was the only son in the household. He was presented to the substance addiction clinic with his family because of his methamphetamine use interfered with his personal relationships and motivation to work increasingly for the past 10 months. The patient's family history revealed that there is no history of psychiatric disorders or substance use.

The patient first used inhalant gas at the age of 11 for approximately 6 months and then started using cannabis at the age of 12. The patient used cannabis for 3 years and then used heroin for about 4 years. The patient reported receiving buprenorphine/naloxone 8mg/day treatment for the past 3 years and not using heroin. The patient also stated that he had been using methamphetamine for the last 3 years. He reported that his last use of methamphetamine was 2 days ago, and the patient mentioned that he had not used cannabis for a long time but used it again just yesterday. Urine analysis revealed the presence of both cannabis and methamphetamine molecules.

In the patient's mental status examination, he was alert, cooperative, and oriented. His mood was depressive, and his affect was congruent. No psychotic symptoms were observed throughout the interview. His psychomotor activity had increased. The Beck Depression Inventory score was 37.

He was diagnosed with opioid use disorder in remission, methamphetamine use disorder - severe, major depressive disorder - moderate, according to DSM-5 criteria, and was admitted to our inpatient clinic. Past medical history included cannabis use disorder, in remission heroin use disorder treated with buprenorphine/naloxone combination therapy 8mg/daily and major depressive episodes treated with sertraline and venlafaxine.

He was started on duloxetine 30mg for his depression, buprenorphine/naloxone 8mg/day for his maintenance treatment, and quetiapine 25 mg/day. On the fourth day of his treatment, he reported a drug-related dream. The patient had complaints of rebound sleepiness and joint pain, likely due to methamphetamine withdrawal, during these four days.

He described his dream as follows: “In my dream, someone I didn't know gave me methamphetamine. While I was trying to find a suitable place to use it, I saw a police car coming and I quickly threw the substance in my hand and walked away. Frankly, I was disappointed and very angry about this situation in my dream. "Right now, this seems ridiculous to me, and frankly, I feel a bit restless that I didn't use it.," he said. The patient was discharged voluntarily on the 7th day of hospitalization, 3 days after having the dream he described. "The patient, who used substances again after his discharge, applied for readmission. The patient, who was searched by the police before admission and found a substance wrapped in a small bag in his socks, was not admitted to hospital. The relevant substance was sent to the narcotics unit for examination by the hospital police and legal action was initiated against the patient. Following the relevant procedures, it was learned that probation measures were decided for the person.

Discussion

DRD often involve themes such as seeking a substance, attempting to use it, encountering the substance without using it, refusing an offered substance, or seeing others using a substance (4-7). The case we present can be categorized under the theme of “attempting to use a substance”.

Type A dreams, in which substance use is pleasurable, are generally considered similar to infantile dreams and aim to fulfill and individual’s desires due to their short, simple, and clear content (6,9). Conversely, type B dreams, where drug use somehow fails, are considered dissatisfactory and can reactivate and increase drug cravings (6,13). The dream of the case we present can be evaluated as a Type B dream, both because of its content and because the patient discharged voluntarily before completing his treatment.

Studies show that drug-related dreams often occur during withdrawal, but they are also seen in individuals undergoing opioid replacement therapy, suggesting they are not directly linked to withdrawal symptoms (7). In the case we present, due to the absence of significant withdrawal symptoms, we believe the patient's dream is not directly related to withdrawal, in line with the literature.

Definitional inconsistencies in the literature regarding DRD suggest varying levels of satisfaction in fulfilling individuals' desires for substance use. This not only challenges Freud's assertion that all dreams serve as desire fulfilment but also raises questions about the reasons and mechanisms underlying such differing degrees of satisfaction. Freud explains that emotions sometimes do not align with the visible contents of

dreams, or accompany them inappropriately (e.g., not feeling sadness or disgust in a frightening or disgusting situation in a dream or feeling incompatible fear in a harmless situation). This is due to dream work that distorts the hidden dream contents (10). For example, Freud describes a patient who dreamed of her sister's young son lying in a coffin but did not feel pain or sadness. According to Freud, this lack of sadness aligns with the patient's hidden desire to see her ex-boyfriend again, illustrating how dream censorship took place through the dream's content while emotions were left uncensored (10).

Freud also describes another category of dreams where dream censorship applies to emotions rather than content, such as dreams involving the death of loved ones. The significance of these dreams, which are accompanied by sadness and pain, stems from a present or past desire for the loved one's death. Dream work distorts the emotions rather than the explicit content, as the suppressed desire for the loved one's death is relieved through the censorship of sadness and pain experienced in the dream (10).

Individuals with SUD often experience conflicting desires—the wish to abstain from and the desire to use substances. In the case we presented, dream censorship took place through emotions rather than content, similar to Freud's interpretation of dreams about the deaths of loved ones. An individual with SUD, despite their desire to abstain, may undergo emotions such as restlessness and anger in a dream where substance use is thwarted, effectively fulfilling their desire without being realized. If the patient's craving for drug use had been fulfilled in this dream, as hypothesized in the literature, and if censorship had occurred through the dream's content rather than emotions, one would expect the patient's emotions to be neutral or positive. This patient, previously admitted to our clinic and aware of our policy to report any presence of substances to the judicial authorities, returned to our clinic with a substance on him. This aligns with our interpretation of his dream, suggesting he intended to deter substance use, even if it meant involving the judicial authorities. We have ruled out the possibility that the individual intentionally lied about forgetting the substances to smuggle them into our clinic, as all patients undergo a comprehensive search before admission.

Some researchers define the desire for substance use as a conscious desire (14,15), while others claim that this desire may be independent of conscious awareness (16-18). Childress and colleagues demonstrated that the limbic reward system is highly responsive to subliminal cues associated with cocaine rewards (19). These cues, presented for just thirty-three milliseconds, were not consciously recognized by the participants but elicited significant activation within the crucial brain circuitry associated with reward processing. This suggests that drug cravings may operate outside conscious awareness.

Upon choosing to abstain from drug use and initiate treatment, individuals with SUD may consciously reject or suppress their desire to use drugs, albeit to varying degrees (9). Among these individuals, those with low levels of conscious awareness may have rejected and repressed (unconscious) substance use desires satisfied through various censorships in the content or emotions part of dreams, mostly in the form of uncensored infantile dreams. On the other hand, some people's conscious level desire to use substances during the period they are treated, not directly by their own will but due to differences in individual treatment motivation such as environmental strains, might be intense. During their struggle to cope with the increasing desire to use substances in a clinical environment where access to substances is impossible, the desire of these people not to use substances may be triggered and satisfied in dreams through the censorship mechanisms we mentioned in our study. Moreover, DRD may create vivid memory-reminder signs and increase the desire to use substances and cause relapses (20).

Relapse prevention studies are deemed crucial for clinicians in understanding substance use and DRD (9). DRD offer a potential avenue for predicting patients' cravings for drug use, their coping mechanisms, treatment motivation, treatment progress, and the likelihood of relapses. It is essential to recognize that not all individuals experiencing drug dreams may voluntarily share their dream experiences. Therefore, as part of a comprehensive relapse prevention strategy, clinicians should actively inquire about the occurrence of drug dreams among their patients.

We suggest that the motivations of individuals who report feelings such as guilt, indifference, frustration and anger after drug dreams, as well as existing treatment protocols to cope with these feelings, should be reviewed. In conclusion, investigating drug dreams with different content and emotions through the censorship mechanism in dreams, rather than assuming they provide different levels of satisfaction, may reveal that such dreams aim to satisfy distinct desires.

References

1. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth edition (DSM-5). Washington DC: American Psychiatric Association, 2013.
2. Tanguay H, Zadra A, Good D, et al. Relationship between drug dreams, affect, and craving during treatment for substance dependence. J Addict Med 2015; 9(2): 123-129.
3. Johnson B. Drug dreams: a neuropsychoanalytic hypothesis. J Am Psychoanal Assoc 2001; 49(1): 75-96.
4. Reid SD, Simeon DT. Progression of dreams of crack cocaine abusers as a predictor of treatment outcome: a preliminary report. J Nerv Ment 2001; 189(12): 854-857.
5. Yee T, Perantie DC, Dhanani N, et al. Drug dreams in outpatients with bipolar disorder and cocaine dependence. J Nerv Ment 2004; 192(3): 238-242.
6. Colace C. Dreaming in addiction: A study on the motivational bases of dreaming processes. Neuropsychoanalysis. 2004; 6(2): 165-179.
7. Colace C. Dreams in abstinent heroin addicts: four case reports. Sleep Hypn 2000; 2(4): 160-163.
8. Flowers LK, Zweben JE. The changing role of "using" dreams in addiction recovery. J Subst Abuse Treat 1998; 15(3): 193-200.
9. Colace C. Drug Dreams: Clinical and Research Implications of Dreams about Drugs in Drug-Addicted Patients. New York: Routledge, 2014.
10. Freud S. The Interpretation of Dreams. London: Hogarth Press; 1900.
11. Freud S. Introductory Lectures on Psycho-Analysis. London: Hogarth Press; 1916-1917. 158-166 p.
12. Freud S. On Dreams. London: Hogarth Press; 1901.
13. Colace C. Drug dreams in mescaline and LSD addiction. Am J Addict 2010; 19(2): 192.
14. Kassel JD, Shiffman S. What can hunger teach us about drug craving? A comparative analysis of the two constructs. Adv Behav Res Ther 1992; 14(3): 141-167.
15. Niaura RS, Rohsenow DJ, Binkoff JA, et al. Relevance of cue reactivity to understanding alcohol and smoking relapse. J Abnorm Psychol. 1988; 97(2): 133-152.
16. Berridge KC, Robinson TE. The mind of an addicted brain: neural sensitization of wanting versus liking. Curr Dir Psychol Sci 1995; 4(3): 71-75.
17. Miller NS, Gold MS. Dissociation of "conscious desire"(craving) from and relapse in alcohol and cocaine dependence. Ann Clin Psychiatry 1994; 6(2): 99-106.
18. Johnson B. Drug abuse, dreams, and nightmares. Verster JC, Brady K, Galanter M, Conrod P. Drug Abuse and Addiction in Medical Illness: Causes, Consequences and Treatment: Cham: Springer; 2012. p. 385-392.
19. Childress AR, Ehrman RN, Wang Z, et al. Prelude to passion: limbic activation by "unseen" drug and sexual cues. PLoS One 2008; 3(1): e1506.
20. Tracy JI. Assessing the relationship between craving and relapse. Drug Alcohol Rev 1994; 13(1): 71-77.

Yazar Katkıları: Tüm yazarlar ICMJE'in bir yazarda bulunmasını önerdiği tüm ölçütleri karşılamışlardır
Etik Onay: Bu çalışma için ilgili Etik Kuruldan etik onay alınmasına gerek yoktur. Yazarlar, hasta onam formu aldıklarını teyit etmişlerdir.
Hakem Değerlendirmesi: Dış bağımsız.
Çıkar Çatışması: Yazarlar çıkar çatışması olmadığını beyan etmişlerdir.
Finansal Destek: Yazarlar finansal destek beyan etmemişlerdir.

Author Contributions: All authors met criteria recommended by ICMJE for being an author
Ethical Approval: Ethical approval is not required for this study. The authors confirm that they have obtained a patient consent form.
Peer-review: Externally peer-reviewed.
Conflict of Interest: The authors have declared that there is no conflict of interest.
Financial Disclosure: Authors declared no financial support.