

The Function of Drug-Using Dreams in Addiction Recovery

by

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Jean, a client in treatment for substance abuse, came to my group disturbed about the following “using” dream she had the night before: *I dreamed I was in the cafeteria teaching other patients here how to chop lines of cocaine and snort them.* Though she laughed at her dream because of its ridiculous plot, she also wondered what it might mean, if anything, about her recovery.

The purpose of this article is to briefly outline some of the clinical research that has been conducted in regard to drug-using dreams in order to benefit clients like Jean . It is my intention to demonstrate that drug-using dreams can be useful in counseling when clients and clinicians are informed about the possible function this type of dream serves.

One study, a classic in the field of substance abuse treatment, demonstrates that alcoholics who dream about drinking during the course of treatment tend to achieve longer periods of sobriety (Choi, 1973). This finding suggests that clients who dream about the substances they are attempting to abstain from may be more engaged in the treatment process. In other words, these clients take their struggle with substance abuse seriously enough to dream about it at night. In this way, the drug-using dream may be a positive sign, in-and-of-itself.

However, a more recent study of crack cocaine addicts who dreamed about drug use demonstrates that dream content is also significant in predicting a positive treatment outcome (2001). Over a ninety-day period, clients who report a shift in their dream content from using cocaine to actively refusing the use of cocaine tend to achieve longer periods of abstinence. This finding suggests that readiness for change is reflected in dream content and that dream-life can provide clients with an opportunity to rehearse change. For counseling purposes, the importance is not on the individual dream but the manner in which dream content shifts over time.

One particularly useful study of drug-using dreams demonstrates that a client’s subjective response to the dream is more important than dream content in regard to predicting a positive treatment outcome (Brown, 1985). The subjective responses reported by clients fall into two main categories: one group of individuals experiences frustration that their dream isn’t real and the second group experiences relief that their dream isn’t real.

The first group of clients could be described as having relapse pending-dreams. This group longs to re-experience intoxicification and feels triggered toward drug use. The second group of clients could be described as having recovery-affirming dreams. This group wakes disturbed by their dream and feels repulsed from actual drug use.

For clients like Jean, the act of dreaming itself may be a positive sign of engagement with the treatment process. Additionally, her own subjective response to the using dream may help counselors assess her actual readiness for change. And finally, if

Jean continues to dream frequently about using, she can be encouraged to note any significant shift in the content of her using dreams, which ideally, will reflect her commitment to recovery.

References

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