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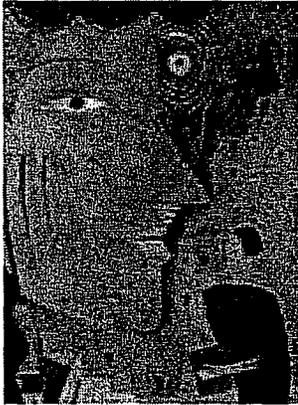


Dreams & Addiction Recovery

By Charles Gillispie, MFA, LISAC

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

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because of its ridiculous plot, she also wondered what it might mean, if anything, about her recovery.

Drug-using dreams can be useful in counseling when clients and clinicians are aware of 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 remain sober for longer periods of time (Choi, 1973). This finding suggests that clients who dream about the substances they have abused may be more engaged in their treatment process. These clients take their struggle with substance abuse seriously enough to dream about it at night, which means the drug-using dream itself may be a positive sign.

Is it really a *bad* dream?

However, a more recent study of crack cocaine addicts who dreamed about drug use demonstrates that the *content* of the dream is most important to predicting treatment outcomes (Reid, S. and Simeon, D., 2001). Over a ninety-day period, clients who reported their dreams changing from using cocaine to actively refusing 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. In these cases, the importance is not 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 personal response to the dream is more important than dream content when it comes to predicting a positive treatment outcome (Brown, 1985). The study found that 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 is experiencing relapse-pending dreams. This group longs to relive intoxication and feels triggered toward drug use. The second group is experiencing recovery-affirming dreams. This group wakes disturbed by their dreams 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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