

# Dreams in Abstinent Heroin Addicts: Four Case Reports

Claudio Colace, Ph.D.

Effects of heroin abstinence on dreams of four heroin addicts in pharmacological substitution drug treatment (methadone) were considered. All patients have stopped or reduced drastically the use of heroin in the first period of treatment. At the same time they recalled wish-fulfilment dreams in which they used heroin. Frequently in these dreams the patients reported guilty/anxious feelings after the use of it. These preliminary indications suggest the following observations: 1) dreams may have an important role to understand problems of heroin addicts during therapy, 2) pathological dependencies (e.g., alcoholism, opiate addiction, etc.) may give a theoretical-methodological opportunity to examine the role of needs and/or wishes in the formation process of dream, 3) the indications of this study are consistent with Freud's wish-fulfilment theory. (*Sleep and Hypnosis* 2000;4:160-163)

**Key words:** *Wish-fulfilment dreams, dream content, drug addiction, psychoanalytic model*

## INTRODUCTION

In the past, several studies have been carried out to analyze the effects of various psychoactive drugs on dreaming, e.g., LSD (1), imipramine (antidepressants) (2) or other drugs (3). These studies were almost always investigations on effects of temporary drug administration and on normal volunteers subjects. Effect of psychoactive substances abstinence or cessation, on dream content of chronic consumers subjects, more rarely, has been studied.

Choi (4) observed that alcoholics who were abstaining from drinking dream about drinking. The author suggests that in these patients the wish to drink alcohol was repressed from consciousness and

became satisfied in dreams. Furthermore, alcoholics who have dreams about drinking showed less anxiety and were able to be abstinent for longer period of time than those who did not have drinking dreams. From a theoretical viewpoint Choi concluded that the presence of dreams about drinking in abstinent alcoholics were consistent with Freud's observations that undistorted wish-fulfillment dreams can occur in adults when the need is imperative (i.e. hunger, thirst) (5). Choi's observations was replicated in others two studies (6,7).

Christo and Franey (8) found drug-related dreams in polydrug users (alcohol, heroin, cocaine) since they stopped using drugs.

Alcoholism such as drug addiction are both considered forms of pathological dependencies. Alcoholic patients such as heroin (opiate) addicts present mainly the inability to suspend psychoactive substance use with physical and psychological dependence (DSM-IV) (9). Consistent with previous studies the four case reports presented here, suggest the possibility of an occurrence of wish-fulfillment dreams in heroin addicts who are abstaining from use of heroin. All subjects attended a pharmacological

---

From the Servizio per le Tossicodipendenze di Civita Castellana, Azienda Unità Sanitaria Locale Viterbo sez. 5, Roma, Italy

Address reprint request to:  
Claudio Colace, Ph.D., Viale Appio Claudio, 285, 00174 Roma, Italy.  
Phone and fax number: 06-71510014  
e-mail: hcmec@tin.it

Acknowledgements: The author thanks equipe of Ser.t. of Civita Castellana (Viterbo) Italy.

Accepted August 21, 2000

substitution drug treatment (methadone) and a supportive psychotherapy in a Service for Drug Addictions.

### CASE 1

Mr. C., a 28-year-old man, used heroin everyday (daily dose 1 gr.) with intravenous injection since 25 years of age when he was admitted, with diagnosis of opiate dependence, to a substitution drug treatment program with methadone. In the first period of treatment the patient reduced the use of heroin drastically (negative random control of the urine). He felt strongly the psychological conflict between the wish of using heroin (drug craving)<sup>2</sup> and at the same time the mind of stopping the use of it. Thus he reported frequently guilty feelings in awake state when he used heroin. During this period the patient recalled, at morning awakenings, several dreams in which he used heroin. In these dreams the patient used heroin in a group situation enjoying it physically and psychologically. These dreams were compared to dreams of sexual orgasm for the way in which he experimented the intense emotion during the use of heroin. In some of these dreams the patient reported a presence of guilty feelings after the use of heroin. For example, the patient was surprised, while he used heroin, from a family person. Sometimes anxious awakening interrupted the dream. In general, the patient at morning awakening was glad, happy and relieved after he realized he had not really used heroin. The patient noticed that the frequency of these dreams decreased in a proportional way to the decrease of heroin craving in awake state. Furthermore, in latter situation, dreams content changed: it is not more he that uses heroin but he sees other people do it. He reported that he was like a spectator of film's scene. In the patient's view the more time he was without the use of heroin (in awake state) the more frequent were dreams of drug use.

### CASE 2

Mr. V., a 26 year-old man, used continuously heroin (daily dose 0.5 gr.), also three times a day, with intravenous injection since six months. He was admitted, with diagnosis of opiate dependence, to a substitution drug treatment program with methadone. At the beginning of treatment this patient presented also direct signs of heroin abstinence (i.e. lacrimation,

diarrhea, yawning, insomnia, etc.). During the first month of treatment he stopped using drugs. Random control of the urine was always negative for opiate. In this period the patient reported that he had a strong desire to stop the use of heroin. At the same time he recalled, in morning awakening, different dreams in which he used heroin. In a typical dream content he used repeatedly (in a great amount) heroin and subsequently he had guilty feelings (he repented having used it).

### CASE 3

Mr. M., a 27 years-old man, used continuously heroin (daily dose 0.5 gr.) and, sometime, cocaine, since 25 years of age when he was admitted to a substitution drug treatment program with methadone. He presented signs of heroin abstinence: lacrimation, anxiety and rhinorrhea. In the first period of treatment the patient reduced the use of heroin drastically (negative random control of the urine). At the same time he recalled different (at least five) dreams in which he used heroin. In some of these dreams he used it in a great amount. Frequently (in dream), he was not able to use the drug completely because during the use of the drug he woke up. The patient felt that he had really used drug and after the morning awakening, he looked at his arms immediately to find if there were signs of intravenous injection, and he felt relieved after he realized he had not really used heroin. In his dreams the drug use occurred in unusual setting (autoveicle or home) compared to the awake state in which he used the drug usually alone and not in company. Sometimes, in dream, he didn't succeed to use the drug because before this happened he meet the police and he was forced to throw the drug. Also when he in dream succeeded to use heroin he didn't enjoy it. Before the beginning of a substitution drug treatment program he had not such dreams.

### CASE 4

Mr. C., a 34 years-old man, used heroin everyday (daily dose 0.8 gr.) since 27 years of age, when he was admitted, with diagnosis of opiate dependence, to a substitution drug treatment program with methadone. In the first period of treatment the patient reduced the use of heroin drastically (negative random control of the urine). During this period the patient recalled

<sup>1</sup>The case I and II presented here were reported at 13th annual meeting of the APSS, Orlando, Florida, June 19-24, 1999, and at meeting of S.I.R.S. (Italian Society of Sleep Research), June 4-5, 1999.

<sup>2</sup>English Dictionary defines craving as a very "strong desire" and World Health Organization defines craving as the wish for experimenting previously tested psychoactive substance effect.

several anxious dreams about heroin and the anxiety to be surprised, by someone. In this dreams the patient had guilty and anxious feelings because he used heroin. Also during a supportive psychotherapy the patient had shown notable guilty feelings for his drug addiction behavior towards his old and widowed mother. Frequently the dreams were interrupted by anxious awakening, after which the patient exclaimed happy and relieved: "fortunately it was only a dream and not reality!". Some dreams were only about drug situations (and not the use of it): for instance he bought the drug or he prepared it, but before he succeeded to use it he had an anxious awakening.

## DISCUSSION

The main aspect of heroin addiction is the inability to suspend drug use and the presence of both physical and psychological dependence. The daily administration of methadone, (individual daily dose, range 25-60 mg) a chemical substitute of heroin, helps these patients in attempting to stop or reduce the use of it without the patient suffering withdrawal syndromes and involving the subject in rehabilitation program. In these patients however persists, at the beginning of treatment, a strong psychological dependence characterized by: a) an abnormal obsessive wish to use drug (drug craving); b) a compulsive drug seeking behavior; c) the presence of a strong ideation assembled on the substance. This is particularly true in the first period of treatment when these patients pass from a heroin daily use to a more infrequent one. In other words the patients experiment the effects of the psychological abstinence much more in the first period of therapy, when they are not still prepared to be without drug. The four heroin addicts described here showed a strong motivation to stop using heroin (begun of methadone treatment) and this was in a strong contrast with their drug craving. They were really able to stop or reduce drastically the use of heroin. During the same period they recalled wish-fulfillment dreams about the use of heroin and subsequently they felt (in dreams) frequently guilty/anxious feelings, or the dreams were interrupted by anxious awakening. Sometimes the fulfillment of the wish was interrupted because before the patient used drug (in dream), he had an anxious awakening (case 4). Frequently the patients felt glad and relieved after awakening when they realized that they had not really used drug.

This preliminary indications suggest the following observations:

First, from a therapeutic point of view, Choi (4) noticed that alcoholics who have drinking dreams can be abstinent for longer periods than those who did

not have drinking dreams: in other words dreaming about drinking was a good prognostic sign. Besides, in Choi's view the better ability "...to deal with continuous internal and external stimulation about drinking..." and the capacity to be "...abstinent for longer periods of time..." (p. 701) of these patients suggest that drinking dream really could satisfy the need to drink alcohol. This observation is in accord with Bokert's experimental data (10). This author found that subjects, deprived of food and fluids in presleep time, who gratify their thirst in dream, subsequently reduce their need in post-dreaming reality: they drank less and rated themselves as less thirsty than subjects reporting non-gratifying dreams.

Unlike Choi's study, Christo and Franey found that drug-related dream frequency was prospectively related to greater substance use. However, the effect was weak and needs to be replicated for confidence. The effect was strongest for cocaine. Future studies could investigate on prognostic use of drug dreams in heroin addicts.

Second, from dream theoretical-methodological point of view, it may be believed that the pathological dependencies (e.g., alcoholism, opiate addiction, smoke addiction etc.) give a methodological opportunity to examine the role of needs and/or wishes in the formation process of dream, because in this situation, compared to normality, there is clearly present an abnormal quantitative need and/or wish. While in most dreams we do not have the opportunity to observe or control the variable "wish", in these patients the measure of the period of abstinence (e.g., number of day of abstinence) may permits a control of the variables "need" or "wish". A similar experimental situation is represented by studies on effects of biological vital need frustration on dream content (e.g., 10,11) where need and/or wish, are experimentally intensified in presleep period (above). There is however an important difference: in a subject deprived of vital need, such as thirst, the consequent wish to drink that may occur in dream, does not have any opposition, it is a wish accepted from consciousness, vice versa, in drug addict, the wish to use drug is rejected from consciousness because the patient wants (in different degrade) to stop the use of it. This would explain the fact that the wish-fulfillment in dreams is associated to the presence of anxiety or guilty feelings and the fact that all patients felt glad and relieved after awakening and realizing they had not really used heroin. Besides, it is noteworthy that these awake feelings were the same that felt the abstinent alcoholics patient who dreamed about drinking (a forbidden wish). Briefly, while in subjects deprived of vital need we should have clear wish-fulfillment dreams in abstinent drug addicts we

should have clear but anxious wish-fulfillment dreams.

Third, from dream theories viewpoint, these clinical indications may have a meaning on the light of "good old" psychoanalytic dream model. Particularly, the dreams of these four patients are consistent with the following Freud's observations: a) clear wish-fulfillment dreams can occur in adults when the need is imperative; b) when the wish that occurs in dream is a rejected and repressed wish its fulfillment is associated with anxious feelings (5). For these patients the need of drug is a reason of life, but when they begin a treatment they also decide (in different degree) to stop the use of drug: so, the person rejects the wish of drug.

Obviously these observations require further confirmations. It would be opportune to observe systematically if the dreams of drug use also present itself in the drug addicts that use heroin daily (not abstinent). Furthermore, it would be interesting to observe together the effect on methadone dosage (e.g., low, anti-withdrawal syndrome dosage vs high, anti-craving dosage) and the degree of individual "drug craving" on dream content. Studies on dreaming in opiate addicts during the period of treatment could be useful to understand the personality characteristics and problems of heroin addicts but also to study the role that the motivations may have in the formation processes of the dream.

## REFERENCES

1. Tart CT. The "High" dream: a new state of consciousness. In: Tart, CT, eds. *Altered States of Consciousness*. New York – London – Sydney – Toronto: John Wiley & Sons, Inc. 1969:169-174.
2. Whitman RM, Pierce CM, Maas JW, Baldridge B. Drug and dreams II: Imipramine and prochlorperazine. *Comprehensive Psychiatry* 1961;2:219-226.
3. Arkin AM, Steiner SS. The Effects of Drugs on Sleep Mentation. In: Arkin AM, Antrobus JS, Ellman SJ, eds. *The Mind in Sleep: psychology and psychophysiology*. Hillsdale (NJ), L Erlbaum Ass, 1978:393-415.
4. Choi SY. Dreams as a prognostic factor in alcoholism. *Am J Psychiatry* 1973;130:699-702.
5. Freud S. (1901). *On dreams*. *Complete Psychological Works*, standard ed., translated and edited by J. Strachey, London: Hogart Press, 1964.
6. Alcoholics Anonymous. *Living sober*. New York: World Services, 1975.
7. Fiss H. Dream content and response to withdrawal from alcohol. *Sleep Research* 1980;9:152.
8. Christo G, Franey C. Addicts' drug-related dreams: their frequency and relationship to six-month outcomes. *Substance Use & Misuse*, 1996;31:1-115.
9. APA. *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed. American Psychiatric Association, Washington DC, 1994.
10. Bokert EG. The effects of thirst and related verbal stimulus on dream reports. *Dissertation Abstracts*, 1968;28:4753.
11. Dement WC, Wolpert EA. The relation of eye movements, body motility and external stimuli to dream content. *J Exp Psychol* 1958;55:543-553.