Book Review Psikiyatride Güncel Yaklaşımlar-Current Approaches in Psychiatry 2025; 17(Suppl 1):481-490
doi: 10.18863/pgy.1718206

Analysis of "Drug Dreams" Book

"Uyuşturucu Rüyaları" Adlı Kitabın İncelenmesi

Mustafa Danışman[1]

[1]University of Health Sciences, Ankara

ABSTRACT

Substance addiction is defined as a chronic and relapsing disorder in which the individual persistently engages in drug-seeking and drug-using behaviors despite harmful consequences. One of the most common challenges in the treatment process is relapse, which frequently occurs as a result of intense craving for substance use. In recent years, the concept of "drug dreams" has come to the forefront as a potential indicator that may contribute to the clinical monitoring of such cravings. These dreams, which often appear during periods of abstinence, contain various themes involving the use or attempted use of the addictive substance. The book "Drug Dreams" by Claudio Colace systematically addresses drug-related dreams from phenomenological, clinical, and theoretical perspectives. The author initially began examining these dreams—first noticed during psychotherapy sessions with heroin-dependent patients—with clinical curiosity and later deepened his investigation on both psychoanalytic and neuropsychoanalytic levels. The book is divided into three main sections: the first part discusses the definition, prevalence, and content of drug dreams; the second part explores their clinical use and prognostic value; and the third part offers theoretical evaluations in light of Freud's dream theory and contemporary neuropsychoanalytic approaches. The book "Drug Dreams"stands out as a valuable resource that offers significant contributions to addiction treatment from both psychodynamic and neuropsychiatric perspectiv. It provides a unique and comprehensive perspective for clinicians working in addiction treatment and for those interested in dream studies. This article aims to present a comprehensive review of the aforementioned book.
Keywords: Addiction, dream, drug

ÖZ

Uyuşturucu bağımlılığı, bireyin zarar verici sonuçlarına rağmen ısrarla madde arama ve kullanma davranışlarını sürdürdüğü, kronik ve yineleyici bir hastalık olarak tanımlanmaktadır. Tedavi sürecinde en sık karşılaşılan sorunlardan biri olan nüks, çoğunlukla yoğun madde kullanım isteği sonucunda ortaya çıkmaktadır. Son yıllarda, bu isteğin klinik olarak izlenmesine katkı sağlayabilecek potansiyel göstergelerden biri olarak "uyuşturucu rüyaları" kavramı ön plana çıkmıştır. Özellikle madde kullanımından uzak kalınan dönemlerde görülen bu rüyalar, bağımlı olunan maddeyi kullanma ya da kullanmaya çalışma temalarını içeren çeşitli içeriklere sahiptir. Claudio Colace tarafından yazılan "Uyuşturucu Rüyaları" adlı kitap, madde bağlantılı rüyaları fenomenolojik, klinik ve kuramsal boyutlarıyla sistematik biçimde ele almaktadır. Yazar, eroin bağımlısı hastalarla yaptığı psikoterapiler sırasında tesadüfen fark ettiğini belirttiği bu rüyaları başlangıçta klinik bir merakla incelemeye başlamış, zamanla konuyu psikanalitik ve nöropsikanalitik düzeyde derinleştirmiştir. Üç ana bölümden oluşan kitabın ilk kısımda uyuşturucu rüyalarının tanımı, yaygınlığı ve içeriği ele alınmakta; ikinci kısımda bu rüyaların klinik kullanımı ve prognostik öngörü değeri tartışılmakta; üçüncü kısımda ise Freud'un rüya kuramı ve modern nöropsikanalitik yaklaşımlar ışığında kuramsal değerlendirmelere yer verilmektedir. "Uyuşturucu Rüyaları" isimli kitap gerek psikodinamik gerekse nöropsikiyatrik açıdan madde bağımlılığı tedavisinde bazı önemli katkılar sunan bir kaynak olarak öne çıkmaktadır. Kitap, bağımlılık tedavisinde çalışan klinisyenler ve rüya bilimiyle ilgilenenler için özgün ve kapsamlı bir bakış açısı sağlayabilir. Bu yazıda, söz konusu kitabın kapsamlı bir incelemesi sunulmaya çalışılmıştır.
Anahtar sözcükler: Bağımlılık, rüya, uyuşturucu

Introduction

Book Title: Clinical and Research Implications of Dreams about Drugs in Drug-addicted Patients

Author: Claudio Colace

Publisher: Karnac Books Ltd, 2014. Karnac Books Ltd, established in 1950 and based in Bicester, UK, is recognized as an independent publishing house specializing particularly in the fields of psychoanalysis and psychotherapy.

Page Count: 142

The author, Claudio Colace, currently works as a psychologist and psychotherapist at the Psychology Unit of the ASL (National Health Service Office) in Viterbo, Italy. He is also employed at the Drug Addiction Center in Civita Castellana (Viterbo). Between 1997 and 2009, Dr. Colace was a member of the Italian Association for Sleep Research and is currently a member of the International Neuropsychoanalysis Society. His work focuses particularly on children's dreams, dream bizarreness, and the exploration of dream experiences in addiction contexts.

Address for Correspondence: Mustafa Danışman, University of Health Sciences, Ankara Training and Research Hospital, Alcohol and Substance Abuse Treatment and Education Center, Ankara, Türkiye **e-mail:** drmustafadanisman@gmail.com
Received: 12.06.2025 | **Accepted:** 29.07.2025

In the preface of the book, the author states that his interest in drug-related dreams began coincidentally during psychotherapy sessions, as heroin-addicted patients frequently reported such dreams. He notes that the content of these dreams was often clear, brief, and directly connected to daily life, resembling childhood dreams in their straightforwardness and lack of need for symbolic interpretation. Over time, this interest led him to a more in-depth exploration framed by Freud's theory of dreams and neuropsychoanalytic approaches—perspectives that are presented throughout various sections of the book.

Phenomenology – Chapter 1

The first part of the book, which consists of three main sections, is titled "Phenomenology" and includes four subsections. The first of these serves as a general introduction to the concept of drug dreams. In this section, drug dreams are defined, and a historical review of studies and research topics related to such dreams is presented. The author argues that drug dreams are a common phenomenon among patients diagnosed with substance use disorders. On the other hand, he claims that such dreams do not occur in individuals who do not use drugs and/or alcohol. A particularly notable point in this section is the observation that, in the literature, there is still no consensus on the definition and terminology concerning these types of dreams. In addition to the term "drug dreams" used by the author throughout the book, several alternative terms are mentioned, including: "using dreams," "drinking dreams," "drug-related dreams (substance-related dreams)," and "relapse dreams" (p.3).

In the remainder of the first chapter titled "Phenomenology," the author examines the content characteristics and frequency of occurrence of drug dreams, and then explores their relationship with craving and, more specifically, with the process of abstinence from drug use.

Drug Dreams: Prevalance and General Contents

In this section, the author states—based on his own clinical experience—that nearly all patients with substance addiction report having dreams related to drug use. These dreams most frequently occur within the first week after substance use has ceased; however, they can persist for weeks, months, or even years following the end of drug use. The author also notes that as the duration of treatment increases and the level of recovery improves, the frequency of experiencing drug dreams tends to decrease. Moreover, the content of these dreams often shifts toward a pattern of rejecting drug use (Choi 1993, Christo & Franey 1996, Reid & Simeon 2001, Colace 2004).

In the chapter, it is noted—consistent with findings from numerous studies on dream content—that drug dreams often involve themes such as searching for drugs, attempting to use them, seeing the substance without actually using it (or being unable to use it), refusing an offer of drugs, or observing someone else using drugs (Hajek & Belcher 1991, Christo & Franey 1996, Reid & Simeon 2001, Colace 2004, Yee et al. 2004).

Table 1. Prevalence of drug dreams in drug-addict patients

Drug	Period of observation	Prevalance	Author
Cocaine + heroin	30 days	%91	Herr et al. 1993
Polydrugs	6 weeks	%84	Christo & Franey, 1996
Tobacco	4 weeks	%33	Hajek & Belcher, 1991
Crack cocaine	1 month	%89,1	Reid & Simeon, 2001
Cocaine	12 weeks	%74	Yee et al., 2004a
Heroin	Since start of heroin use	%66	Colace et al. 2014
Heroin	2 weeks	%54	Colace, 2004a

The author also discusses the emotionally charged nature of these dreams by focusing on the emotional responses experienced both during the dream and upon awakening. As described in several studies, a common emotional pattern involves feeling the pleasure of using the substance during the dream, followed by a sense of relief upon waking and realizing that drug use had not actually occurred (p.18). However, the author notes that in some dreams, the experience of using the substance is not followed by pleasure, but rather by feelings of guilt and/or regret. These negative emotions may be associated with the presence of authority figures in the dream—such as police officers, parents, or other authority figures—who either prohibit or prevent drug use. Additionally, the chapter describes that some patients report experiencing feelings such as anger and disappointment upon waking from drug-related dreams, especially when they realize that the drug use in the dream was not real.

Based on his clinical observations, the author states that the vast majority of these dreams, which differ in content, can be divided into two main types. According to the author's experience, the most notable factor

distinguishing these types is whether actual drug use (a completed use) occurs within the dream (p.21). Within this framework, the author classifies drug dreams into two main categories: Type A: Dreams in which drug use occurs, and Type B: Dreams involving an attempt to use drugs that somehow ends in failure. The book provides examples of both Type A and Type B drug-related dreams (Table 2).

Table 2. Examples of Type A and Type B dreams
Type A Dream Example: In my dream, I saw myself going to Rome with a friend to get heroin. I don't remember the details, but I clearly recall the scene where I used the drug. While using it, I experienced an intense and pleasant sensation, as if it were a real-life situation. When I woke up in the morning, I didn't feel any guilt or emotion. (p.15)
Type B Dream Example: In my dream, just as I was about to inject myself with heroin, the syringe suddenly slipped from my hand and I woke up. I felt guilty. Upon waking, my craving for heroin had intensified. (p.22)

In the third section of the book's first part, titled "Phenomenology," the author explores the relationship between the desire to use substances and drug dreams.

Drug Dreams and Drug Craving

In this chapter of the book, following an introduction to the neurobiological foundations of drug craving, the author discusses the possible relationships between craving and drug dreams, as well as the effects of certain pharmacological treatments on these dreams. The author interprets the frequent emergence of drug dreams during periods of abstinence as a concrete indicator of the intensified desire to use substances during those times.

The craving process is defined by the author as "a new type of limbic drive resulting from continuous drug use" (p.25). It is described as operating on both conscious (Kassel & Shiffman 1992) and unconscious (Berridge & Robinson 1995) levels. The author emphasizes that craving consists of two fundamental aspects: phobic craving, which is driven by the need to avoid withdrawal symptoms, and appetitive craving, which is based on the desire to experience the pleasurable effects of the drug. Within this framework, the author suggests that examining the frequency of drug dreams in patients undergoing different pharmacological treatments—each targeting different aspects of craving—may contribute to a deeper understanding of the nature of the craving phenomenon (p.34).

The author emphasizes that despite the use of craving-reducing medications such as naltrexone—targeting the appetitive component of craving—and substitution therapies like methadone and buprenorphine—which address withdrawal symptoms associated with phobic craving—many patients continue to experience drug-themed dreams (p.35). According to the author, the persistence of drug dreams despite pharmacological treatments aimed at different aspects of craving suggests that these therapies are not always sufficient to fully suppress craving. The author interprets this as an indication of the extraordinarily persistent and deeply ingrained nature of drug desire, arguing that this drive remains active and ready to trigger drug dreams (p.36).

The author also shares a particularly noteworthy observation in this chapter. He describes a heroin-addicted patient who frequently reported having drug-related dreams during periods of abstinence, but stated that he did not experience any such dreams during a five-month drug-free period spent abroad in Sweden, away from his home country (Italy) (Case no: 019, dream (b), personal archive). In addition to this case, the author refers to another patient who reported that after moving from Italy to the United States, he no longer experienced drug-related dreams; however, these dreams resumed once he returned to Italy (Case no: 021, personal archive). Based on these two cases, the author suggests that in the absence of environmental and drug-related conditioned cues that typically trigger drug craving, drug dreams also tend to disappear.

On the other hand, although the author's observation that drug dreams tend to disappear in the absence of environmental cues is noteworthy, it is difficult to generalize this finding based on only two cases. The assumption that these individuals experienced no craving at all in their new environments should be approached with caution. After all, is a geographical change alone a variable strong enough to induce early remission in a person? If that were the case, "changing environment" would be widely recommended as a core treatment strategy for all individuals with addiction. At this point, it might be more accurate to consider that relocation is effective only for certain individuals—for example, those who are particularly sensitive to environmental conditions.

Finally, in this chapter, the author refers to a study by Choi (1973) conducted on individuals using and not using disulfiram, which found that drug-related dreams occurred less frequently in those taking disulfiram. Unlike classic agonist or antagonist treatments targeting phobic or appetitive craving, disulfiram reduces craving through an aversive mechanism. During disulfiram use, unpleasant physical reactions caused by acetaldehyde

accumulation when alcohol is consumed create a learned fear and a strong negative emotional response in patients.

In this context, the author shares a particularly striking dream reported by a patient undergoing disulfiram treatment who had abstained from alcohol for ten days: "I was drinking, drunk, alone, and driving a car; then I had an accident" (Case no: 025, personal archive). The "accident" image in this dream can be speculatively interpreted as a symbolic expression of the patient's fear of the aversive reactions caused by acetaldehyde accumulation if they were to consume alcohol during disulfiram treatment. When considered alongside the knowledge that disulfiram's effect on craving differs from other treatments, examining the frequency, content, and emotional structure of dreams in patients receiving this therapy could provide an important window into understanding disulfiram's impact on craving.

Drug Dreams and Abstinence from Drug Use

In this section, it is noted that drug dreams typically occur during early periods when individuals voluntarily stop using substances or during sudden and involuntary abstinence situations such as compulsory treatment, incarceration, or lack of access to drugs. According to the author, although less frequently, drug dreams can also occur even when drugs are being used regularly, provided that craving is particularly strong or that a stimulus triggering craving is present (p. 45). In this context, the author emphasizes that the primary trigger for drug dreams is essentially when the level of craving exceeds a certain threshold (p. 40).

The section states that as the duration of abstinence from substance use increases (between 6 to 12 months), the frequency of drug-related dreams decreases. This reduction may be related to a decrease in the intensity of craving and an improvement in patients' coping skills. However, it is also emphasized that even during long-term abstinence, environmental drug-related cues can trigger sudden craving responses, which may cause some drug dreams to persist (p. 43).

One of the most striking points in this section is the transformation in the content of drug-related dreams as the period of abstinence lengthens. The author reports that in the early stages of treatment, dreams typically involve the individual using drugs, whereas in later stages, the content often shifts to scenarios where the individual refuses offers of drugs (Reid & Simeon 2001) or encounters opportunities to use but chooses not to (p. 43). While the author notes that these changes in dream content are associated with a good prognosis, he does not make a definitive claim about whether this pattern of refusal is directly linked to the actual craving for drugs. This shift in dream content toward refusal can be interpreted through Revonsuo's Threat Simulation Theory (Revonsuo 2000). According to this theory, dreams mentally simulate potential threats that an individual may face, helping them to prepare for such situations. Scenarios involving drug refusal may serve as unconscious rehearsals of the possible harms of substance use, thereby contributing to the individual's resistance to craving and drug use in real life.

Clinical and Therapeutic Aspects – Chapter 2

In the second chapter of the book, titled "Clinical and Therapeutic Aspects," the possible meanings and functions of drug dreams within the treatment process are discussed under the headings "Clinical and Psychological Functions of Drug Dreams" and "Drug Dreams as Prognostic Indicator".

Clinical and Psychological Functions of Drug Dreams

In this section, the author suggests that drug dreams reflect the individual's desire for drugs on both conscious and unconscious levels (p.48). These dreams, which often occur during the early stages of recovery or in periods when substances are inaccessible, are considered indicators of repressed desires. As treatment progresses and the individual becomes more motivated to stay clean, a noticeable decrease in the frequency of such dreams is observed. For this reason, the author describes drug dreams as a kind of "thermometer" that can be used to monitor patients' drug cravings and their progress in recovery (p.49).

According to the author, drug dreams reflect not only the craving for drugs but also how the patient copes with this desire and the internal conflicts involved in their effort to stay clean. Elements such as feelings of guilt within the dream, failed attempts to use drugs, the intervention of authority figures, or waking up with anxiety may indicate that the patient possesses a motivation toward recovery—even at an unconscious level (p.49). The author argues that a detailed analysis of the content and emotional tone of these dreams can serve as an important tool for understanding which stage the patient is in within the process of change.

The case examples presented in the book also suggest that drug dreams can sometimes serve as early warning signs of an impending relapse. In individuals who have remained abstinent for a long time, the sudden emergence of intense drug-themed dreams may indicate a reawakening of unconscious drug desire (p.52). In such cases, it is recommended that patients contact their therapists and reassess their treatment plans. Indeed, in some cases, a relapse was observed shortly after such dreams occurred. For this reason, drug dreams are considered important warning signals that may allow for early intervention.

On the other hand, some drug dreams may serve a "release" or "compensatory" function, allowing individuals to safely experience their suppressed cravings for drugs (p.53). These dreams may lead to a reduction in craving during waking life due to the sense of satisfaction experienced within the dream. However, not all dreams have this positive effect; particularly those in which drug use is interrupted or remains incomplete may actually intensify the craving (p.55). The author emphasizes that such dreams, which trigger drug desire, may increase the risk of relapse, and therefore the emotional tone and content of these dreams should be carefully examined.

In the final part of the chapter, the author refers to Johnson's argument (Johnson 2003) that substance-related dreams help preserve sleep by postponing drug-seeking behaviors, aligning with Freud's view that dreams serve as "guardians of sleep" (p.57). However, it is difficult to claim that this assertion fully aligns with Freud's concept. In The Interpretation of Dreams, Freud based his theory of dreams guarding sleep on examples such as dreaming of drinking water after consuming a salty meal (Freud 1900). In these so-called "convenience dreams," the relevant drive is directly satisfied without censorship, thus preventing sleep from being interrupted. By analogy, if a craving-induced impulse threatens to disrupt sleep, it would be expected that this impulse would be satisfied directly through substance use within the dream—just as thirst is satisfied in dreams involving drinking water. However, when examining the content of such dreams, it becomes clear that they are not limited to scenarios of drug use. They often include situations in which the substance is refused or cannot be used for various reasons. Therefore, it cannot be said that all such dreams function as guardians of sleep.

Drug Dreams as Prognostic Indicator

In this section, the author points out that previous studies on the prognostic value of drug dreams have produced contradictory results. He emphasizes that this inconsistency cannot be explained solely by the limited number of studies or the difficulties in collecting reliable dream data. According to the author, a significant reason for these conflicting findings is that the studies have not been sufficiently successful in relating and distinguishing dream content and the emotions experienced upon waking to prognosis (p.64).

The author notes that the content of drug related dreams, the emotions experienced during the dream, and the emotional responses upon waking may vary; therefore, before evaluating prognostic indicators, these dreams should be classified more thoroughly from a phenomenological perspective.

Building on the Type A and Type B drug dreams defined by dream content in the first chapter, the author redefines them in this section by also considering the accompanying emotions: In Type A drug dreams, individuals typically use drugs and derive pleasure during the dream; upon waking, they may feel guilt or regret about the drug use in the dream, or they may feel relief upon realizing that they did not actually use drugs in real life. On the other hand, in Type B dreams—where "the attempt to use drugs somehow fails"—individuals tend to wake up feeling angry or disappointed when they realize they did not actually use drugs (p.65).

At the end of the relevant section, the author states that Type A and Type B dreams have a dual prognostic value regarding individuals' drug cravings. Type A dreams, which are satisfying in terms of content and emotions (dreams of drug use), indicate a positive prognosis by helping to reduce and manage drug cravings. In contrast, unsatisfying Type B dreams (dreams of failed attempts to use drugs) tend to reactivate and increase drug cravings (Table 3).

Table 3. Comparison of drug-related Type A and Type B dreams

Characteristics	Type A Dreams	Type B Dreams
Dream Content	Substance use occurs	Substance use is attempted but fails
Emotion during the dream	Pleasure, relaxation, satisfaction	Tension, feeling of being blocked
Emotion upon waking	Guilt, relief, satisfaction	Anger, disappointment, increased craving
Clinical effect (according to Colace)	May reduce relapse risk by releasing impulse	May trigger craving, increasing relapse risk
Prognostic value	Positive (may indicate improvement)	Negative (may indicate treatment resistance or risky phase)

On the other hand, the literature lacks an explanation for how and why drug-related dreams (Type A or Type B) can satisfy drug cravings in different ways (adequately or inadequately). This suggests that the degree of satisfaction attributed to such dreams—assumed to serve the purpose of relieving drug craving—is based on prognostic findings and assumptions related to patients' periods of abstinence. Furthermore, some drug-related dreams do not fit either of the Type A or Type B dream definitions in the literature due to inconsistencies between dream content and emotions, indicating that these classifications cannot be generalized to all dreams. Rather than assuming different satisfaction levels based on varying content and emotions, examining these drug dreams through the lens of the censorship mechanism in dreams may reveal that such dreams attempt to satisfy different kinds of cravings.

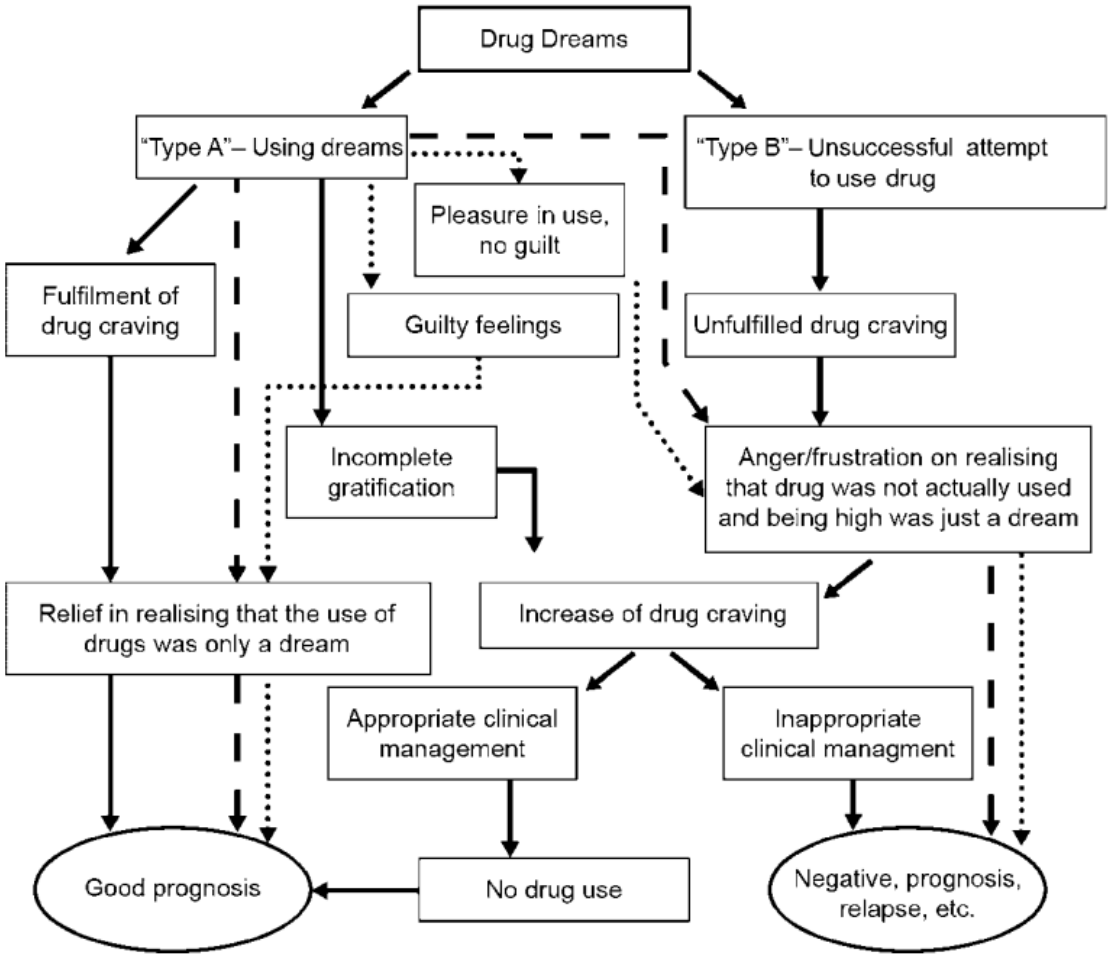

Figure 1. Good and poor prognostic processes related to substance-related dreams

Dream Research and Theory – Chapter 3

In the third and final chapter of the book, the author approaches the subject from a theoretical perspective under the following headings: "Drug Dreams and Classical Psychophysiological Dream Research and Theory," "Drug Dreams and Freud's Dream Theory," and "Drug dreams and the neuropsychoanalytic model of dreams."

Drug Dreams and Classical Psychophysiological Dream Research and Theory

In this chapter of the book, the author explores the motivational foundations of dream processes through the lens of drug dreams. Within this framework, he presents a comprehensive discussion by considering both classical psychophysiological dream research and contemporary neuropsychiatric approaches. The author argues that classical psychophysiological studies have largely neglected the role of motivational states in dream formation, whereas drug dreams clearly represent such motivational dynamics. In this context, the author

proposes that drug dreams could serve as a new paradigm for examining the role of motivation in dream formation (p.71).

Emphasizing a critical point, the author notes that these types of dreams are typically observed not during periods when patients are actively using drugs, but rather during withdrawal phases when they experience intense cravings. In this regard, he asserts that drug craving in such dreams does not merely appear as an emotional residue of daytime experiences (otherwise, these dreams would be expected to occur regularly in individuals who actively use substances). Instead, he argues that craving functions as a powerful motivational trigger in the formation of these dreams (p.72).

Another notable aspect of the chapter is the evaluation of drug-related dreams within the framework of the "biological drive deprivation paradigm." At this point, the author presents examples from classical studies that demonstrate how the deprivation of basic needs—such as food, water, social interaction, and sexuality—shapes dream content, and argues that drug dreams also make a strong contribution to this paradigm. The case examples and literature findings included in the book clearly reveal the impact of deprivation conditions on dream content (p.74)

At the end of the chapter, the author states that drug dreams partially align with contemporary theories that view dreaming as a process of emotional regulation, particularly through their function of releasing suppressed desire. Theories that argue dreams help restore psychological balance by processing emotionally challenging experiences in an individual's life (Hartmann 2011) parallel observations suggesting that drug dreams assist addicted individuals in coping with craving. Furthermore, Revonsuo's theory (Revonsuo 2000), which proposes that dreams enhance an individual's adaptive capacity by simulating threats, also supports the functional role of drug dreams. However, the author argues that while these theories primarily focus on how dreams process emotions, they fall short in explaining the motivational triggers that initiate these processes. At this point, the author suggests that drug dreams may offer a unique theoretical model (p.79).

Drug Dreams and Freud's Dream Theory

In this chapter, the author states that many drug dreams align with Freud's classical description of certain adult dreams as being "built upon childhood lines" (Freud 1900). According to the author, in many drug dreams, the satisfaction of the desire to use substances is direct and explicit. Therefore, these dreams resemble uncensored, childlike dreams that are triggered by the deprivation of biological drives or other urgent needs, and are similar to the dreams remembered by young children (p.84).

However, the author also notes that some drug related dreams deviate from this "childlike type" and contain more complex content. In these dreams, drug use does not occur explicitly, and the desire is expressed in more indirect forms. The author explains this phenomenon by suggesting that the individual consciously rejects the craving for substances, and this rejection manifests as a kind of censorship within the dream content (p.86). For example, the dreamer may only see the substance or be unable to use it due to various obstacles, thereby avoiding an act that would provoke guilt.

The author points out that such censored dreams can be observed not only in the content of the dream but also in the way the dream is recalled. In this chapter, gaps in dream memory are interpreted as reflections of repressed desires, and it is suggested that these types of dreams resemble the patterns of "dream distortion" observed in childhood. The author also emphasizes that in some dreams, even when the desire for substances is explicitly satisfied, this satisfaction is accompanied by intense feelings of guilt, anxiety, or the abrupt termination of the dream upon waking.

The author highlights that these "distorted" and "painful" dreams particularly occur in individuals who have not used substances for a long time, have changed their lifestyle, and no longer define themselves as addicts. In such individuals, the desire for substances becomes ego-dystonic, is repressed at an unconscious level, and is expressed only indirectly through dreams (p.87). The author suggests that these types of dreams typically emerge during periods when substance-related cues are present in the environment or when there is a temporary resurgence of repressed desires.

At the end of the chapter, the author states that drug dreams provide an effective testing ground for various hypotheses related to Freud's dream theory, thereby refuting claims within the scientific community that the Freudian model is allegedly empirically untestable. According to the author, certain Freudian concepts offer a theoretical framework capable of consistently explaining the emergence mechanisms, processes, phenomenology, and psychological meanings of drug dreams.

This chapter makes an important contribution by demonstrating how drug-related dreams can be reinterpreted in light of current clinical observations of classic Freudian dream theory concepts. The author's comparisons between both childhood dreams and the "distorted" dream forms seen in adults develop an original and in-depth perspective for understanding the psychodynamic structure of drug-related dreams. This approach also provides a constructive foundation for ongoing debates regarding the empirical testability of dream theories.

Drug Dreams and the Neuropsychoanalytic Model of Dreams

In the final chapter of the book, the author argues that drug dreams hold strategic importance not only within the context of Freudian dream theory but also from a neuropsychoanalytic perspective (p. 93). The text describes the mesolimbic-mesocortical (ML–MC) dopamine pathways, also known as the SEEKING system, as the fundamental neural substrate for general dream formation; it is noted that the functioning of this system can be directly observed through drug dreams. Activation of this system increases dopamine release, which in turn elevates both the frequency and vividness of dreams. The SEEKING system is described as a "non-specific" mechanism that responds to various drives and is related not only to substances but also to desire objects in general; it also interacts with memory networks linked to past experiences. In the context of substance addiction, the overstimulation of the ML–MC pathways sets the stage for both craving and the formation of drug-related dreams (p. 98).

In this context, the "dopaminergic hypothesis" developed by the author proposes that drug-related dreams are triggered by a temporary but unspent increase in dopamine, especially during periods when access to the substance is cut off (p. 101). In individuals who regularly use the substance, dopamine release is "discharged" along with substance intake, and the system returns to basal levels; in this case, drug-related dreams are rarely seen. However, during periods of substance cessation or unavailability, craving intensifies, dopamine release increases, but since the substance is not consumed, the system cannot discharge.

As a result, addicts, who already live with an upregulated dopamine system, develop hypersensitivity to environmental cues during withdrawal periods. In this sensitive phase, the accumulation of undischarged dopamine, combined with substance-related cues, facilitates the emergence of drug-related dreams. In other words, the upregulated ML–MC dopamine system associated with addiction triggers the onset of such dreams through a temporary "undischarged" dopamine increase during periods of substance unavailability and heightened sensitivity to cues.

Conclusion

Claudio Colace's book Drug Dreams stands out as an original work that deeply examines the relationship between substance addiction and dreams (Colace 2014). The author provides a detailed analysis of "drug dreams," which commonly occur among addicted patients during periods of substance cessation, focusing on their content, frequency, and impact on patients' treatment processes. Additionally, the book highlights the unique contributions of drug dreams to dream science and psychoanalytic approaches, offering important insights into how the desire for substance use is expressed and controlled through dreams.

One of the most striking points in the chapter is the transformation in the content of drug dreams as the duration of abstinence lengthens. The author reports that in the early stages of treatment, dreams typically involve individuals actively using drugs, whereas in later stages, the dream content often includes scenarios where the individual refuses drug offers or encounters opportunities to use but does not do so. While the author notes that these changes in dream content are associated with a positive prognosis, he does not make a definitive statement on whether this pattern of refusal is directly connected to the individual's craving for substance use. This shift in content related to refusal can be interpreted within the framework of Revonsuo's Threat Simulation Theory, which proposes that dreams mentally simulate potential dangers to prepare the individual to face them.

Colace states that substance-related dreams can be divided into two main types: dreams in which substance use occurs (Type A) and dreams in which attempts to use the substance fail (Type B). The author suggests that these two types of dreams provide different levels of satisfaction (drive discharge) and, accordingly, can be associated with positive (Type A) or negative (Type B) prognostic outcomes.

However, the author does not offer a clear theoretical explanation in the book for how and why Type A and Type B dreams satisfy the desire for substance use to different degrees. Instead of classifying these dreams solely based on their levels of satisfaction, examining them within the context of the censorship mechanism in dreams may provide a deeper understanding of their internal dynamics.

The book frequently emphasizes that drug dreams can play an important role in clinical treatment. According to Colace, these dreams provide significant clues about patients' internal states during the treatment process, serving as both conscious and unconscious indicators of substance craving. Monitoring the dream content and associated emotions (such as guilt, anger, or relief) can allow treatment plans to be adapted more effectively according to the patient's desire to use substances.

Colace notes that drug dreams can be related to Freud's dream theories in terms of their content and nature. Most drug dreams are direct and uncensored, resembling childhood dreams, which makes them a testable domain for classical psychoanalytic theory. The book references Johnson's (Johnson 2003) explanation that drug-related dreams help maintain sleep by postponing behaviors related to substance seeking, aligning with Freud's view of "dreams as the guardians of sleep." On the other hand, examining the content of these dreams shows that the expression of substance craving is not limited to scenes of actual substance use; rather, it frequently includes scenarios where the substance is refused or cannot be used for various reasons. Therefore, it is difficult to generalize that all such dreams serve the function of protecting sleep.

From a neurobiological perspective, drug dreams are associated with the activation of the dopamine system, which plays a key role in shaping both substance craving and dream content. In this context, the author states that drug-related dreams serve a significant motivational function and contribute to the regulation of emotional load within dream processes.

In conclusion, the book Drug Dreams stands out as a resource offering original contributions from psychodynamic and neuropsychoanalytic perspectives. Drug dreams can provide valuable insights into patients' substance cravings, the current intensity of these cravings, coping abilities, psychological conflicts related to substance use, and the course of therapy. However, looking at the current situation in our country, to the best of our knowledge, there is no standard treatment protocol that incorporates patients' dreams into the treatment process except for one addiction clinic. Additionally, it is noteworthy that dream-based analyses related to substance addiction are extremely limited in the Turkish literature. In this context, the mentioned work can offer a comprehensive and original perspective for both clinicians working in the field of addiction treatment and researchers interested in dream theories. To facilitate the translation of the book into Turkish, direct contact has been made with the author Claudio Colace, and efforts to begin the translation process have been initiated.

References

Berridge KC Robinson TE (1995) The mind of an addicted brain: Neural sensitization of wanting versus liking. Curr Dir Psychol Sci, 4:71–76.

Choi SY (1973) Dreams as a prognostic factor in alcoholism. Am J Psychiatry, 130:699–702.

Christo G Franey C (1996) Addicts' drug-related dreams: Their frequency and relationship to six-month outcomes. Subst Use Misuse, 31:1–15.

Colace C (2004) Dreaming in addiction: A study on the motivational bases of dreaming processes. Neuropsychoanalysis, 6:165–179.

Colace C Belsanti S Antermite A (2014) Limbic system irritability and drug dreams in heroin-addicted patients. Heroin Addict Relat Clin Probl, 16:76–86.

Colace C (2014) Clinical and Research Implications of Dreams about Drugs in Drug-addicted Patients. Bicester, UK, Karnac.

Freud S (1900) The Interpretation of Dreams. Vienna, Franz Deuticke.

Hajek P Belcher M (1991) Dream of absent-minded transgression: An empirical study of a cognitive withdrawal symptom. J Abnorm Psychol, 100:487–491.

Hartmann E (2011) The Nature and the Functions of Dreaming. New York, Oxford University Press.

Herr SR Montoya ID Preston KL (1994) Drug-related dreams in cocaine-dependent patients seeking treatment. NIDA Res Monogr, 141:154.

Johnson B (2003) Psychological addiction, physical addiction, addictive character, and addictive personality disorder: A nosology of addictive disorders. Can J Psychoanal, 11:135–160.

Kassel JD Shiffman S (1992) What can hunger teach us about drug craving? A comparative analysis of the two constructs. Adv Behav Res Ther, 14:141–167.

Reid SD Simeon DT (2001) Progression of dreams of crack cocaine abusers as a predictor of treatment outcome: A preliminary report. J Nerv Ment Dis, 189:854–857.

Revonsuo A (2000) The interpretation of dreams: An evolutionary hypothesis of the functions of dreaming. Behav Brain Sci, 23:877–901.

Yee T Perantie DC Dhanani N Brown ES (2004) Drug dreams in outpatients with bipolar disorder and cocaine dependence. J Nerv Ment Dis, 192:238–242.

Authors Contributions: The author(s) have declared that they have made a significant scientific contribution to the study and have assisted in the preparation or revision of the manuscript
Peer-review: Externally peer-reviewed.
Conflict of Interest: No conflict of interest was declared.
Financial Disclosure: No financial support was declared for this study.