

Review of Substance-Related Dreams through Typical Dreams

Tipik Rüyalarda Üzerinden Madde Bağlantılı Rüyalarda İncelenmesi

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ABSTRACT

Drug-related dreams are defined as dreams experienced by individuals with a substance use disorder during the withdrawal or recovery process. Studies indicate that authors interpret all drug-related dreams as reflections of the attempts by individuals with addiction to fulfill their drug use desires at varying levels of satisfaction. The absence of an explanation in the literature regarding the manner and rationale behind the fulfillment of drug cravings by drug-related dreams (Type A or Type B) to varying degrees (sufficiently or insufficiently) indicates that the gratification derived from such dreams – presumed to alleviate the desire for drug use – has been inferred from prognostic findings and presumptions concerning patients' periods of abstinence. It is noteworthy that there is a similarity between dreams experienced by individuals with substance use disorders who wish to use the substance but are unable to do so for various reasons and failure-related examination dreams. Instead of a hypothesis that drug-related dreams with different content and emotions provide varying levels of satisfaction, examining them through the lens of the censorship mechanism in dreams may reveal that these types of dreams attempt to fulfill distinct desires. The objective of the current paper is to analyse substance-related dreams and typical dreams, including those related to examinations, in light of neuroscientific evidence and interpretations. In particular, the focus will be on Freud's views on the censorship mechanism in dreams, as well as the theoretical perspectives of Jung and Kohut.

Keywords: Drug-related dreams, typical dreams, censorship

ÖZ

Maddeyle bağlantılı rüyalar, bağımlı bireylerin yoksunluk veya iyileşme dönemlerinde görülen ve maddeyle ilişkili çeşitli içerikler barındıran rüyalarlardır. Yapılan çalışmalarda, uyuşturucu rüyalarının tümünün yazarlar tarafından, bağımlı bireylerin madde kullanma arzularını farklı tatmin düzeylerinde doyurmaya çalışan çabalarının bir ifadesi olarak değerlendirildiği anlaşılmaktadır. Literatürde, maddeyle bağlantılı rüyaların (Tip A veya Tip B) madde kullanım arzusunu nasıl ve neden farklı şekillerde (yeterli veya değil) tatmin edebileceğine dair bir açıklama bulunmaması; madde kullanma arzusunu gidermeye yönelik olduğu varsayılan bu tür rüyalara atfedilen tatminlik derecesinin, hastaların maddeden uzak kalma dönemlerine yönelik prognostik bulgu ve varsayımlar üstünden yapılmış olduğunu düşündürmektedir. Maddeyle bağlantılı Tip B rüyalar olarak da değerlendirilen, madde bağımlısı olan kişilerin rüyalarında madde kullanmak istedikleri halde çeşitli nedenlerle bir türlü madde kullanamadıkları rüyalarla, başarısızlıkla sonuçlanan sınav rüyalarının benzerliği dikkat çekicidir. Birbirlerinden farklı içerik ve duygulara sahip madde bağlantılı rüyaların, farklı tatminlik düzeyleri sağladıklarına dair bir varsayım üstünden değil, rüyadaki sansür mekanizması ile incelenmesi, bu tip rüyaların birbirlerinden farklı arzuların doyumlarını sağlamaya çalıştıklarını gösterebilir. Bu yazıda, nörobilimsel bulgu ve yorumlar eşliğinde, maddeyle bağlantılı rüyalar ve başta sınav rüyaları olmak üzere tipik rüyaların, Freud'un rüyalarındaki sansür mekanizmasına dair görüşleri yanında Jung ve Kohut'un kuramsal perspektifleri çerçevesinde yorumlanması amaçlanmıştır.

Anahtar sözcükler: Maddeyle bağlantılı rüyalar, tipik rüyalar, sansür

Introduction

The interpretation of dreams has been a common practice throughout history, from primitive societies to the present day. The purpose of such interpretations has varied, but they have often been sought in order to gain insights into the future or to receive warnings. Freud advanced the view that dreams do not possess multiple meanings; rather, he proposed that dreams represent a single form of expression, namely the representation of desires (Freud 1900). To illustrate this, he cited certain dreams seen by children, sometimes referred to as infantile dreams, which he considered to be a direct revelation of their meanings. In contrast, he argued that in

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most dreams experienced during adulthood, the individual's desires are satisfied in a disguised manner by the operation of a censorship mechanism.

Drug-related dreams (DD) are experienced by individuals during the process of withdrawal or recovery. These dreams often feature various drug-related themes, including the seeking of the drug, attempts to use it, visions of the drug without use, or instances of inability to use it. Clinicians typically regard DD as dreams that are structured in a manner reminiscent of infantile thought processes, characterised by their brevity, simplicity, and explicit content. These dreams are frequently interpreted as directly fulfilling the individual's desires for drug use, with minimal or no censorship mechanism in operation (Choi 1973, Colace 2004, 2018). DD have been observed to possess a dual prognostic value concerning individuals' desires for drug use (Flowers et al. 1998, Colace 2004). When these dreams are satisfying in terms of content and emotions (Type A, drug use dreams), they are thought to help alleviate and manage drug cravings, thereby contributing to a positive prognosis. In contrast, if the dreams are not satisfying (Type B, failed drug use attempt dreams), it is thought that they reawaken and intensify cravings for the drug (Flowers et al. 1998, Colace 2004).

Conversely, the absence of an explanation in the literature regarding the manner and rationale behind the fulfilment of drug cravings by drug-related dreams (Type A or Type B) to varying degrees (sufficiently or insufficiently) indicates that the gratification derived from such dreams – presumed to alleviate the desire for drug use – has been inferred from prognostic findings and presumptions concerning patients' periods of abstinence. Furthermore, certain drug-related dreams, due to discrepancies between dream content and emotional state, do not align with the Type A or Type B categories as described in the literature. This suggests that the classification of dreams into these two categories may not be universally applicable.

The resemblance between Type B drug-related dreams, which depict individuals dependent on substances desiring to use them but unable to do so for various reasons, and dreams of failing an examination, which are also classified as Type B drug-related dreams in the literature, is particularly notable (Reid et al. 2001, Colace 2004, Kelly et al. 2019). In his seminal work, Freud (1900) identified dreams of the death of loved ones, dreams of nudity, and dreams of examinations as typical dreams. In contrast to other typical dreams, Freud repeatedly revisited and revised his interpretations of examination dreams over time.

Analysing DD with different content and emotional tones alongside the censoring mechanism in dreams, rather than assuming different levels of satisfaction, may provide insights into how these dreams attempt to fulfil different desires. This approach, when considered in parallel with examination dreams, could illuminate the ways in which each type of drug-related dream is designed to address different underlying needs or desires. The objective of this article is to examine and interpret the similarities between Type B drug-related dreams and examination dreams. To this end, the article will explore the links between these two types of dreams and Freud's dream theory, with the additional support of neuroscientific evidence. Furthermore, the article will consider the perspectives of Jung and Kohut on dreams.

Freudian Dream Theory and Its Relation to Neuroscientific Evidence

The relationship between Freud's dream theory and neuroscientific evidence remains a topic of debate in the field of psychology. One particularly contentious issue within this debate is the 'disguise-censor' mechanism (Boag 2006). Freud has been the subject of criticism from a number of authors for the lack of scientific evidence supporting the censorship process, which forms the basis of his dream theory (Hobson 1988, McCarley 1998, Hobson and Pace-Schott 1999, Domhoff 2004).

While some authors (Hobson and Pace-Schott 1999) posit that the peculiar qualities observed in dreams result from the brain's diminished regulatory capacity during sleep, Freud (1900) suggests that such strangeness is often the product of a power struggle that is hidden from the dreamer's conscious awareness. In Freud's view, while the ultimate aim of impulses is satisfaction, the conditions and means required for satisfaction may vary (Freud 1915). Certain means perceived as the most direct routes to satisfaction may be repressed due to fears of potential punishment, in Freud's words, "...the individual is forced to take new paths that provide substitute satisfactions" (Freud 1920).

In the psychoanalytic theory proposed by Sigmund Freud, the id is considered the primary source of the human psyche. This concept is based on the idea that the id is driven by the pleasure principle, which aims to fulfil all desires and needs immediately (Freud 1920). The ego, which emerges from the id and operates under the reality principle, facilitates the expression and satisfaction of the id's boundless desires in ways that are acceptable within the real world (Freud 1923). In this context, Freud posits that neurotic symptoms represent an attempt to find a compromise between two mental currents or opposing tendencies (Freud 1909). Freud emphasises that

the conflict between these two opposing mental currents is particularly evident in dreams. He states, “When I re-examine the dream thoughts, I often find that the most intense psychological impulses, which try to make themselves felt, are struggling against other impulses that oppose them with equal vigour” (Freud 1900). Furthermore, Freud asserts that all dreams serve to fulfil a desire (Freud 1900).

According to Freud, the human mind is characterised by a dynamic component, which he refers to as the “censoring agency”. This concept is also perceived by some to symbolise a certain authority. This agency is responsible for determining whether an emerging desire is suitable for entry into consciousness. It excludes anything that could potentially cause discomfort if the desire were to be realised or stimulated (Freud 1913). In Freud’s view, the censor never entirely ceases to function during sleep; rather, it becomes less rigid and less effective (Freud 1900). Consequently, certain distressing elements of repressed material are able to evade the still-active, though relaxed, censor through the utilisation of various mechanisms within dreamwork, such as displacement, condensation, and symbolism. This enables them to achieve a limited alternative form of satisfaction. Upon the cessation of sleep, the censor swiftly re-attains its full strength. This process, as postulated by Freud, is attributed to the forgetting of at least a portion of dreams, effectively erasing the gains achieved during the censor’s relaxed state (Freud 1900).

Hobson and Pace-Schott (1999) have suggested that the effects of decreased executive function activity in the frontal lobes during sleep are, from the perspective of Freud and his followers, an erroneous conceptualisation of a censorship mechanism that distinguishes finely between acceptable and unacceptable desires. The activation-synthesis hypothesis, developed by Hobson and McCarley, posits that dreams are a consequence of the disorganised nature of pons (brainstem) activity during REM sleep. This hypothesis posits that the forebrain strives to make sense of the activities that occur during sleep, operating under suboptimal conditions. It constructs the most coherent narrative it can, albeit a “strange” one, within the framework of a dream (Hobson and McCarley 1977). Furthermore, Hobson highlights the chaotic nature of brainstem activity, suggesting that unpredictability is a valuable concept for dream scientists who seek to understand the underlying mechanisms behind dream narratives. In contrast to these claims, psychoanalyst Solms has demonstrated through his work with patients with traumatic brain injuries that dreams are more closely associated with neural networks in the forebrain than in the brainstem. Furthermore, he has shown that there is no brainstem activity in dreams that occur during non-REM sleep (Solms 2000).

Hobson posits that although repressed mental content may manifest as part of the processes governing dream imagery and narrative selection during sleep, it is neither a necessary nor a sufficient condition for dream formation (Hobson 1988). In a similar vein, Solms and Turnbull propose that the “regression to primary process thinking in the absence of a censoring function” may account for the anomalous nature of certain dreams (Solms and Turnbull 2002).

The concept of dream-censorship, as postulated by Freud, has been the subject of considerable debate among scholars and critics. The central tenet of this theory, namely the notion of a superior agency capable of discerning which wishes and desires are forbidden or acceptable, and of applying the requisite distortions to these desires in such a way that the ego remains unaware, while simultaneously traversing all mental compartments and remaining alert even during sleep (Boag 2006), has been described as unscientific and unacceptable by many. Maze and Henry explicitly reject Freud’s theory, stating, “*We are unable to accept the notion of a highly sophisticated inner consciousness capable of censorship*” (Maze and Henry 1996). In regard to the censorship mechanism in dreams, Simon Boag puts forth an intriguing hypothesis. Boag presents an alternative perspective, viewing repression as merely another motivational activity. This offers an explanation of how repression can contribute to dream distortion without the necessity for a censorship mechanism (Boag 2017).

Warning Dreams and Self-State Dreams

Throughout history, from primitive societies to modern communities, the interpretation of dreams has been a common practice, with motivations including gaining insight into the future and receiving warnings. Freud (1925) states that his own experiences and research did not lead him to assume more favourably about prophetic dreams. In the view of Freud, the concept of prophetic dreams is merely a fantasy when one considers the lack of veracity in the majority of such dreams, the potential for fabrication within memory facilitated by emotional motives and the probability of a few fortunate instances (Freud 1925).

With regard to prophetic dreams, a notable hypothesis suggests that, in addition to interpretations influenced by personal biases, attributing meaning to coincidence, or false memories, these dreams may result from inferences made during sleep based on unconsciously perceived environmental cues (Valášek et al. 2014). To

illustrate, a dream involving the death of a friend diagnosed with cancer or an elderly relative could be attributed to the unconscious perception of slight alterations in their physical appearance or behaviour during previous encounters, which may indicate underlying health issues. These subtle yet distressing cues can result in the ascription of prophetic significance to dreams pertaining to death (Valášek et al. 2014). The notion put forth by Jung concerning the unconscious and dreams, namely that “*The unconscious hears what our conscious ears do not hear, and sees what our conscious eyes do not see,*” and that “*We only become aware of this unheard hearing and unseen seeing when the unconscious sends us these forgotten images through dreams,*” bear striking resemblance to this hypothesis (Graf-Nold 2005).

In the nascent stages of his professional relationship with Freud, Jung concurred with the latter’s perspective on the role of dreams in maintaining sleep and fulfilling desires. Nevertheless, over time, Jung began to challenge Freud’s interpretation, arguing that it was reductionist. He proceeded to develop his own independent views, introducing concepts such as symbolism, two-mind confrontation, individuation, direct image association, the archetypal unconscious in dreams (Zhu 2013). In the works of Jung, it is argued that archetypes are primitive images and themes which are embedded within the collective unconscious of humanity, and which represent common and universal forms of experience. These forms do not, however, exist as specific cultural or individual phenomena (Jung 1964, 1968). In Jung’s work, a particular emphasis is placed on the recognition and interpretation of various archetypes. These include the “Anima/Animus”, “Hero”, “Shadow” and “Great Mother”, which are said to emerge through specific symbols or themes in dreams.

Jung argues that the unconscious functions as a balancer and healer, and that the principal purpose of most dreams is to assess mental and physical conditions, prompting either complementary or compensatory warnings (Jung 1964). In discussing dreams with a cautionary aspect, Jung recounts the story of a colleague who, following the sharing of a dream featuring a mountain, was advised by Jung to take greater precautions in future climbs or to avoid mountaineering activities entirely. Approximately three months later, this colleague tragically lost his life on a mountain (Jung 1964). In some of his writings, Jung posits that dreams are already sufficiently complex and cites the Talmudic phrase, “dreams are their own interpretations” to support this assertion (Jung 1968). He further develops this idea by arguing that some dreams should be accepted as they are and not subjected to the process of seeking hidden meanings or transformations that may be inferred from their manifest content.

In the post-Freudian era, the work of ego psychologists, object relations theorists and self-psychologists has described dream activity as involving synthesising functions, including active thinking, problem-solving and planning. This is shown by the work of Kohut (1977), Segal (1977) and Ornstein (1987). Similarly, they have advanced the view that there is no theoretical requirement for implicit content to exist consistently beneath the manifest content of dreams (Lansky 1992).

Kohut describes the process of dreams addressing problematic internal psychological states through the concept of “self-state dreams” (Kohut 1977). He emphasises that the concept of self-state dreams represents an additional dimension to Freud’s theory, applicable to a specific group of patients. Furthermore, he states that its development was not intended to alter Freud’s theories, but rather to complement them. Similarly to Freud, Kohut puts forward that certain dreams convey repressed content, including instinctual desires, conflicts, and attempts to resolve these conflicts. This content, he argues, can be effectively expressed verbally and should be explored through free association in therapy. However, he also notes that other dreams reveal emotions that cannot be verbally articulated, such as the fear of self-disintegration, through manifest dream images (Kohut 1977). Kohut further claims that the function of these dreams is to facilitate the management and coping with of these frightening, nameless processes through the utilisation of visual imagery, thereby re-establishing an integrated self-structure.

Kohut observes that the analysis of the associative elements inherent to the manifest content observed in self-state dreams, at its most optimal, results in the emergence of novel images that remain consistent with the manifest content itself. In this regard, he suggests that these dreams bear resemblance to those experienced during childhood (Kohut 1977). Furthermore, Kohut states that while certain elements in these dreams may represent the archaic self, others emerge as a consequence of structural conflicts and can be resolved through free association (Kohut 1977).

Emotions in Dreams

Despite anticipating a universal tendency to challenge his dream theory, Freud maintained that dreams do not carry multiple meanings. Instead, he proposed a singular interpretation of dreams as representations of desires

(Freud 1900). In *The Interpretation of Dreams*, Freud employed the example of dreams perceived by children, suggesting that such dreams reveal their meanings without pretence and serve as a valuable means of demonstrating the role of wish fulfilment in dreams (Freud 1900). Similarly to the dreams that Freud occasionally referred to as infantile dreams, there is another type of dream that can be readily identified throughout one's lifetime. This type of dream is triggered by essential bodily needs, such as hunger, thirst, and sexual desires (Myers 1989). These dreams, which Freud characterised as "structured along infantile lines", are distinguished from other types by the absence of dream censorship, which preserves the integrity of their content (Myers 1989).

Hobson and several other authors criticise Freud's theory that dreams serve only to fulfil wishes by asking how distressing or anxiety-provoking dreams can fulfil a wish (Hobson 1999, Domhoff 2004). However, Freud argues that even distressing and anxiety-provoking dreams, when interpreted, are wish fulfilments, stating: "... *these dreams are merely 'counter-wish dreams' in which the anxiety-provoking content serves to disguise the desired wish... In this case the failure to fulfil one wish is equivalent to the fulfilment of another*" (Freud 1900, 1933). A more illustrative example at this point might be an anxiety-provoking dream that Freud interpreted for one of his patients (Freud 1900).

In Freud's words, the young female patient stated, "As you may recall, my sister is now left with only a boy named Karl, while residing with him, she lost her other son, Otto. Otto was my favourite; in one way or another, I practically raised him. I am fond of the younger one too, but not to the same extent as I was of Otto, who passed away. The other night, I had a dream in which Karl's dead body was lying before me. He was resting in his small coffin with his hands folded, surrounded by candles, just like Otto, whose death was a great devastation for me".

Freud notes that after recounting this dream his patient asked him the following: "Please tell me, am I such a terrible person that I would wish the death of my sister's only remaining child? Or does this dream mean that I would rather see Karl die than Otto, whom I adored so much? Freud then gives details of the patient's life: during the time she had lived with her sister she had met a man with whom she had had a relationship that had progressed towards marriage, but the relationship had ended. Despite the break-up, the patient had not been able to free herself from her mental attachment to this man. Her former romantic partner, who delivered lectures in the course of his profession, would on occasion present talks. Whenever she learned of one, she would attend, motivated by a desire to catch a fleeting glimpse of him from a distance. Freud inquired of his patient whether she recalled any details about her former romantic partner following Otto's demise. She responded, "Undoubtedly, after a considerable interval, he returned to visit us once more; I beheld him for the final time standing by the coffin of our son, Otto." Freud posits that this response elucidates the rationale behind the dream. He suggests that the dream reflects the patient's unconscious desire: if her sister's other son were to die, her former boyfriend would come to visit them again, affording her another opportunity to see him in person. Freud theorises that the patient's dream work had repressed such desires, creating an environment in which her grief was so overwhelming that thoughts of love were buried (Freud 1900).

Freud argues that the emotional content of dreams may not always align with the manifest content, or may manifest in an incongruous manner. For instance, one may not experience sadness or disgust in a frightening or repulsive situation, or may experience disproportionate fear in a harmless one. This is attributed to the process of dream work, which distorts the latent content of dreams (Freud 1900). In accordance with Freud's theory, if an emotion is present in a dream, it will also be present in the underlying dream thoughts. Nevertheless, the reverse is not necessarily the case; the absence of emotion in a dream does not necessarily indicate the absence of emotion in the latent content (Freud 1900). To illustrate the emergence of emotions in dreams, Freud once again cites the case of his patient who dreamed of seeing her sister's young son lying in a coffin, yet felt no grief or sadness. In this dream, which concealed the patient's desire to see her lover once more, Freud suggests that it is not unusual for the patient not to experience sadness, as the emotions in the dream are aligned with her underlying wish (Freud 1900). In this instance, Freud proposes that the dream censorship occurred through the content of the dream, while the anticipated emotion that would arise if the wish were fulfilled was not subjected to any censorship.

In addition, Freud presents another instance of a group of dreams in which the censorship is not applied to the content but rather to the emotions. This is illustrated by dreams about the deaths of loved ones (Freud 1900). Freud argues that the significance of these dreams, despite the accompanying sentiments of sadness and grief, resides in an unconscious past desire for the demise of the beloved (Freud 1900). In these types of dreams, Freud puts forward that the process of dreamwork achieves distortion not through the manifest content but through the emotions. As the individual whose demise is desired is also a beloved figure, the internal conflict generated by this repressed desire for their death is resolved by concealing the wish through the emotions of sorrow and

anguish that accompany the loved one's demise in the dream (Freud 1900). In this manner, the repressed desire for the demise of the beloved is suppressed and actualised through the expression of these sentiments. It can be argued that the dreamer is unaware that the feelings of sorrow and grief that they believe to be normal reactions to the death of a loved one are, in fact, forms of censorship that allow the unacceptable wish for that person's death to be unconsciously fulfilled within the dream. Freud categorises such dreams about the deaths of loved ones as typical dreams (Freud 1900).

Typical Dreams

Freud proposes that although each individual has the autonomy to imbue their dreamscape with distinctive characteristics, rendering it incomprehensible to others, there are certain dreams – what he terms “typical dreams” – that hold a similar meaning for all (Freud 1900). In such dreams, Freud claims that the dreamer either lacks the requisite associations to interpret the dream or that the associations are so vague and insufficient that interpretation becomes impossible. In addition to dreams of the death of loved ones, Freud also identifies dreams of nakedness and dreams associated with examinations as belonging to this category of typical dreams (Freud 1900).

In “The Interpretation of Dreams”, Freud does not categorise all dreams involving nakedness as typical dreams. In the section entitled “The Embarrassment-Dream Of Nakedness”, Freud classifies as typical those dreams in which the dreamer experiences feelings of shame regarding their nakedness and attempts to escape or hide from the situation, but is unable to do so (Freud 1900). In such dreams, the dreamer almost invariably finds themselves suddenly naked among unfamiliar people (Draaisma 2015). It is noteworthy that, despite the dreamer's embarrassment, there appears to be no discernible reaction or objection to their nakedness (Freud 1900, Draaisma 2015). In these types of dreams, the subject is not previously shown to be in an erotic situation, nor does the dream of nakedness ever evolve into an erotic dream (Freud 1900). It is evident from Freud's examples of the dream of nakedness that he places greater emphasis on the feeling of shame than on the act of being naked. In such dreams, the representation of nakedness is not always physical. Instead, it may be a violation of social norms regarding clothing. For example, an emperor walking in the street without his sword or wearing checkered civilian trousers, or going to work in pajamas (Freud 1900, Draaisma 2015).

According to Freud, although dreams of nakedness may give the impression of evoking feelings of shame, their true meaning is that the dreamer actually desires to display their nakedness. In this sense, these dreams may be considered to be exhibitionistic in nature, fulfilling a wish to return to the period of childhood when one could walk around naked without shame (Freud 1900). Nevertheless, some psychoanalysts offer an alternative interpretation of these dreams, suggesting that their meaning does not reside in the dreamer's feelings of shame, which Freud regarded as a form of censorship. Instead, they posit that the significance lies in the indifference displayed by the individuals in the dream towards the naked individual (Mysers 1989, Draaisma 2015). In contrast to Freud's interpretation, these analysts propose that the underlying trauma of these dreams is not the exposure of one's most intimate self, but rather the persistent lack of recognition and attention from others (Mysers 1989, Draaisma 2015).

Another group of dreams that Freud interprets as typical are those that occur in the context of examinations. In the first edition of *The Interpretation of Dreams*, Freud characterises these dreams as follows: “*It is a commonly observed phenomenon that those who have taken their final examinations at school report the recurrence of anxiety dreams in which they perceive themselves to be failing and being held back.*” Freud notes that for individuals who have academic titles, this dream is replaced by one in which they fail their oral doctoral examinations. In this dream, they express their helpless objections, stating that they have been engaged in the practice of medicine, teaching, or have been working as a head of department for years. (Freud 1900).

In his initial interpretation of examination dreams, Freud suggested that they are not particularly complex and suggested that these dreams may originate from memories of past disciplinary actions for misbehaviour that have not been fully erased. In accordance with the Freudian theory, despite the passage of time since the completion of one's formal education and the subsequent maturation beyond the age at which parental discipline was previously imposed, dreams continue to function as a source of reprimand when one errs or assumes responsibility (Freud 1900). However, in 1909, Freud revised his earlier interpretation of these dreams in a scientific discussion with his colleague Wilhelm Stekel, suggesting that they may have a more complex function (Freud 1900, Draaisma 2015).

Stekel observed that these dreams are consistently about examinations that were successfully completed in the past, rather than those that were not. Consequently, individuals tend to experience these dreams when they are

confronted with an imminent examination or challenge. This phenomenon is the rationale behind the designation of these dreams as “examination dreams” (Timms 2013). Following his discussion with Stekel, Freud revised his perspective, proposing that such dreams serve as a form of reassurance during periods of stress. In Freud’s own words, these dreams convey a message of reassurance, indicating that the dreamer should not be afraid of what the future may hold, and should instead recall how they felt before their final school examination. “No further action was required – you are now a qualified medical practitioner.” Accordingly, Freud posited that the dreamer’s protest during the dream, “I’ve passed this examination before,” actually contains the implicit consolation of the dream (Freud 1900, Draaisma 2015). Stekel observed that these dreams are consistently about examinations that were successfully completed in the past, rather than those that were not. Consequently, individuals tend to experience these dreams when they are confronted with an imminent examination or challenge. This phenomenon is the rationale behind the designation of these dreams as “examination dreams” (Timms 2013). Following his discussion with Stekel, Freud revised his perspective, proposing that such dreams serve as a form of reassurance during periods of stress. In Freud’s own words, these dreams convey a message of reassurance, indicating that the dreamer should not be afraid of what the future may hold, and should instead recall how they felt before their final school examination. “*No further action was required – you are now a qualified medical practitioner.*” Accordingly, Freud posited that the dreamer’s protest during the dream, “*I’ve passed this examination before,*” actually contains the implicit consolation of the dream (Freud 1900, Draaisma 2015).

In contrast, in the 1914 edition of *The Interpretation of Dreams*, Freud revisited his interpretation of examination dreams, demonstrating a greater degree of uncertainty than in any other dream analysis. He questioned whether these dreams were purely consolatory, posing the following question: “Do examination dreams offer only consolation?” Could it be that such dreams also serve as a form of self-criticism or rebuke? It may be argued that these dreams are communicating a message of the following nature: “*You are now of an advanced age, you have traversed a considerable distance in life, yet you persist in making misguided and juvenile errors.*” Freud thus proposed that these dreams serve not only a consolatory function but also a critical one, providing the dreamer with feedback on their actions and behaviour (Freud 1900, Draaisma 2015). In 1925, Freud revisited the topic of examination dreams for the final time, supporting his colleague Stekel’s view that these dreams represent a sexual trial. He proposed that the successful completion of previous exams could be interpreted in these dreams as a form of sexual encouragement (Freud 1900, Draaisma 2015).

In dreams related to examinations, the dreamer may be experiencing a recurrence of an examination that they had previously passed. However, they often encounter various obstacles that prevent them from completing the examination. Such scenarios include struggling to arrive on time, finding that one’s pen is unresponsive, one’s eraser is inoperable, being unable to read or comprehend the questions, or failing to complete the examination within the allotted time (Draaisma 2015, Schredl 2017). It is notable that these scenarios bear a striking resemblance to Type B dreams related to substance dependency, which are characterised by individuals experiencing such dreams. In these dreams, the subject desires to use a drug but is unable to do so for various reasons. These include the presence of figures such as police officers or family members, the sudden disappearance or scattering of the substance, or the inability to find the drug dealer (Reid et al. 2001, Colace 2004, Kelly et al. 2019). It is noteworthy that there is a striking similarity between examination dreams, where success is obstructed by various factors, and drug-related dreams, where drug use is similarly thwarted.

The analysis of drug-related dreams, particularly when considering the frequently revised interpretations of dream analysis put forth by Freud over the years, may contribute to a more comprehensive understanding of these types of dreams.

Drug-Related Dreams

DD are experienced by individuals during periods of withdrawal or recovery and contain various drug-related themes. It is established that these dreams may encompass a range of themes, including the search for the drug, attempts to use it, observations of the drug without use or inability to use it, refusal of an offer of the drug, and witnessing the use of the drug by another individual (Hajek and Belcher 1991, Christo and Franey 1996, Reid and Simeon 2001, Colace 2004, Yee et al. 2004, Kelly and Greene 2019). The occurrence of DD is most frequently reported within the initial seven-day period following the cessation of drug use. However, these dreams can persist for weeks, months, or even years after the cessation of drug use. However, it is established that as the duration of treatment increases and the level of recovery improves, the frequency of experiencing DD decreases (Hajek and Belcher 1991, Christo and Franey 1996, Johnson 2001, Colace 2004).

Some individuals who experience DD report feeling a sense of relief upon waking and realising that they did not actually use drugs. However, other individuals express feelings of guilt and/or regret after seeing themselves using drugs in their dreams (Hajek and Belcher 1991, Christo and Franey 1996, Reid and Simeon 2001, Colace 2004). Conversely, some individuals who dream about using drugs experience emotions such as anger and frustration upon realising that they did not actually use drugs in real life (Flowers and Zweben 1998, Colace 2004, 2018). DD are frequently perceived by clinicians as being analogous to infantile dreams due to their brevity, simplicity, and explicit content. Such dreams are typically regarded as fulfilling the individual's desire for drug use, with minimal censorship (Choi 1973, Colace 2004, 2018).

In the existing literature, DD are typically classified into two principal categories: those wherein the individual successfully employs drugs (Type A) and those where the attempt to use drugs is somehow thwarted (Type B) (Reid and Simeon 2001, Colace 2004). In Type A dreams, the individual typically engages in drug use and experiences pleasure as a result. Upon waking, individuals frequently report feelings of guilt or regret associated with their drug use in the dream, yet also a sense of relief upon realising that they did not actually use drugs in reality (Colace 2000, 2018). In contrast, Type B dreams, in which the attempt to use drugs is unsuccessful, often result in feelings of frustration or anger upon waking, as the individual realises that they did not actually use drugs (Flowers and Zweben 1998, Colace 2018).

DD have been observed to possess a dual prognostic value concerning individuals' desires for drug use (Flowers and Zweben 1998, Colace 2004, 2018). In the case of Type A dreams, which are characterised by a sense of satisfaction in terms of both content and emotions, the prevailing view is that they facilitate the alleviation and management of drug cravings, thereby offering a positive prognosis. In contrast, when the dreams are not satisfying (Type B, failed drug use attempt dreams), it is thought that they rekindle and intensify cravings, which may result in a worse prognosis (Colace 2004, 2018).

Analysis of Drug-Related Dreams through the Lens of Typical Dreams

Here are a few examples from Colace's personal collection of DD reported by patients with drug addiction, a field in which Colace has conducted significant research (Colace 2018):

(Example-1) A patient with a cocaine addiction reported the following dream: I am in Rome, in the usual place where I buy cocaine, and in the dream I use cocaine and feel great pleasure. When I woke up, there was a sense of relief that I hadn't actually done it. (Case no. 031, personal collection)

(Example-2) In my dream I was at home preparing a meal with my sibling and some friends. I was using heroin, and then in the dream I felt guilty about it. By the time I woke up, my desire to take drugs had been reduced. (Case no. 030, personal collection).

(Example-3) In my dream, just as I was about to inject myself with heroin, the needle slipped out of my hand and I couldn't use the drug. My desire to use heroin increased considerably when I woke up. (Case no. 020, personal collection).

(Example-4) In my dream I wanted to take heroin. Although I managed to get the money I needed, I couldn't find the dealer and woke up with a feeling of uneasiness. (Case no. 017, personal collection).

The first dream reported by the cocaine patient (Example-1) closely resembles type A drug dreams, which are associated with good prognosis in the literature. These dreams are characterised by individuals using drugs in their dreams and experiencing pleasure, but waking up feeling either guilt or regret for having used drugs in the dream, or relief at realising that they have not actually used drugs (Hajek and Belcher 1991, Christo and Franey 1996, Reid and Simeon 2001, Colace 2004). These types of dreams can be thought of as facilitative dreams, directly satisfying unmet needs without any censoring activity, similar to dreams in which a person, after excessive fluid intake, unconsciously addresses their need to urinate during sleep (Freud 1916, Johnson 2003). On awakening from such a dream, the person may feel guilty and uncomfortable about their unrecognised need to urinate during sleep, but also relieved that they haven't wet the bed. Similarly, a drug addict may confront their unrecognised need to use drugs in the dream, and when they wake up and realise they haven't used the substance, they may feel guilt, discomfort or relief.

On the other hand, within the range of type A drug-related dreams, which are considered to be wish-fulfilling, is the dream reported by the patient who used heroin in the dream and woke up with a reduced desire for drugs (Example-2). The resemblance with what Freud classified as typical dreams-dreaming about dying lovers and dreaming about being naked-is significant (Freud 1900, Draaisma 2015). In both the dream of the death of a loved one, which is accompanied by feelings of grief and sadness, and the dream of nakedness, which is

accompanied by feelings of shame, Freud posits that censorship is not achieved through the content of the dream, but rather through the emotions within the dream (Freud 1900). Thus, under the guise of these emotions, and without recognising the underlying desire, the dreamer unconsciously fulfils his desire for nakedness or the death of loved ones. In this dream (Example-2), censorship is manifested not by the content of the dream but by the emotions within it. Although the person is using heroin in the dream, instead of experiencing pleasure they feel guilt. This emotional censorship, by confronting the desire in a way that produces guilt rather than satisfaction, may allow the dreamer to satisfy their repressed desire to use drugs without being consciously aware of it.

Drug-related Type B dreams, like Type A dreams, are considered by authors to be aimed at satisfying drug cravings, although they are considered less effective than Type A dreams (Flowers and Zweben 1998, Colace 2004). Yet a review of the literature fails to explain how or why drug dreams (type A or type B) may differ in the extent to which they (adequately) satisfy drug craving. This lack of explanation suggests that the level of satisfaction attributed to these dreams, which are thought to relieve drug craving, is based on prognostic findings and assumptions about the patient's periods of abstinence from drugs.

It is crucial to acknowledge that individuals struggling with substance abuse often exhibit a duality of desires: one to use drugs and another to abstain from them (West and Brown 2013). The dreams reported by patients who were unable to use drugs due to external factors – such as the syringe slipping from their hand just as they were about to inject the drug (Example-3) or being unable to find the drug dealer and feeling uneasy (Example-4) – may reflect the dreamers' unconscious wish for external circumstances to intervene and prevent their drug use, which they have been unable to stop on their own. An individual who desires to cease drug use but is unable to do so may unconsciously fulfill this desire through a dream in which drug use is thwarted by external factors. Despite experiencing emotions such as frustration and anger in the dream, the individual may be unknowingly satisfying their desire for prevention through these emotions. In Type B dreams, the assumption in the literature is that while the desire for drug use is not fully satisfied, if the craving were to be fulfilled through a form of censorship, resulting in no actual drug use, it would be expected that the dreamer's emotions would reflect this satisfaction. At the very least, one would expect the dreamer to feel neutral or even content; the presence of negative emotions such as frustration or unease would be unexpected.

One of the most noteworthy characteristics of examination dreams is that the individual finds themselves engaged in the act of retaking an examination that they have previously completed with a favourable outcome (Freud 1900, Draaisma 2015). Similarly, when an individual who has previously engaged in drug use as an undesirable behaviour, despite facing familial, legal, and financial risks and threats attempts to use drugs again in their dream, this mirrors the prominent content of examination dreams, where the dreamer relives a previously successful challenge.

Freud's hypothesis that dreams occurring during examinations provide consolation when an anxiety-inducing test or challenge is imminent can be extended to encompass the potential consolation provided by drug-related Type B dreams to individuals who are in a critical period of abstaining from drug use and facing the significant challenge of managing their cravings. If, as Freud proposed, examination dreams serve a consolatory function, one might anticipate that they would resemble facilitative dreams, in which individuals witness themselves successfully passing an examination in their dreams. However, in light of Freud's assertion that the censorship mechanism is operational in the majority of adult dreams (Freud 1900), even in the absence of manifest content, irrespective of the failure or threat experienced in the dream, the underlying desire for consolation should be fulfilled, resulting in a sense of peace rather than unrest. It is therefore challenging to conclude that these dreams are genuinely consolatory in nature. This interpretation can also be applied to drug-related Type B dreams, in which individuals experience distress due to the inability to utilise the substance for various reasons. It is challenging to view these dreams as offering consolation when the failure to achieve the desired outcome results in frustration or discomfort. In line with the Freudian theory, emotions and ideas that are suppressed due to their potential to induce distress when conscious are not erased; rather, they may manifest in dreams or slips of the tongue (Freud 1901). In this context, dreams about examinations may sometimes directly represent the repressed anxiety associated with an upcoming examination, while at other times they may symbolically convey various situations that could evoke similar anxiety if the individual were tested. Furthermore, these dreams may also serve a function in reducing anxiety by staging potential negative situations that could cause distress in the dreamer's life.

It is generally not anticipated that criticism directed at an individual in an area where they have previously demonstrated success and confidence will elicit a negative emotional response (Vaillant 1992). Nevertheless, for precisely the same reason, such situations can provide an invaluable domain for the censorship mechanism in

dreams. Similarly, as an individual with extensive driving experience may find themselves unable to control the vehicle in a dream (Schredl 2020), the common element in examination dreams – retaking an examination that was previously passed successfully – represents not the comforting aspect of the dream, as Freud suggested, but rather its censored aspect. Consequently, in the absence of interpretation, the dreamer is unable to comprehend the rationale behind retaking an examination they have previously passed. Furthermore, they fail to recognise that the dream is, in fact, a manifestation of their repressed anxiety, which in turn elicits a state of anxiety in the dreamer.

The conundrum at the heart of both examination dreams and drug-related Type B dreams is to what extent and in what ways dream work can succeed in reducing the individual's anxiety – without their awareness – through the shifting of focus to another anxiety-inducing situation. These dreams may be considered to be similar to those described by Kohut as 'self-state dreams', which respond to distressing changes in self-states, such as a decrease in self-esteem or the threat of self-disintegration, by confronting these anxieties and restoring an integrated self-structure (Kohut 1977). In this regard, drug-related Type B dreams may serve to alleviate the individual's anxiety regarding the potential succumbing to drug cravings (a decrease in self-esteem). This is achieved through a form of censorship, whereby the anxiety is redirected and addressed through the behaviour of drug use, a behaviour in which the person had previously demonstrated successful performance.

On the other hand, the anxiety present in these dreams, which we would suggest is to reduce a repressed fear, may in fact be secondary to another unconscious, repressed desire. In this respect, even if the individual dreams of retaking an examination he has already passed, and says "I have already taken this examination", it is possible that, due to various psychological factors, he unconsciously wishes to retake the same examination and fail. If this interpretation is applied to drug-related Type B dreams because of their similarities, it suggests that the individual may be unconsciously seeking to fail at the drug use behaviour in which they were once "successful". This would be consistent with Freud's earlier interpretation that test dreams may serve as punitive dreams, allowing the individual to satisfy feelings of guilt (Freud 1900). However, the expected positive emotions that should accompany the fulfilment of a desire for failure are not consistent with the feelings of discomfort often experienced in test dreams and drug-related Type B dreams. This discrepancy reduces the likelihood that this interpretation is entirely accurate.

Examination dreams and drug-related Type B dreams can be interpreted, with respect to the desires and fears depicted by them, as warning dreams that attempt to keep the dreamer alert by presenting the idea that past achievements do not guarantee future achievements. This interpretation is in line with the views of Jung and other psychoanalysts who consider such dreams to provide glimpses of the future (Jung 1967, Lansky 1992, Draaisma 2015). In this context, the dream could be seen as a type of prophetic dream, reflecting its role as a warning sign, if, for example, a person's drug craving is triggered by a Type B drug-related dream and they subsequently relapse. However, they should not be interpreted as dreams that convey specific messages to the dreamer, since these types of dreams already primarily involve dream work aimed at addressing the desires and fears they represent. In addition, considering the fact that not all drug-related dreams are followed by drug use, any comments on the warning function of such dreams must rely on the perspective of the analyst and not on the actual function and purpose of the dreams themselves.

Conclusion

When individuals with a drug addiction make a voluntary decision to abstain from drug use and enter treatment, they may, to varying degrees, reject or repress their desire to use drugs (Miller and Gold 1994, Colace 2000, Johnson 2012). For those whose drug cravings are consciously reduced, their repressed or rejected (unconscious) desires to use drugs may be fulfilled in a manner similar to infantile dreams, which often become gratified without censoring (Colace 2018). On the other hand, some individuals may experience intense, conscious craving to use drugs during treatment, not of their own volition, but due to various external pressures or differing personal motivations for treatment (Niaura et al. 1988, Kassel and Shiffman 1992). For example, in a clinical setting where access to drugs is not possible, a patient may experience increased cravings. While struggling to cope with these cravings, the repressed desire to abstain from drugs may be triggered, and the patient may unconsciously fulfil this desire through various censoring mechanisms in their dreams.

Examination dreams may be symbolic representations of various situations in the dreamer's life that could cause anxiety if they were to be tested and are therefore repressed. In these dreams, the suppressed fears are potentially reduced and gratified by the censoring element of repeating a previously passed test. Similarly, in drug-related Type B dreams, the anxiety of a person who wishes to resist their drug cravings- essentially their desire to abstain- could be alleviated by censoring that anxiety and redirecting it towards the behaviour of drug

use which they had previously “mastered”. In this context, these dreams seem to echo the idea of finding anxiety where there is desire, combining aspects of Freud’s dream theory relating to censorship and desire with Kohut’s concept of self-state dreams in which anxiety is a response to the threat of self-destruction.

In drug-related Type B dreams, the inability to use drugs in the manifest dream content due to the influence of the censoring mechanism may increase the person’s craving for drugs and possibly lead to relapse. Clinicians should be cautious in this regard. However, as this is primarily dream work aimed at addressing the desires and anxieties they represent, it is important not to interpret these dreams as offering visions of the future.

The observation that the majority of DD occur during periods of abstinence provides a possible way of testing the argument of Freud’s detractors that his dream theory is not amenable to scientific experimentation. In this context, we recommend that therapists consider the similarities between drug-related Type B dreams and examination dreams when conducting psychotherapy. When working with patients who experience examination dreams, therapists should encourage their patients to explore and analyze their desires and the anxieties associated with those desires during this phase. Rather than assuming that DD with different content and emotions solely attempt to fulfil patients’ desires for drug use to varying degrees, we propose an alternative hypothesis: that the censorship mechanism may in fact be working to satisfy the patients’ desire to abstain from drug use. Furthermore, in view of the practical advantages in clinical practice, we propose the formulation of guidelines encompassing Type A and Type B dream classifications, with a view to their integration into routine clinical treatment protocols. It is further recommended that clinicians inquire about the presence of drug-related dreams in their patients’ experiences.

Despite the lack of a comprehensive model elucidating the relationship between personal desires, anxieties and dream formation, and the limitations of interpreting common adult dreams due to the difficulty in understanding their content, fundamental questions pertaining to dream research and theory remain unanswered (Antrobus 2001, Colace 2018). As Freud previously observed in relation to the commonality of most typical dreams, the interpretation of “examination dreams” is a challenging endeavour (Freud 1900). The interpretation of drug-related dreams may offer a fruitful avenue for understanding typical dreams, given their direct connection to daily experiences and their straightforward, comprehensible characteristics.

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