NIGHTMARES, TRAUMA, ADDICTION
Part 2 of 3
MTAADAC 9-8-15
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TYPICAL EARLY RECOVERY DREAMS

- Pursuit and struggle
- Revictimization / violence
- Using
- Loss of teeth or body parts
- Sexual dreams (sometimes perhaps rooted in the physiology of recovering the sexual function)

"My cousin and me are messed up and trying to clean *[RML: i.e., trying to GET clean]*- I have wine in my hand and think, "Did I drink that?" Didn't remember taking a sip but I am drunk. Woke up and had an inner debate about getting a chip - feeling of 'I can't be honest: might as well go back out.' In my dream I woke up and had only dreamt about it."

Many relapse dreams can be viewed as "vicarious rehearsal" with a chance to do something different. It is "thinking through the first drink or drug" to the likely consequences of use.

FRONTIERS ~ RECOVERY DREAMS ~30+ DAYS

- Family-of-origin
- Relapse with remorse
- Dreams without the ego present (like watching something on TV ~ explain)
- Presence of authority figures [past, present; external, internal.]
  - Note: This appears to be an intermediary function of a developmental move from external accountability to internal motivation.

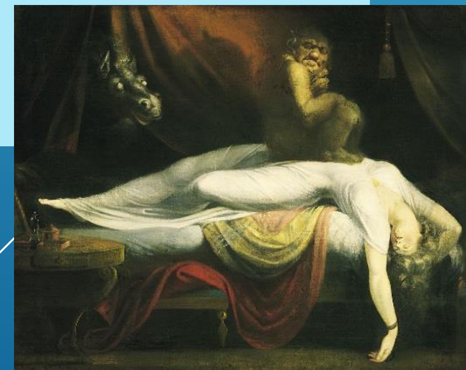
I came home and [peer] Donna and [former staff member] Lizzie are there. Lizzie's hepatitis came back. I can tell she is intoxicated, nodding out. There is also a kid there being mistreated - I am confronting Donna because she is high. Donna gives me a "muscle pop," and I am angry. Then I am snorting Oxycontins whole. It doesn't work."

Note: this client's initial reported dream had her leaving the extended care in handcuffs. In the last years working there she is the only one I have seen leave that way. She actually did rela five weeks after this dream with the person named in the dream above.

Art Representation of the "Muscle Pop" Dream.
The right arm shows the affected area. The left arm is holding what she described as a wreath or laurel. Skull overhead equates to a dark thought process, mood, or trance related to relapse. The black throat was this resident's restricted use of voice – inadequate refusal skills, which actually undermined her five weeks following the dream and two days after the drawing.

SOMATIC THERAPY FOR TRAUMA: 3 CRITICAL AIMS

- To draw out the sensory information that is blocked and frozen by trauma
- To help patients befriend the energies released by that inner experience
- To complete the self-preserving physical actions that were thwarted when they were trapped, restrained, or immobilized by terror



Levine, Peter, and Ogden, Pat, in van der Kolk, Bessel, (2014). *The Body Keeps the Score*. Viking: New York.

ARTWORK CORRELATE: NEILL

- One 66 year old woman in extended care, has been in recovery more than one year by the time she has this dream about a poolside party:
- *"I am sunbathing - I get up and I am thirsty - there are drinkers and non-drinkers. There is a wine by the glass and I get a glass of wine.*

RECOVERY DREAM

I go back to the pool and there is no one there but me, so I stripped and dipped. I get out and am in a towel and there is a handsome young man. He is teasing and chasing me trying to snatch off the towel.
We are falling on the grass, him leaning over me. He smells the wine on my breath and his face changes from handsome to grotesque. I felt like I was looking at my disease."

SIMPLE DREAMWORK PROCESSES

- Robert A. Johnson 4 step approach (*Inner Work*)
  - Make Associations (stick to the dream image/ don't chain associate)
  - Dynamics (link the image to something going on in the dreamer's current life, FOO, or addiction)
  - Interpretations (avoid interpretations that shift responsibility away from the dreamer)
  - Ritual (to concretize the value of the dream, find a ritual or an object that brings the meaning to life)
- Clara Hill, "ABC Approach" – three major steps with subparts, specific moves at each stage.

WHAT NOT TO DO (THESE SUGGESTIONS APPLY NOT ONLY TO THERAPISTS, BUT LAY PARTICIPANTS IN DREAMGROUPS):

- No matter how obvious a dream is, avoid the temptation to interpret the dream (Reductionism, "this = that and no more")
- Contain reactions of horror, shame, nervous laughter, or indulgent sympathy (i.e, watch group transference / countertransference)
- Watch your response for anything that takes choice and accountability away from the patient (determinism, caretaking, intellectualizing)

WHAT TO DO INSTEAD

- Amplify
- Associations
- Follow the image
- Follow the affect
- Ask of the dreamer what they believe the "takeaway" or meaning is

WHEN THE CLIENT GETS "STUCK"

- Sometimes, affect of a dream may be overpowering (think PTSD). Only stay with a dream report within your comfort range in working with affect or mental health presentation (remember Hobson /slide 10)
- When you sense dream reports support client fantasy, victimization, or narcissism, close up shop and move on!

WHEN THE COUNSELOR GETS "STUCK"

- Rely and trust what you know as a counselor and your own theoretical framework. That will not fail you.
- Consult with peers about their strengths
- Monitor you own inner life incl. dreams
- Utilize clinical supervision, especially around skill level and countertransference