

Incorporating Gambling Dreams into Psychoeducational Training Modules for Individuals with Gambling Disorder

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To the Editor-in-Chief,

Drug dreams (DD) are reported by individuals during withdrawal or recovery periods and often feature themes related to substance use. These dreams may involve searching for the drug, attempting to use it, observing it without consumption, refusing an offered substance, or witnessing another person using it.¹⁻³

Although DD most commonly occur within the first week after cessation of drug use, they can persist for weeks, months, or even years. Research suggests that as recovery progresses, both the frequency and intensity of DD decrease, and their content increasingly shifts toward rejecting substance use over time.¹

Clinicians frequently compare DD to early childhood dreams due to their brevity, simplicity, and direct representation of desires.¹⁻³ Typically, these dreams reflect the individual's urges to use drugs, with little psychological censorship.

In the literature, DD are classified into 2 main types: Type A, where drug use occurs, and Type B, where attempts fail.¹ Type A dreams bring drug-related pleasure, often followed by guilt or relief upon waking. Type B dreams, with unsuccessful attempts, may cause frustration or anger.

Importantly, DD may have prognostic implications regarding cravings. Type A dreams, which provide satisfaction within the dream, might help alleviate cravings and indicate a favorable prognosis. In contrast, Type B dreams, which involve failed attempts, can intensify cravings and suggest a more challenging recovery trajectory.¹

When individuals struggling with drug addiction choose to abstain and enter treatment, they may consciously or unconsciously suppress their urges to use substances.¹ In cases where craving is consciously diminished, these suppressed desires can manifest in Type A dreams resembling early childhood fantasies, often experienced without any internal censorship and with a sense of gratification.^{1,3}

Conversely, some individuals, not by choice but due to environmental pressures or legal processes, may experience intense conscious cravings when required to remain abstinent.³ While struggling to cope with these cravings, the repressed desire to abstain may be triggered, and the patient may unconsciously fulfill this desire through various censoring mechanisms in their Type B dreams.

Although there is substantial literature on DD, research on dreams in behavioral addiction—particularly gambling disorder—is limited to a single pilot study involving 10 individuals.⁴ In this study, 6

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patients (60%) reported gambling dreams, mostly occurring in the early period after cessation.

This study is the first to identify “gambling dreams” (GD) in individuals with gambling disorder and offers insights into their gambling cravings and coping tendencies.⁴ The study demonstrates that GD closely resemble DD in terms of both content and the emotional responses experienced during and after the dream.⁴ From a phenomenological perspective, GD can be considered an example of drug-related dreams observed in substance use disorder.

Studying GD in individuals with gambling disorder can provide important clinical insights into the intensity of gambling cravings and how they are managed. Clinicians can utilize these dreams by observing shifts in their frequency (e.g., a sudden increase may indicate heightened craving) and by analyzing dream content (e.g., feelings of guilt after gambling).

On the other hand, the presence or absence of GD should be interpreted with caution. Similar to DD, these dreams are generally expected to occur during periods of abstinence or non-gambling. However, it should be noted that they may not always be experienced even when the individual is not gambling.

In substance use disorders, objective measures like urine tests can confirm substance use, whereas gambling disorder lacks comparable objective indicators. Within this context, while GD cannot serve as direct diagnostic or objective measures, they can provide valuable supplementary information. Accordingly, GD may be meaningfully incorporated into psychotherapeutic interventions for gambling disorder, particularly within psychoeducational and relapse-prevention components that focus on craving. Although the interpretive value of dream content itself may vary across theoretical orientations, the presence and subjective impact of GD can offer clinically useful insights when explored in a structured and cautious manner.

Incorporating gambling dreams into psychoeducational training modules for individuals with gambling disorder may potentially enhance patients' coping strategies and contribute to reducing relapse risk.

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