

The dreams see me

About sigh in dreams and the treatment practice

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Introduction

The reason for writing this condensed line of thought, which still needs a lot of elaboration, was the fact that in the weekly Pessó-structure group, at the outpatient clinic of the Addiction Care Northern Netherlands, people mentioned dreams about alcohol, while people had been abstinent for quite some time. How can you deal with the sigh that the dream evokes in a structure?

How to think of sigh as an essential characteristic of addiction? That differs depending on the model. From the beginning of the last century, different models can be distinguished, from the moral model to the contemporary brain model. Each model has its own starting point to take on the battle with sigh, desire, appetite, craving, whine, longing for. The interventions that can be distinguished, both medical and psychological, operate at different levels of development. How can the method of Pessó-psychotherapy and its various techniques be placed in this?

From the attachment perspective, an attempt is made to bridge the gap between thinking about sigh and treatment practice, by means of a vignette. The central proposition here is that it is possible to give new meaning to the attachment to people, which has been replaced by the attachment to alcohol and drugs.

A line of thought in honor of a good colleague, who retired, to keep the memory of her warm.

Sigh

Sigh. To sigh. Slurping the breath, swallowing. Etymologically, sigh, sucht, suft, is related to drinking. The meaning of strong desire, longing for arose because the sense of language combined sighing with seeking. The origin of suck, sughen, to suck, is also not far from there. As well as wake and suckle (in dutch zog en zogen)

In his jubilee speech on the occasion of the 100th anniversary of Nieuw Hoog-Hullén in 1991, *"the sighing attitude, about addiction as a human phenomenon"*, Professor Dr. Mooij says that our desire is dependent on and mediated by others. Even primary gratifications such as food and drink are deeply socially and culturally determined. In the sigh an absolutization of the middle term takes place: what is a means to an end becomes an end in itself. He gives the example: in gambling one can want to make a profit, but in gambling it is about the moment of losing or winning.

He hermeneutically decomposes the greedy attitude into three components, time, intersubjectivity and separation, and summarizes them in the concept of auto-destruction. For the greedy, the meaning of the moment is of great importance. Emotional poverty is counteracted by tension-increasing moments. Boredom often occurs when the addiction has stopped. It's boring. Normally, what has been, is held in the present and anticipated what is yet to come. This creates a sense of continuity. The greedy person lacks a view of the future. The other is not seen as an end but as a means. It depicts the instrumental character of human relationships. The other is used. The many manifestations of addictive behavior can be understood from this. The other must fill the void that cannot be filled. Size is the enemy of sigh. Unlimitlessness is trump. The greedy makes himself disappear, destroys himself, and often only with death in mind does he or she decide to give a different direction to life.

Models of addiction

Sigh is old, sigh is out. Nowadays we are talking about craving, the circuit of amygdala, nucleus accumbens, the ventral striatum and the orbito-frontal cortex, the dopaminergic system. The essence of desire circulating in the brain from which man has almost departed. The time of *the brain model*. Wim van den Brink outlines the different models of addiction over more than 100 years.

The *moral model* from the early 20th century seems to have survived far but is still used in practice. The view that addicts are weak has not yet disappeared in the public mind. The *pharmacological model* is followed by the model that sees addiction as a symptom of a deeper cause in the personality. In the sixties, seventies. The emergence of therapeutic communities for addicts and psychotherapy for addicts.

The *medical and bio-psychosocial models* are gaining strength and, among other things due to scientific attention and technological innovation in imaging techniques, have resulted in the view that addiction is a *brain disease*. In accordance with the medical model, people are looking for staging and profiling. Designing care in care pathways is an example of this.

Levels of development

The treatment of addicts has different phases, argues Tsafri van Uiter-Levy, in which the treatment interventions adapt to the dominant developmental level at that time. Based on Yigaël, she distinguishes nine levels of development: from primitive somatic and nervous system/brain, to experienced sensation (the subject develops a polite sense of self) and emotions, followed by feelings, cognitions/language, formal notation systems, self-cognition and reflection and to conclude thinking about the next evolutionary stage.

Current treatment techniques to combat craving include EMDR targeting craving moments and techniques based on the theory of attentional bias. And let's not forget deep brain stimulation, which tackles compulsion, in its various manifestations such as Parkinson's disease, Tourette's disease, severe obsessive-compulsive disorder, and addiction. As well as appetite suppressants, acamprosate, naltrexone, and baclofen. These techniques and medicines link up with the lower levels of development (primitive/somatic and nervous system/brain, for example the functioning of the various neurotransmitters) which direct the addictive behavior.

How the translation of electrochemical signals into an experience of sensations proceeds is still a mystery in science. In the method of Pesso-psychotherapy, different levels are addressed simultaneously. The inarticulate physical "energy" is linked to the level of emotions, feelings, and cognitions. The attention to the phenomenal body, Das Leib, which in addiction is characterized by behaving like an object, a Körper, dictated by the sigh, is linked to the search for meaning.

In the method of Pesso-psychotherapy, the literal movement with which one wants to put a syringe or with which the glass is taken in hand is limited. The arms and hands of figures in a therapy group who have taken on the role of limiter prevent the person's hand from literally touching the other arm. Offering physical boundaries is preferable, especially for people who are well-trained verbally. The physical limitation does not give space to excess and unbounded energy. Auto-destruction may be attempted with all force. Oddly enough, this usually leads to acceptance of a boundary, to play, and a sense of security. The omnipotence, a forgotten essence of addiction, is transformed into potency. Sometimes the force that was first directed negatively at itself directs itself at the figure for whom that aggression was originally intended. Then, as it were, historical significance is given to the bodily expression of the destructive pull. Therefore, this technique does not fall entirely under the brain model. Meaning-making is not one of the strongest sides of the brain model if this narrows man down to a brain.

Attachment and addiction

Making meaning is attached to all the things you experienced in life.

Although it seems that the attention to the biography, the story, has almost disappeared, in recent years this has been creeping back into thinking about addiction through the back door. The interest in attachment, attachment and attachment styles, and its origins, working with a lifeline and a life story is increasing. Just as research into the relationship between addiction and attachment. Flores sees addiction as an attachment disorder. Gabor Maté, an addiction doctor, describes in *The Realm of the Hungry Ghosts*, his severely addicted patients are full of dents and holes in their life history, neglect, and lack of structure. The early misery is repeated in the usually many years of addiction. No self-

care, unreliability, or trauma. Verelendet. No or poor attachment and what results from that is the tapestry in which being addicted, its functioning in the brain, its function, and meaning are intertwined. From psychological dissociation as a defense to chemical dissociation.

Marc Lewis, former addict and professor of developmental psychology and neuroscientist, argues in his *Biology of Desire* that addiction is not a disease, but rather a bad habit that has become embedded in brain circuits. He cites major studies linking negative, hostile childhood experiences, such as emotional and sexual abuse, family alcoholism, and long-term parental depression, to the likelihood of becoming addicted. Unfettered anxiety, depression, and feelings of inferiority call for new sources of relief, soothing, and satisfaction. When addiction is a fact, the inadequate resources for self-regulation are not enough to overcome craving and the most negative emotion generated by the addiction itself.

How to link this attachment perspective, partly related to the hermeneutical approach to addiction as a human phenomenon, to the data from research into the functioning of addiction in the brain and genetic research? How to link attachment to craving and intoxication. Where the development takes place from impulse to compulsion, to obsessive-compulsive thoughts and actions, where the intoxication becomes less and less attractive and only the hangover remains, rattling in various reward circuits in the brain, it is important to pay attention to the function of the use.

What is the meaning and function of what one gets from intoxication? Which need represents the oblivion and bliss in the flash of the heroine, wanting to vanish or fuse? What is the purpose of the experience of omnipotence, grandiosity, and lust of coke, wanting to be everything? Or the enlargement and intensification of the experiences being influenced by marijuana, wanting to be somewhere else? From chemical dissociation again in search of the origin that required psychological. What is avoided with use, what do you no longer want to feel? Addiction as a defense, once called a denial of inner reality, sometimes takes the same form as defense mechanisms that have long been entrenched in the person. *Attachment to people has been replaced by attachment to resources.* How to reverse this process and make attachment to people attractive again?

Giving meaning to human contact again promotes converting the eternal must-have, the craving, into not wanting anymore, and then not wanting anymore becomes not needing anymore. The integration of the time of being addicted into life is a process that takes its natural time to write a new interhuman story. Polyphonic.

It is already complicated enough to reconcile these different theoretical models and starting points, let alone how to connect attachment and craving in the daily practice of psychotherapy with (former) addicts. A little attempt, illustration, at that.

Dreams

A few weeks ago we asked the therapy group, 'do you ever dream about alcohol or dope'. Surprisingly, almost everyone reported a dream in which they used or could resist dope or booze. In the first case, the dreamy craving was so strong that the dealer had to be consulted immediately upon waking. If one was stronger than the sigh, the fist was proudly raised.

The MATE, a commonly used screening instrument in addiction care, contains several questions about appetite. How often do people think about the drug per hour? Not a single question about how the craving manifests during sleep. Normal physiological phenomena become unbalanced under the influence of long-term substance and alcohol use. Including the sleep rhythm. Sleep problems are a little-recognized problem area in addiction. The so-called REM sleep decreases and Slow Wave Sleep increases. Humans probably need dreams to organize and process everyday events. According to Freud, these nocturnal visions offered partial glimpses into our unconscious desires. According to Allan Hobson, dreams during REM sleep are created by signals from the most primitive part of our brain, our brainstem. Dreams are essentially mindless, he says. However, Mark Solms found that patients with damage to those parts that induce REM sleep continued to dream. The parts of your brain that are crucial for creating dreams are also important for your motivation, pleasure, and expectation systems. A possible similarity with the functioning of craving in our brain. The upper visual cortex is important in dreaming. You start dreaming because you cannot move on, after all, you are asleep, to motivated actions. The dream as an imagined action.

During the withdrawal period, the brain tries, as it were, to repair the damage. The result is intense dreams and nightmares. The sleep rhythm is still out of whack long after the withdrawal and only somewhat in order after three months. However, the Slow Wave Sleep will not be fully recovered for much longer. Up to two years later, people can suffer from sleep disorders and restless sleep. Most addicts dream about substances. Numbers are not known; little research has been done. Dope dreams, usually at the time of transitions, stand out. During and after being detoxified, after a long treatment stay, and at the end of treatment. It is only a small phenomenon in the vast field of addiction. But paying attention to that, asking about it and working with it, giving the dope dream a new meaning, may contribute to a freer life.

Treatment practice, a vignette

V. tells at the beginning of his individual work that since we talked about dreams about alcohol, the bottle in his dreams returns so often. The bottle remains in his mind. Afraid that it is more powerful, he uses refusal. He has a lot of patience and can go without it for

a long time, but one day that image of the bottle will resurface. It is also a friend who stays with me. Fidelity. On the other hand, he says, that's what I'm in charge of, I decide whether or not to drink, no one else's.

Drink and drugs are often personified. As a buddy, as a friend. Also, in literature and music. Beth Hart sings about Sister Heroine. *So goodbye sister heroine, I'll remember everything, I love you, Goodbye white trash beauty queen, your crooked heart and your beat-up dreams, I love you.* Hafid Bouazza calls absinth his green fairy. King alcohol already made its appearance at the Lautréamont. Sister Ray of the Velvet Underground and Sister Morphine of the Rolling Stones. Alcohol is the sea that gives everything and takes everything back. Countless examples in which it is striking how close and how softly these personifications are worded. But also, how powerful. Gregory Bateson, in his article on Alcoholics Anonymous, showed that the alcoholic has a constant and inescapable battle with the bottle. A fight in which the bottle is always the winner. If he wants to prove that he can drink socially, then alcohol turns out to be the boss. If he does not drink, he admits that he has lost. Elisabeth Cook sings *She's my heroine sister, and I hate to see her go, and I hate to see her holding on, at the end of the same old rope, at the end of the same old rope, always at the end of the same old rope.*

The bottle is symbolized in a large pillow.

In scheme-oriented therapy, the addicted part is placed opposite the person, the Healthy Adult, by means of the chair technique. However, it is not enough to stop at these two chairs. The child modes, the hurt, the defenseless, and the angry child also need to be heard and can say what their relationship is with the addicted part. For others, it is important to let the demanding, normative parent mode speak. Guilt and shame are often closely linked to the addicted part. A circle of filled chairs does more justice to addiction's many layers and meanings than just separating out the Healthy Adult and the addicted part. A somewhat different path is followed here. The path of Pesso-psychotherapy

V. doesn't know how to place the pillow very well in relation to him, closer and then further away. Yet closer again. He sits with his arms crossed over his stomach. It's a somewhat confusing picture. It feels like he's denying the destructive side of drinking by embellishing it. Alcohol as a friend. Isn't it true that alcohol has defined him rather than the other way around? V. joins in this confrontation.

When the inner drama is externalized in role figures or objects, it is important to pay attention to possible negative reconstruction. Sometimes, and somewhat more often with traumatized people, the potential or actual negative role figures are placed close to the person themselves. It is then important to ask questions at the contract level, at the level

of the Healthy Adult, about what motivates this. Does the person have an idea of his motives and what does he judge as good for him? This intervention on a reality level makes it safe to continue the search. The designation Healthy Adult, ego, Pilot, chairman, boss, frontal cortex serves the often missing executive functions, focused on control and handling.

The proposal to him: perhaps it is an idea to split the bottle into the two meanings mentioned. A part that says you are your own, you can be your own, and you can decide for yourself what is good for you. Symbolized in a smaller pillow. And another part that states you are mine, I determine you.

Somehow that hits him, he gets emotional. Especially that you can be yourself, moves him. How little he knew that. Being yourself meant doing something sneaky. That's how he drank. He asks a woman from the group to take on the role of someone who respects him, who lets him be his own. He also finds it difficult to place this role figure, closer and then further away. Once again, the confusion is resolved with the proposal to define this positive role figure more precisely. And to divide it into a positive part, the one who respects him, and a negative part of whom he owns.

Humanity is destroyed by the compulsion to use. Guilt, shame, less conscience, and the lie. Addiction is doing rather than thinking. Using it a lot undermines the ability to reflect. The frontal cortex is sidelined. Stagnations in this ability are reflected in the predominance of the three pre-mentalizing modes as distinguished in Mentalization Based Therapy. The teleological mode, only what one physically feels is real, is represented in enactments, stagings for example of one's own failure. Repeat in deeds what cannot be recounted in words.

In the psychic equivalent mode, the fear within faces a frightening outside world. The above cognitive intervention, proposing to split a massive feeling into parts, helps to lower the arousal in the window of tolerance. Things and people simply have multiple sides, positive and negative, which counteracts the equivalent way of mentalizing. It, as it were, chops reality into smaller pieces, manageable but also to curb excessive fears.

Another possible Pesso intervention is to create role figures who help you learn to handle these strong feelings. In this relative calm, new associations can arise and the first words for a different perspective can be discovered. Divide into positive and negative, there are of course many other classifications, reassures. And gives autonomy.

The pretend/as-if mode, normally important in being able to distinguish between the person and a role figure in Pesso-psychotherapy, is characterized by dissociation and withdrawal from the world. Being under the influence is no longer able to be touched. And comes with self-devaluation, they don't love me anymore, why am I here? *Junkies hate success.* It is unbelievable that you are loved. And this is repeated over and over again.

He immediately talks about his pushy mother. There used to be no room for him on the sofa, she had the highest word, and he was pushed off. This is accompanied by a despondent sigh. Even if she wasn't always, that unpleasant feeling of being forced on something always came back, not being allowed to be your own. You were never sure, even now still thinking about what people think of me, am I whom they want me to be.

In the childish experience of time, you must always be on your guard because threats have been fickle and unpredictable. An intrusive mother can just be there again, feeling good is always finite. Could it be that how you learned in your youth that time passes, this, as it were, repeats in adulthood, and the sigh suddenly arises again after a long time? A repetition of how time was originally experienced. You can be without a sigh for a while, but that can never last long.

Childhood opinions are deeply engrained in the brain. They need a new accompanying positive brain trace based on neuroplasticity that sees and recognizes how deep the traces of pain are. A shared track in the memory of the present experiences and thereby learns to make the future. It is often helpful to ask literally what time the experience would be. Is that the anger of a four-year-old child or a grown-up teenager? It should have been specified at what age the mother's intrusiveness occurred and in what way. The four-year-old knight or the snarling adolescent.

He now dares the mother who would have let him be herself and lets her come closer. V. relaxes. He even dares to grab her hands. It moves him. It also calms him down. This tranquility gives him the opportunity to reflect on that bullshit, too, and he makes a waving movement, to the pushy side of mother, but also to the bottle that symbolized her possessiveness.

However, the smaller pillow that says you can be your own is still attached to that. Is he ready to separate the small cushion that says he can be autonomous from the large cushion? Why would he want to wave away what is his? The mother who left him and let him be himself fetches that pillow and gives it to V. He receives it, in the place where it belongs, under his crossed arms, warmly pressed against his stomach.

This movement can take place both projectively and introjectively. In the theory of MBT, (Mentalisation Based Treatment) this representation is captured in the phenomenon of the alien object, the evil introject. The disapproving look, the turning of the head, and the anger are introjected in the form of the development of negative self-images and cognitions. It must be explained that these cognitions were not there at birth, although a lot can go wrong there. They have arisen in the development of the relationship. The negative feed must be returned to the one who looked away. This can be symbolized by that improper part of the self, after all, it should symbolize the mother, in a pillow that is first detached from the person and then returned to the original figure, the mother, after

all, they were her words, no longer of the person. The resulting hole can be filled with the idea that there had been a mother who did not look away but did look and see.

He looks up to the negative bottle and the negative side of his mother. The mother figure who lets him be himself protects him and takes over the swinging movement. She puts the bottle that says you are mine and the mother who preaches the same thing outside the door at once. She protects him from destruction. He can get rid of that. She puts her hands on his, hugging his little self, symbolized in a little pillow.

The movement of expelling the negative is being completed by internalizing in the body the good, the own stolen part of the person, that has been externalized in the negative part of the other. A safe handling of touching enhances the making of oxytocin, the attachment hormone.

You could speak of small transmigration of souls, psychic surgery. The physical appropriation of what should have been yours, what you were entitled to, love. That moment is accompanied by a look that expresses being healed, soft, silent, and with a smile. The human moment.

Store it in your body.

In short, worlds can turn around in 45 minutes. Perhaps created new images in a suggestive way. But they are real and visible, in the sad face. It seems as if one realizes with melancholy what the destruction of drink has caused. The emotion of the tender touch of the hands around the little self. The relaxation and the rest next to the mother who would have blessed his striving for autonomy.

In symbolizing the bottle of the dream, the different meanings it contains, the orientation towards unmet needs, the disconnection of negative associations of drinking and needs, the reabsorption of the externalized self, and the envelopment of the sense of protection, they all support the idea that substitution of attachment to means by renewed positive attachment to people, to human figures, is possible. And working. Although by no means scientifically proven from the feedback regarding visualizing and working with dreams about addiction, it can be concluded that this also inhibits sighing. The next time, V. says that he has not had any appetite in the past week.

Perpetuating yet this post-hypnotic suggestion is added: in a subsequent dream, a protective woman appears. She will help you put away the negative that defines you. The future can be made, the future self transcends the urge to dwell only in the present. From a dope dream to a dream of hope.

The memories see me

Tomas Tranströmer

A June morning when it's too early
to wake up and too late to sleep again.

I have to get out, into the green that is full of
memories, they follow me with their gaze.

They are invisible, they melt completely
along with their background, perfect chameleons.

They are so close I can hear them breathing
though the birdsong is deafening.

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