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Maladaptive daydreaming: Evidence for an under-researched mental health disorder

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ABSTRACT

This study explores the recently described phenomenon of Maladaptive Daydreaming (MD) and attempts to enhance the understanding of its features. It documents the experiences of 340 self-identified maladaptive daydreamers who spend excessive amounts of time engaged in mental fantasy worlds, in comparison to 107 controls. Our sample included a total of 447 individuals, aged 13–78, from 45 countries who responded to online announcements. Participants answered quantitative and qualitative questions about their daydreaming habits and completed seven questionnaires assessing mental health symptoms. Findings demonstrated that MD differs significantly from normative daydreaming in terms of quantity, content, experience, controllability, distress, and interference with life functioning. Results also demonstrated that Maladaptive Daydreamers endorsed significantly higher rates of attention deficit, obsessive compulsive and dissociation symptoms than controls. In sum, findings suggested that MD represents an under-acknowledged clinical phenomenon that causes distress, hinders life functioning and requires more scientific and clinical attention.

1. Introduction

"I have 35 distinct characters in my daydreams. They have been with me since childhood. I cannot remember a time when my mind was alone, with just myself. They have always been there. All of my daydreams revolve around these 35 characters. They live in a fictional town in a non-fictional city and state."

[(Participant 164)]

"My daydreams are based on a TV show I saw when I was 10. Imagine a television show that kept getting renewed year after year for 30 years. Think of all the experiences you would have watched the characters go through. That is what my mind has been doing for over 30 years. I do not feel like there is any way to possibly describe how in-depth it all is. There have been times I have been caught up in the daydream for entire days. Many nights, I force myself to stay awake and get no sleep so that I can have my 'daydreaming' time."

[(Participant 221)]

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"It stops me from interacting in real world and real people. My relationship with family goes from fine to bad as I did not speak to them often because I would just locked myself in my room. . . .My school performance worsens. I can't concentrate on studies. I skipped school a lot just to be in my world."

[(Participant 519)]

1.1. The proliferation of discussion of maladaptive daydreaming on the internet

There are hundreds of pages on the Internet devoted to the topic of "maladaptive daydreaming" (herein MD). These websites have been established by individuals from around the world who have concerns about spending enormous amounts of time engaged in highly structured daydreams, often with well-developed characters and plots. Most of the daydreamers on these site state that they felt like they were the only ones who engaged in this behavior until they discovered these websites. These individuals have diagnosed themselves as "maladaptive daydreamers" (herein MDers), and frequently describe engaging in repetitive movement in conjunction with their daydreams, such as pacing or rocking. Although they state that they never confuse fantasy from reality, many of the daydreamers seek advice on how to stop, claiming they feel as if they have an addiction.

As a consequence, many of the MDers on the Internet forums indicate that they have sought out help from mental health professionals, but most had never heard of the symptoms and seemed to minimize them. Others have been given a differing array of diagnoses including Attention Deficit/Hyperactivity (ADHD) and Obsessive–Compulsive Disorder (OCD). This is not surprising, as MD is not a classified mental disorder or term familiar to mental health professionals. Although "ordinary" daydreaming, when accompanied by other symptoms, including lack of focus and organization, has been implicated in disorders such as ADHD (National Institute of Mental Health, 2012), at this point in time no disorder listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013) or in any other classification system describes highly structured and absorbing daydream worlds as a primary symptom.

1.2. Maladaptive daydreaming: Definition attempts

Somer (2002) first introduced the concept of MD, which he defined as "extensive fantasy activity that replaces human interaction and/or interferes with academic, interpersonal, or vocational functioning" (p. 199). Somer described six patients with severe difficulty in social and vocational functioning, who had seemed to escape reality into a life of fantasy after experiencing abusive childhoods. Their daydreams were often accompanied by movement such as pacing, which Somer termed kinesthetic activity. Somer theorized that MD may have developed as a coping strategy in response to aversive early life experiences.

In 2009, Schupak and Rosenthal presented a case study of a woman troubled by excessive daydreaming. Similar to Somer's (2002) patients, the subject reported that her childhood daydreaming had been accompanied by kinesthetic activity, involving pacing while twirling a string. The daydreaming was eventually reduced and controlled with the treatment of prescription medication, Fluvoxamine, commonly used to treat obsessive–compulsive disorders. Unlike Somer's (2002) MDers, this woman did not report an abusive childhood and seemed to function successfully in the real world, suggesting that there may be more than one pathway to MD and varying degrees of psychopathology. The same patient eventually underwent a functional magnetic resonance imaging (fMRI) procedure conducted by researcher Malia Mason. In a 2015 interview describing the fMRI study, Mason stated "The test showed great activity in the ventral striatum, the part of the brain that lights up when an alcoholic is shown images of a martini. Frankly it was super strong" (Bigelsen & Kelley, 2015).

After analyzing surveys by 90 MDers, Bigelsen and Schupak (2011) presented a population of individuals who engaged on average over half (56%) of their waking hours in immersive daydreams, with 80% using kinesthetic activity. Findings indicated that these daydream worlds provided participants with an unending source of comfort and emotional fulfillment, but at the same time caused distress through three factors: (1) difficulty controlling the need or desire to fantasize, (2) concern that the amount of time spent fantasizing interfered with actual relationships and life goals, and (3) intense embarrassment regarding the fantasy resulting in exhaustive efforts to keep this behavior hidden. Over 70% reported that they did not experience childhood trauma, thereby providing further evidence that trauma, although potentially a contributing risk factor, is not necessarily causal to MD.

1.3. Quantities of daydreaming

To date daydreaming has mostly been seen as a universal experience comprising much of normal mental activity (Klinger, 2009; Singer, 1966). Killingsworth and Gilbert (2010) found that almost half of all human thoughts qualify as daydreaming activity. The reported high levels of daydreaming among the general population may leave clinicians reluctant to consider excessive daydreaming a mental health issue.

A potential source of confusion can arise when researchers use differing definitions to compare daydream quantity. Many definitions of daydream and mind wandering encompass all off-task thought (Singer, 1975; Smallwood, Obonsawin, & Heim, 2003), which is far broader than the activity of interest to the MDers. For this reason Bigelsen and Schupak (2011) chose the term 'fantasy' to describe the behavior of their study population. They defined fantasy by using Klinger's (1971) definition of "a fictional tale created by a subject for his own pleasure and for no other purpose constitutes an instance of fantasy" (p. 6).