

Is this the real life? Or just a fantasy? A closer look at maladaptive daydreaming

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Abstract

Purpose – *Maladaptive daydreaming (MD) has yet to be recognized as a formal condition. This paper aims to shed light on the phenomenon of daydreaming, its potential maladaptive nature and the characteristics of MD, as well as potential interventions that may be implemented to address it.*

Design/methodology/approach – *The present paper is a general conceptual review of the condition of MD. It provides a historical overview of the phenomenon and attempts to draw meaningful inferences from the scientific work pertaining to the development of diagnostic criteria, the assessment and interventions developed to treat MD.*

Findings – *Studies have shown that MD can cause distress and impair an individual's typical functioning, and specific diagnostic criteria and symptoms have been identified. Scheduled clinical interviews, self-report measures and derivative treatment modules are currently utilized to understand, assess and treat the symptoms related to MD.*

Practical implications – *Formal recognition of the condition ensures that the individuals receiving treatment for the condition are provided with insurance coverage and reimbursement for treatment.*

Social implications – *Authors also hope for MD recognition, awareness, reduced stigma and acceptance.*

Originality/value – *This review offers a fair overview of the recent scientific findings pertaining to MD and attempts to open a channel of discourse to enhance the inclusivity of relevant psychopathological conditions in the existing classifications.*

Keywords Maladaptive daydreaming, Assessment, Intervention, Recognition, Inclusivity

Paper type Conceptual paper

Introduction

The Diagnostic and Statistical Manual of Mental Disorders (DSM) has undergone several revisions over the years, with the latest non-revision version, the DSM-5, published in 2013. The DSM-5 includes 157 specific diagnoses for mental health illnesses, a reduction from the 170 diagnoses found in the DSM-IV (2000). This reduction in the number of diagnoses is part of an effort to streamline the codification process and make the language and vernacular more accessible (Kawa and Giordano, 2012; McCarron, 2013). With each revision, the DSM has sought to include more conditions, while discarding irrelevant diagnoses and replacing them with more current terms.

In a similar vein, researchers in the field of psychology have attempted to have maladaptive daydreaming (MD) recognized as a formally recognized condition. However, these efforts have been unsuccessful thus far (Somer, 2002). The aim of this paper is to shed light on the phenomenon of daydreaming, its potential maladaptive nature and the characteristics of MD. Additionally, this paper will explore potential interventions that may be implemented to address maladaptive daydreaming.

The study of dreams, including daydreams, has been a significant topic of interest in the field of psychology, at least, since Freud's pioneering work on dream interpretation (Freud, 1900). This

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interest has been reflected in the research community, as evidenced by the plethora of literature on the subject (Klinger, 2000; Shils, 1957). Daydreams have been conceptualized as having a tangential relationship to the contents of an individual's unconscious mind (Singer, 2015; Winnicott, 2012) or as a means of resolving states of deprivation or conflict (Freud, 2001).

Recently, there has been an increased discourse surrounding the maladaptive nature of daydreaming. Maffetone (2020) has described maladaptive daydreaming as a "daymare", and Schimmenti *et al.* (2019) have defined it as an intense and excessive visualization activity that impairs an individual's typical functioning and causes acute distress. The distress caused by this activity can be pervasive across all aspects of life and is reflected in various cognitive, conative and affective attributes of an individual. The DSM-5 defines a mental disorder as "a syndrome characterised by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities" (American Psychiatric Association, 2013). Through extensive research, specific diagnostic criteria and symptoms of maladaptive daydreaming or maladaptive daydreaming disorder have been identified, and evidence suggests the interference of those symptoms in individual's daily functioning (Bigelsen *et al.*, 2016; Somer *et al.*, 2017). Through this review, we hope to open a channel of discourse to promote inclusivity of diverse conditions representative of people's experiences in the existing classification systems. However, such inclusivity does not imply labelling every deviation from the accepted socio-cultural norms as a disorder.

It is also important to note that these symptoms bear some resemblance to rumination and other psychological conditions such as attention deficit hyperactivity disorder (ADHD) and certain dissociative disorders (Maj, 2005). This is likely due to shared neuro-physical processes and the specific manifestation of these conditions in individuals. Therefore, it is essential to establish a clear distinction between daydreaming, other mental activities, and between normal and maladaptive levels of daydreaming. The proposal to formally recognize MD as a formal condition is in tandem with the goals of DSM-5 to further enhance the specificity of the diagnostic criteria and the intention to add dimensional measures of symptoms and severity to aid in practical purposes and clinical utility (Blashfield *et al.*, 2014). However, this move towards inclusivity must not come at the expense of comprehensive review of literature, phenomenological analysis and field trials pertaining to potential conditions that prove beyond a reasonable doubt about the severity of the conditions and the need of their inclusion in the diagnostic manuals.

The first traces of scholarly discourse surrounding daydreaming date to Singer's (1966) formative work, where he demonstrated that most functioning adults experienced some form of "daydreams" daily. Later, he classified daydreaming in three distinct patterns of positive or constructive daydreaming, guilty daydreams resulting from disturbing fantasies and daydreaming because of lack of attention control (Singer, 1975). Wilson and Barber (1982) stumbled upon a group of individuals with the tendency of living in their own worlds and claimed that the tendency would manifest in around 4% of the population. Daydreaming was later characterized as stemming from the individual's "fantasy-prone personalities", and several researchers have supported that notion through their independent investigations (Lynn *et al.*, 1988; Rauschenberger and Lynn, 1995; Rhue and Lynn, 1989). These researches were also able to confirm the conception of daydreaming or fantasy-proneness by Hilgard (1974), that a tendency to daydream is associated with adverse childhood experiences (Crawford *et al.*, 1979). These were the earlier attempts at understanding daydreaming and characterizing the mal-adaptive side of it. Since then, there has been a shift in how daydreaming and MD has been studied. From the initial psycho-analytical-developmental approach, researchers have also included the neurological aspects of the individual's development (Panksepp and Biven, 2012).

What is maladaptive daydreaming?

According to [Somer \(2002\)](#), maladaptive daydreaming is characterized by an individual's excessive engagement in fantasy activities that disrupt daily life and replace human interaction. People with these tendencies often participate in prolonged sessions of fantasizing various scenarios, like a movie or TV series, as a means of distraction from reality. These fantasy sessions may provide a sense of achievement and make it easier to cope with problems. It has been the subject of several studies, including [Somer's \(2002\)](#) exploration of the relationship between daydreaming and dissociation, which proposed that excessive daydreaming may be a form of dissociative coping mechanism. When examined the experiences and characteristics of people with maladaptive daydreaming, it was found that they tend to have rich, vivid and immersive daydreams that can be difficult to distinguish from reality and may use daydreaming as a coping mechanism to escape from negative emotions and situations ([Pietkiewicz et al., 2018](#)). [Soffer-Dudek and Theodor-Katz \(2022\)](#), studied a sample of students and general Israeli Population to examine the prevalence and correlates of maladaptive daydreaming and found that about 2.5% of the sample reported experiencing it, and that people with maladaptive daydreaming were more likely to report symptoms of depression, anxiety and dissociation. Overall, these studies suggest that maladaptive daydreaming may be a coping mechanism for dealing with negative emotions and situations.

[Somer \(2018\)](#) suggested a treatment plan for people with MD and mentioned that they tend to have vivid, immersive and emotionally charged daydreams that can be difficult to distinguish from reality, and they may use daydreaming as a coping mechanism to escape from negative emotions and situations ([Sándor et al., 2021](#)). [Somer's \(2018\)](#) pilot case report established the ontological analysis of MD in terms of dissociative disorder, disturbance of attention, behavioural addiction and as an Obsessive-Compulsive spectrum disorder. The individual with MD was assessed with the help of screening instruments, Maladaptive Daydreaming Scale (MDS-16) and structured interview (The structured clinical interview for maladaptive daydreaming; [Somer et al., 2017](#)). Intense dissociative absorption, pervasive inattention and excessive internet using as an additional escapist activity consisted the individual's clinical presentation. The treatment consisted of tailored intervention components to suit the individual's own needs and preferences. The treatment modules included components of mindfulness training, cognitive behavioural therapy (CBT) and motivational interviewing, all pertinent to the treatment of obsessive-compulsive spectrum disorders-spectrum and attention deficit disorder, consistent with the ontological analysis of MD. It must be noted that the nature of this intervention was determined by the individual's clinical presentation and lack of pre-existing treatment guidelines for MD necessitated the utilization of treatment modalities that are symptom-oriented.

In another pioneering attempt, [Herscu et al. \(2023\)](#) tested the effectiveness of web-based program for mindfulness and self-monitoring. The study demonstrated clinically significant improvements, with achievements maintained in the long-term as found in the 6-month follow-up. Absence of any prior treatments of MD obstruct any attempts at meaningful comparison of such interventions.

Therefore, to summarize, maladaptive daydreaming is a type of excessive, immersive and escapist daydreaming that negatively impacts a person's daily functioning and overall well-being ([Somer et al., 2016](#)). It is characterized by excessive daydreaming ([Theodor-Katz et al., 2022](#)), immersive and vivid daydreams ([Somer et al., 2016](#)), escapist tendencies ([Somer et al., 2020](#)), difficulty controlling daydreaming ([Greene et al., 2020](#)) and negative impact on daily functioning ([Soffer-Dudek and Somer, 2018](#)).

How has maladaptive daydreaming been neglected?

[Rebello et al. \(2019\)](#) argues that research on MD has been generally neglected by the wider psychological community. One reason for this may be since MD is a relatively new and

poorly understood phenomenon. It is not yet recognized as a formal psychiatric disorder, and there is no widely accepted definition or diagnostic criteria for it ([Somer et al., 2017](#)). This lack of clarity and consensus makes it difficult for researchers to study and for clinicians to diagnose and treat. Furthermore, MD may be overlooked or misdiagnosed as other mental health conditions or as a comorbid diagnosis ([Witkin, 2019](#)). This can happen as MD can resemble symptoms of disorders such as depression, anxiety and ADHD. As a result, individuals with MD may be misdiagnosed and treated for these other conditions, rather than receiving specific treatment for their MD ([Bigelsen et al., 2016](#)).

[Sharma and Mahapatra's \(2021\)](#) assertion that certain therapies, such as CBT, may be helpful in reducing MD symptoms is a valid one. Considering that MD shares similarities in its presentation with behavioural addictions, it is only logical that behavioural modification or cognitive restructuring would prove useful for treating MD. However, majority of the current studies have been small in scale, shown mixed results, focused on western setting and have mainly followed a treatment plan designed for a comorbid condition ([Somer, 2018](#)). This lack of a decisive treatment plans highlights the need for more interventional research to be conducted to determine the most effective interventions for MD. It is also true that MD has been neglected by the psychological community, as stated by [Somer \(2002\)](#) and that trend has continued even till now. This lack of attention is a gap in our understanding of mental health and well-being. MD can have a significant impact on an individual's daily functioning and quality of life. Thus, it is important for researchers and clinicians to continue studying and developing interventions for this under-researched condition, as pointed out by [Soffer-Dudek and Somer \(2018\)](#).

For the assessment of MD, currently there is only one tool available. The MDS-16 is a self-report measure consisting of 16 items and satisfactory psychometric properties ([Schimmenti et al., 2020](#)). Consistent with the theory, interference with life and sensory-motor retreat emerged as the two factors. It has been validated on an Italian sample. Currently, the MDS-16 is being standardized in Indian samples. Creating a research agenda for the same would provide a streamlined approach for researchers world over to study the condition further. As per the ICMDR ([International Consortium for Maladaptive Daydreaming Research: ICMDR, 2017](#)), several projects in preparation include the association of MD and psychopathology, client perspectives on coping with MD, memory source confusion and the Childhood Maladaptive Daydreaming Scale. The isolated yet persistent efforts of researchers across the world underscore the gravity of understanding and assessing this condition for what it is, along with developing suitable interventions specific to MD.

In summary, the inclusion of maladaptive daydreaming as a disorder in the international classification of diseases (ICD) and DSM would have important implications for the recognition, understanding, treatment and reimbursement of the condition. This inclusion could positively influence the lives of a lot of individuals.

The DSM Steering Committee, which is composed of mental health professionals, makes decisions about which disorders to include in the DSM. They consider a variety of factors when deciding which disorders to include, including research evidence, clinical experience and public health significance. Gambling disorder is recognized as a mental disorder that is included in the DSM-5; it is classified as an impulse control disorder. Some researchers and clinicians postulate it to be a form of dissociation, which involves a detachment from one's thoughts, feelings and surroundings ([Ross et al., 2020](#)). MD has not yet been formally recognized as a mental disorder in the DSM-5. The inclusion or exclusion of a particular disorder in the DSM does not necessarily reflect the importance or validity of that disorder, and it is ultimately up to the DSM Steering Committee to decide which disorders to include in the manual based on the available evidence. However, the inclusion of MD in DSM is sure to help gather traction for its formal diagnosis, which is why, we feel it is essential to recognize MD as a separate condition.

Necessity of inclusion

There is a growing body of evidence that suggests that maladaptive daydreaming should be formally recognized as a disorder as supported by Thorburn (2022). Some researchers argue that MD is a distinct disorder that should be included in the DSM (Schimmenti *et al.*, 2019), while others suggest that it is a symptom of another underlying disorder, such as anxiety or obsessive-compulsive disorder (Pietkiewicz, 2018). Studies suggesting that it affects up to 6% of the general population (Mariani, 2021) and that individuals with MD (a serious and impairing condition) experience significant levels of impairment in daily functioning, distress, anxiety and depression (Bigelsen *et al.*, 2016; Dujic, 2020; Somer and Herscu, 2017; Wen *et al.*, 2022). MD can also interfere with social connections, cause irritability and withdrawal symptoms and some people may use it as a coping mechanism to avoid dealing with difficult situations (Weiner and Carton, 2012).

Implications

The inclusion of maladaptive daydreaming as a disorder in the ICD and DSM would have several important implications. First, it would increase awareness and understanding of the condition among mental health professionals and the public. This would lead to more accurate diagnoses and better treatment outcomes for individuals affected by maladaptive daydreaming.

Second, it would also lead to more research on the condition, which would help to further our understanding of the causes, risk factors and consequences of maladaptive daydreaming (Somer *et al.*, 2016). This research could also lead to the development of more effective treatment options for individuals affected by the disorder. As pointed out by Rana and Vyas (2022), different groups of individuals daydream about issues pertinent to their life situations. Investigating the contents of maladaptive daydreaming, particularly in terms of developmental and demographic variables, has significant implications for the development of appropriate interventions for people living with the condition.

Third, the inclusion of maladaptive daydreaming as a disorder would also have practical implications for insurance coverage and reimbursement for treatment. It would make it easier for individuals with maladaptive daydreaming to access appropriate treatment and would ensure that they are not denied coverage or reimbursement based on a lack of formal recognition of the disorder. Apart from the monetary benefits, the formal recognition will open doors for the discourse about the conditions among non-practitioners. And this discord would then allow individuals experiencing MD to find a collective identity, as demonstrated by McMillan and Chavis (1986), and reap the benefits of social inclusion on mental health (Litwiler *et al.*, 2016; Sayce, 2001).

Fourth, it would also help to reduce the stigma associated with maladaptive daydreaming and would help to ensure that individuals affected by the disorder are not wrongly perceived as lazy or unmotivated. In summary, the inclusion of maladaptive daydreaming as a disorder in the ICD and DSM would have important implications for the recognition, understanding, treatment and reimbursement of the condition.

Suggestions for future research

There are several areas of research that would be valuable for better understanding and treating maladaptive daydreaming that could sprout after and from its inclusion and recognition. In line with our earlier suggestion for creating a research agenda for MD, we suggest a few potential areas of research to achieve the same.

Researchers can focus on establishing its prevalence in the general population and identifying potential risk factors, understanding its prognosis through longitudinal studies. Furthermore, investigating its neural correlates and identifying biomarkers through

neuroimaging studies and understanding its comorbidity with other mental health conditions are essential lines of research.

Exploring the cross-cultural differences in the manifestation of MD, investigating the role of MD as a coping mechanism in cluster C personality disorders (especially avoidant personality disorder), mapping the developmental trajectories of MD and identifying the psychosocial factors of MD to promote better interventions are other avenues of inquiry that would enhance our understanding of the condition. In addition, research studies to ascertain whether the contents of these daydreams have any psycho-analytical value for interventions is essential. We also suggest developing effective treatment strategies through randomized controlled trials and gaining insight into the subjective experiences of individuals with the disorder through qualitative research.

Overall, a multi-disciplinary approach to research is necessary to gain a comprehensive understanding of maladaptive daydreaming and to develop effective treatment strategies for the disorder.

Conclusion

In conclusion, the DSM has undergone several revisions to streamline the codification process and make the language more accessible. Similarly, researchers have attempted to have MD recognized as a formally recognized condition. However, these efforts have been unsuccessful thus far. The study of daydreaming has been a significant topic of interest in the field of psychology, and further research is needed to better understand the condition and develop effective treatment strategies. We present arguments about recognition of MD as a psychological condition, as it would lead to a proper diagnosis and treatment for individuals suffering from MD. Such formal recognition would also further the research endeavours to better understand the underlying causes of MD while increasing awareness and resources devoted to understanding and treating the condition. Ultimately, we hope it would lead to reduced stigma and increased acceptance of the condition by the society at large.

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