A daydream or an attention deficit?

The relationship between Maladaptive Daydreaming and Attention Deficit/ Hyperactivity disorder among individuals with Attention Deficit/ Hyperactivity disorder

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Abstract

Similar to other mental phenomena, daydreaming might cause distress when its intensity, frequency, and duration are excessive and when it impairs important areas of functioning. Maladaptive Daydreaming (MD) is a vivid form of excessive fantasy characterized by absorptive imagination. MD is a time-consuming mental activity that is incompatible with occupational, social or academic life. MD is unique in its narrowing of attention and its focus on complex inner fantasy worlds. People suffering from MD often report difficulties in controlling their daydreaming associated with its rewarding nature. The present study examined the unique aspects of MD as a clinical condition involving attention deficits. Specifically, our study aimed to inquire if attention deficit in MD differs, essentially, from attention deficit experienced by people with ADHD.

We hypothesized that a small group of individuals among people with ADHD, will also fulfill the diagnostic criteria for MD. We also hypothesized that some attention impairments among persons with both ADHD and MD are more accurately explained by MD as a causing factor. Furthermore, we posited that people with both ADHD and MD will report greater rates of comorbidity with other indices of distress: Depression, loneliness and low self-esteem.

Ninety people with self-identified ADHD participated. Respondents whose MD score was above an empirically-derived cut-off were invited to participate in an online brief diagnostic clinical interview.

In contrast to a 77% rate of comorbidity of ADHD among individuals with MD, and in line with our hypothesis, we found a much lower rate of MD comorbidity in an ADHD sample. Only 20% of the ADHD sample was diagnosed with MD, as well. These results imply that persons with MD represent a clinical population that is distinct from ADHD. That is to say, MD and ADHD seem to be two separate mental phenomena that may share attention deficiencies. Our data also show that MD is associated with elevated depression and loneliness and with lowered self-esteem.

Future research should shed further light on the efficacy of ADHD treatment protocols for people who manifest both conditions. Further studies on comorbidity of MD and ADHD are warranted because we surmise that some ADHS symptoms are actually better explained by the under-recognized MD.