

High Prevalence of Maladaptive Daydreaming Among Patients With Dissociative Disorders

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Maladaptive daydreaming is a previously under-recognized aspect of complex dissociative disorders and requires further attention in both research and clinical practice.

Researchers from the Colin A. Ross Institute for Psychological Trauma observed a high prevalence for maladaptive daydreaming among inpatients with dissociative disorders who had a history of trauma. These findings were published in *Psychiatric Research and Clinical Practice*.

Inpatients (N=100) enrolled in the Trauma Program at this private psychiatric hospital in Texas were recruited for this study. Patients were interviewed and assessed by the 16-item Maladaptive Daydreaming Scale (MDS-16), Dissociative Disorders Interview Schedule, Self-Report Version (DDIS-SR), Structured Clinical Interview for Maladaptive Daydreaming (SCIMD), Dissociative Experiences Scale (DES), and

Obsessive Compulsive Inventory (OCI).

Patients were 79% women aged average 36.4 ± 27.5 years and 93% reported childhood physical and/or sexual [abuse](#). With the DDIS-SR, 97% met the criteria for somatic symptom disorder, 95% for major depressive episode, 72% for borderline personality disorder, 56% for other dissociative disorders, 52% for substance use disorders, and 33% for dissociative identity disorder.

Among all patients, MDS-16 scores depended on DES scores ($b, 0.46$; $t, 5.14$; $P = .01$), paranormal experiences ($b, 0.20$; $t, 2.35$; $P = .02$), and OCI scores ($b, 0.19$; $t, 2.15$; $P = .03$). All together these 3 variables accounted for 37% of the total MDS-16 score variance ($F(3,91), 19.54$; $P = .001$).

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Patients who reported maladaptive daydreaming ($n=49$) differed significantly from those who did not report daydreaming for MDS-16 (49.8 ± 25.4 vs 9.9 ± 14.1 ; $t, 7.6519$; $P = .0001$), DES (45.8 ± 23.7 vs 27.3 ± 18.0 ; $t, 3.5789$; $P = .0006$), and DDIS (9.3 ± 4.7 vs 6.4 ± 4.4 ; $t, 2.6645$; $P = .01$) assessments.

Among the DES subscales, those who reported maladaptive daydreaming scored significantly higher for absorption (55.8 ± 24.6 vs 35.2 ± 24.4 ; $t, 3.69$; $P = .001$), depersonalization (41.4 ± 28.6 vs 23.6 ± 24.4 ; $t, 2.72$; $P = .008$), and amnesia (34.6 ± 26.0 vs 14.6 ± 17.9 ; $t, 3.94$; $P = .001$) compared with no reported daydreaming, respectively.

Maladaptive daydreaming was correlated with DES (correlation coefficient [cc], 0.584 ; $P < .0001$), psychotic symptoms (cc, 0.427 ; $P < .0001$), OCI (cc, 0.377 ; $P < .0001$), extrasensory perception (cc, 0.361 ; $P < .0001$), bipolar disorder (cc, 0.357 ; $P < .001$), DDIS (cc, 0.342 ; $P < .0001$), and somatic symptoms (cc, 0.328 ; $P < .001$).

Most patients who daydreamed met the clinical criteria for dissociative identity disorder (33 vs 11). Among daydreamers, patients with dissociative identity disorder had higher average DES (51.6 ± 20.0 vs

9.2±6.0) and MDS-16 (36.4±24.3 vs 7.1±10.3) scores than daydreamers without dissociative identity disorder, respectively.

The major limitation of this study was the choice to use the self-reported version of the DDIS, which may have resulted in either over or under reporting of symptoms.

The study authors concluded that maladaptive daydreaming was associated with dissociation among individuals with high levels of trauma.

Reference

Ross C A, Ridgway J, and George N. [Maladaptive Daydreaming, Dissociation, and the Dissociative Disorders](#). [published online October 5, 2020] *Psych Res Clin Pract*. [doi: 10.1176/appi.prcp.20190050](#)