I Lost Decades In A Daydream

All it took was privacy, darkness, and music for me to miraculously transport to a deep, intense, and all-encompassing fantasy world. Until last year, I thought this habit was mine and mine alone.

Posted on October 3, 2017, at 9:01 p.m.

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I glide into the room, bathed in silvery light, heels clicking. Everyone is there. Well, not everyone, but everyone I’m interested in — 10 or 15 familiar faces. They’re all interested in me, too. And so they should be, because, brother, I’m a stunner. But my unusual beauty is nothing compared to the brilliance between my ears. Such creativity! Such wit! It’s all the small crowd can do to keep their mouths shut as I march past at a quick pace, tap the far wall with one fingertip, and start back in the opposite direction.

Someone approaches me. We have a brief, scintillating chat before I double back to offer the group an impromptu rendition of my favorite Edith Piaf song, "L’accordeoniste." The applause is brief, but sincere. Humbly, I step out of the spotlight and carry on my conversation, becoming engrossed in my friend’s discussion of a recent artwork.

"Incredible!" I say.

"Thanks, I thought you’d like it," the friend replies.

The whole affair is satisfying, ego-boosting, refreshing. But it all happens in my darkened living room, where I pace incessantly, my earphones blasting, utterly alone.

I am — though it’s not yet a recognized disorder — a maladaptive daydreamer.

The term "maladaptive daydreaming" (often shortened to "MD") was coined by clinical psychologist Eli Somer, PhD. He was working closely with a group of child abuse survivors, and began noticing a pattern of obsessive dissociative daydreaming among several of his patients. They reported being intensely attracted to — even obsessed with — their vivid and engrossing dream worlds. Somer published these early findings in 2002, only to find himself gradually inundated with emails from people the world over, all claiming to suffer the same addiction. Since then, the term has slowly been gaining some traction, but MD still doesn’t officially appear in the Diagnostic and Statistical Manual of Mental Disorders (DSM), the go-to book the American Psychiatric Association uses to classify and diagnose mental disorders. Until last year — despite countless deep, dark Googling sessions — I’d never heard mention of it. As far as I knew, this habit was mine and mine alone.

I could instantly conjure the faces of my favorite
My earliest memory of daydreaming obsessively and immersively is from when I was about 4 years old, an age when imagination is often a healthy playmate. In those days, I could regularly be seen racing around the wooden table in our dining room. I circled it endlessly, pausing every so often to grasp one of the four chairs and gaze out the window at nothing in particular. If you'd managed to catch a glimpse of me in action — a tall order, as even then I was highly secretive about my daydreaming — you'd have occasionally seen me dip into a corner and mouth one side of a mysterious conversation with the wall. Moments later, I'd be back at it — first walking, then running, as the record player blasted LPs loaned from the local library. The Motels. The *Top Gun* soundtrack. Chris de Burgh.

One day around that time, lost in a particularly engrossing fantasy, I slipped on the Saxony carpeting and smashed face-first into a brutally solid credenza. The inside of my left cheek split open, and I had to be rushed off to the hospital for some unwelcome stitching. There, the doctor on call asked me what I'd been doing that led to me having such a high-speed collision. "Exercising," I'd answered.

I'll always remember the nurse who presented me with a lollipop, knowing full well I couldn't eat it. Still, I accepted the treat and went home with my parents, neither of whom knew the truth about what I'd been doing.

They couldn't have known that I'd been interacting with a deep, intense, and all-encompassing fantasy world; one that provided me stability and a sense of connection; one within which I was immediately valued; one that would go on to define my life for decades to come. They couldn't have known that when I looked at the paisley wallpaper, I could instantly conjure the faces of my favorite cartoon characters or actors and happily interact with them, or perform for them. As far as any adult observer could tell, I just liked running frantic laps to upbeat tunes.

Exercise was the excuse I continued to use until leaving home for university. For me, as for many MDers, pacing back and forth has always helped me disconnect from reality and sink more deeply into my imagination. But in order to keep my MD secret from those around me, I had to come up with an alternative explanation for that type of repetitive movement. As a teenager, while my parents watched television, I'd announce that I was going upstairs to work out. Once alone in my darkened bedroom, I'd pace between the walls, adding the occasional extra toe tap to give the impression of light aerobic activity on the floor below. Back and forth I'd go, keeping one eye on the staircase for any hint of a shadow from the first floor. Catching the outline of an approaching figure before they reached the landing gave me the control to...
manage what that person saw when they arrived on the second floor.

With earphones pressed firmly against my ears, I’d blast portions of two or three key trigger songs on repeat. These songs weren’t necessarily ones that I liked, but they featured particular chord progressions or crescendos that I’d use like film scores to sink further into my fictional reality.

If there’s grand master status in daydreaming, I’ve earned it. I’m a triple black belt in this shit.

In these scenarios, my bedroom had multiple levels, balconies, and access points. The story changed from day to day, but similar scenarios often repeated themselves. There might be a hostage situation, an awards show being prepped, or a high-intensity judo competition. Whatever the conjured moments, I always played a central role. All it took was privacy, darkness, and music for me to miraculously transform into a martial arts expert, to know precisely how to take down a perp, or to be surprised with an award for my outstanding cinematic achievements.

Sometimes, my fantasies tiptoed into bizarre territory, and I’d immerse myself in a storyline where I was being publicly tortured or humiliated while a few key people looked on, remarking at my bravery. I fantasized about being left at the altar in order to be comforted by more relevant characters. And so it went.

Recounting these private storylines here is only vaguely liberating. More than anything, I find it embarrassing. As with most addictive behaviors, maladaptive daydreaming highlights the basest and neediest parts of one’s character, and the fact that I’ve spent so many hours engaging in it makes me feel uneasy and ashamed. By this point, I’ve far surpassed Malcolm Gladwell’s 10,000 hours. If there’s grand master status in daydreaming, I’ve earned it. I’m a triple black belt in this shit.

So, why did I feel such a fierce need to escape my reality as a child? Unlike many other MDers, there’s no physical or sexual abuse in my past. And even though everything would have looked beautiful to an outsider — Laura Ashley dresses, ballet lessons — my private experience was one of internal conflict. In our house, love was directly tied to success, vulnerability was an embarrassment, and I regularly found myself playing the role of mediator between my fighting parents. As a child with a vibrant imagination, I must have first craved, then created my own world: one of automatic acceptance and the freedom to fail.
Growing older, I expected my little habit to taper off, to be replaced by real relationships, real excitement, real successes. Once I had freedom and control, I thought, my conjured dramas would pale in comparison to my daily activities. Alas, I was wrong. Time rolled on, and my daydreaming didn’t taper off. Rather, it became more personal, more hidden, and more intense. Every apartment I moved to — every bedroom, every empty hotel room, every car seat — was a place ripe with the opportunity to escape.

In my university years, I’d stay up late, just like any other student. Sometimes it was because I was drinking with friends, or studying for an exam, or chasing some oblivious boy — but more often than not, it was because I was in my room, letting my mind take me elsewhere, to a place where I’d already achieved the things I was just beginning to think about creating. After all, if you have access to a place in which you’ve accomplished your goals, why bother pursuing them in the real world?

In my gut, I knew all along that something was wrong with my behavior. I knew it wasn’t right for a young woman to willingly lock herself away, deadening her senses in favor of fabricated realities. More than anything, I knew it wasn’t healthy to blast my ears out with full-volume music for hours a day. (I needed the volume to be at its maximum, as any indication of outside noise could ruin my illusion.)

With the advent of the internet, I would occasionally search for something — anything — that could describe or explain my condition. Any search for "intense fantasizing," "daydream escapism," or "pacing with music" came up cold, which seemingly confirmed my little habit as a private quirk. I never came across the research that Dr. Somer had already begun, so I began to accept the fact that if I ever wanted to be done with fantasy, I’d have to go it alone. Too many journal pages were filled, hailing the beginning of a given week, month, or year as being the date I would stop daydreaming once and for all. But I could never keep my promise. I’m now 34 years old, and I’ve never really kicked the habit.

In 2016, I ventured to search online again. This time, though, something had changed. In a few quiet corners of the internet, a discussion had begun. References were being made to a condition — as yet unrecognized by the powers that be, but reported by thousands upon thousands of individuals. That condition was MD. I read first-person accounts of sufferers who reported being drawn to their alternate realities like a drug, with intricate daydreams taking up hours a day, every day. Everyone’s approach was different: Some got lost in soap opera storylines, some performed in front of famous Hollywood actors, some had successful alternative careers. Some could manage their lives despite the daydreaming, and others were completely lost inside it.

Reading other people’s accounts felt like slipping into subzero water. My limbs whirred with the combined emotions of relief, shame, and concern. Over the years, I’d wondered about the origin and seriousness of my problem, but the nectar of daily escape had been so sweet, and
the addiction so comfortable, that I’d never truly wanted to peer into its darkest corners. After decades, all it took was a few paragraphs of external confirmation for me to recognize that my harmless little habit was likely a disorder shared by thousands worldwide. And as I saw my exact symptoms buzzing repeatedly across the screen before me, I had an instant longing to overcome it.

Tears welled up as, suddenly, I could feel the impact of the hours I’d lost. All at once, I felt the stark realization of every friendship and opportunity I’d missed out on by being trapped in my room, accessing false bliss. I began to recognize the pattern of loose connections and avoidant behavior that had governed my life up to that point: shunning deep relationships, bailing on professional opportunities, moving from town to town, and country to country, in search of some reality that might live up to the one I imagined. I’ve bailed early on fantastic parties to walk home in the snow, playing out the rest of the party in my mind instead living it. I’ve worn out 40-plus pairs of earphones, broken countless audio devices, and — in the days before the mp3 player and iPod — bought hundreds, even thousands, of dollars worth of batteries.

And yet, just as I might blame MD for holding me back, I must also credit it with giving me unnatural strength. This little trick of the mind offers me the ability to disconnect completely from the real world and return refreshed. I can slip on my earphones and create a false sense of connection, no matter how isolated I may be. As a result, I’ve been able to move to locations where I know nobody, can’t speak the language, and have no social network — and I’ve survived, in part, because of my access to a space of release and constructed connection. I’ve survived because, from a very young age, my worried mind figured out a way to soothe itself. As dysfunctional as this may be, and as much as I want to let this habit go, I have to give it some credit. Resilience has many faces.

After my online discovery, I made a promise to myself to tell certain friends what I’d been experiencing, and to quietly begin spreading word about an addictive behavior that my own experience convinces me is real. When trying to explain it, though, I continue to be met with misunderstanding.

"I do that!" some say gleefully. "I love to just zone out with a good song!"

I try to assure them, with a long, cold stare, that they probably don’t "do that." I try to tell them softly and carefully that that's akin to saying someone who enjoys a nice dinner understands compulsive eating disorders, or someone who likes the occasional vodka soda...
understands chronic alcoholism. Just because everybody daydreams, doesn’t mean that everyone has the experience of obsessive daydreaming. Unfortunately, as has already been reported, the attitude in the mental health community still seems to be: How can something that everybody does every day be disordered?

With positive voices like Dr. Somer's, and the online communities that are building around the condition, I'm feeling pretty optimistic that the mental health community will soon recognize MD as a disorder and list it in the DSM. And this would be such an important move, validating the experience of hundreds of thousands of MDers and motivating researchers to dive in and explore the world of obsessive daydreaming. For now, though, many MDers who seek treatment are still being told that their addiction to fantasy is just that — a fantasy.

As MDers, what we lose as a result of this activity is often invisible. We lose connections, motivation, and the drive to make things happen in the real world. Though many, like myself, are high-functioning addicts, our real-life ambitions nonetheless become dampened, and our dreams end up pulling us further and further away from our real aspirations. What happened to my bakery? What happened to my film career? What happened to my memoirs? These were all real-life ambitions that got sucked up into the ether of fantasy, never to return.

For now, I'm still an MDer, although I'm consciously trying to cut down. I don't have access to counseling services where I live, so I'm using all the techniques I can to make myself accountable to reality. Sometimes, the tension gets too high, and I feel compelled to disappear, but when it happens, I try to keep notes of how much time I've lost. When I'm craving escape, I've found that smelling strong natural oils can sometimes help ground me; and I'm also trying to make unbreakable plans with people, and commit to solid deadlines. In this way, I hope to start achieving the things I want to achieve, before MD butts in to neutralize them. Lastly, I ended up with a brand new rescue dog, who is the ultimate antidote to the imaginary. A dog is always right there with you, keeping you in the room with a frank, contented stare.

It wasn't until I heard others talking about their experiences that I really began dealing with my own problem, confronting my demons, and making real daily strides to improve. So, here and now, I'm trying to pass on the favor, so that some vibrant teenager, trapped in their bedroom, doesn't waste as many hours as I did, and so that when they search online or seek help, there's a big community waiting to catch them. ●

Clara Casaflores is a writer and artist based in Toronto. She's got a lot of tattoos her family doesn't know about, and she's deep into death culture.