Maladaptive daydreaming is usually fantastical and unrelated to a person's reality. (Photo: agsandrew/Shutterstock)

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When daydreaming becomes a disorder

The professor who discovered maladaptive daydreaming says the condition sometimes begins as a means of coping with depression, loneliness and social anxiety.

You and your sibling, both young and ambitious, stand together. You're both very beautiful and successful and are each other’s best friends. You both have lots of friends and feel deep love for each other.

You are awash with riches, with a feeling that you've gotten what you wanted in life. You feel a sense of vindication from everyone who thought you'd fail. Your mother says she's proud of you.

Many of us tend to daydream; these occasional, fleeting fantasies usually amount to nothing more than a benign distraction. They're a temporary escape from a hectic or tedious routine, and usually harmless, as the daydreamer can easily snap back into reality after some moments.

But there's another type of daydreaming that can be much more intense and much more difficult to control – and often signals a much bigger issue. It can even become addictive. It's called maladaptive daydreaming, and it's a term coined by Dr. Eli Somer, a clinical psychologist and professor emeritus at the University of Haifa in Israel.
Dr. Eli Somer first coined the term 'maladaptive daydreaming' and has been studying the disorder since 2002.

(Photo: Courtesy of Dr. Eli Somer)

Somer sat down with From The Grapevine to explain how he came to study daydreaming, what makes maladaptive daydreaming different from regular daydreaming, and how to treat it.

How was maladaptive daydreaming discovered?

Somer's "discovery" of MD about 20 years ago came as a sort of coincidence, he said. "Several patients in my trauma practice were alluding to their fantasy life. The descriptions of their mental activity caught my attention because it represented a very vivid form of fantasy. Because it was associated with impairment of functioning, I called it 'maladaptive daydreaming.'"
What do MD patients experience?

The daydreaming patients with MD experience is very vivid, in many cases, creating a sense of presence. It is usually fantastical and is unrelated to a person’s reality. Most people with MD report an urge to engage in repetitive movements, such as pacing or rocking.

And though it's involuntary, Somer said, people who experience MD tend to become addicted to it. "People experience a yearning to repeat the experience and prefer it to many other ‘real-life’ responsibilities,” Somer told us.

In the examples at the top of this article, both patients were experiencing MD symptoms and were having trouble controlling the onset of the dreams. They felt that they had to find something to trigger their dreams to keep from acknowledging their reality: that they did not have a sibling who loved them, that they were not rich, or that their mother was not proud of them.
One way that MDers trigger their daydreams is through music. Certain types of music tends to evoke fantasies by setting a "soundtrack," Somer said.

How is it different from normal daydreaming?

According to the American Psychiatric Association, any behavior or a mental state can be regarded as pathological if it creates distress and/or interferes with some important area of functioning. This is what sets maladaptive daydreaming apart from typical daydreaming, Somer said.

It's important to examine the underlying issues that signal maladaptive daydreaming. (Photo: Evgeny Atamanenko/Shutterstock)

How is MD diagnosed?

Through his research, Somer devised a 16-item Maladaptive Daydreaming Scale. Clinicians will typically use his scale, as well as a structured interview, to make a diagnosis. Patients are asked to refer to their daydreaming activities in the last month and evaluate how often those activities occur. A sample question: "Some
people get so caught up in their daydreaming that they forget where they are. How often do you forget where you are when you daydream?"

How is it treated?

Treatment, Somer told us, is not always easy with MD. It sometimes begins as a means of coping with various difficulties such as depression, loneliness and social anxiety. So it is vital to identify such underlying issues and resolve them correctly, rather than just treating the symptoms of MD.

"It needs to be treated as such by helping patients monitor their daydreaming and counteract it with incompatible behaviors. For example, it is very difficult to daydream while interacting with others, or while practicing mindful awareness of the external reality," he explained.

In addition, Somer said he and his colleagues are currently conducting clinical trials to evaluate new potential treatments.
Maladaptive daydreaming can begin as a way of coping with depression, loneliness and social anxiety. (Photo: fizkes/Shutterstock)

What has changed about MD since the discovery?

To write his seminal paper coining the term in 2002, Somer had used trauma survivors in his therapy practice as subjects. So he concluded, then, that MD was another form of post-traumatic dissociation. But upon further research, he discovered that although MD is related to trauma and more prevalent among survivors, trauma is not a necessary precursor to MD.

Since the publication of that paper, research in the field has flourished. More than 32 peer-reviewed scientific articles have been published on maladaptive daydreaming.

"Suffice for me to say that I am confident we have established MD as a reliable and distinct construct," Somer said. "It is gradually gaining the evidence needed for it to be considered a valid psychiatric disorder."

If someone thinks they have MD, how can they get the help they need?
There are many doctors around the world who can help patients with MD. Though his practice is in Israel, Somer said one does not need to be there to consult with him. Many people find him through his research website. "I am receiving several requests for professional consultation every week," he said. "They come from all corners of the world. I am delighted that awareness of MD is spreading out."

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