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HEALTH

When Daydreaming Replaces Real Life

Should elaborate fantasies be considered a psychiatric disorder?



Lauren Giordano / The Atlantic

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When I was 8 years old I had a game I liked to play in my front yard in suburban New Jersey. My siblings were older and mostly out of the house, my parents worked long hours, and when there was nothing much to do, I'd walk in circles while shaking a piece of string, daydreaming about *Little House on the Prairie* or *The Brady Bunch*. One afternoon I created an episode where, instead of going to Hawaii where dangerous spiders lurk,

the Bradys went to the Bahamas, where I'd just spent a week with my family. Greg Brady met my teenage sister there, and they started dating. The show playing in my head was so detailed and entertaining that it lasted 45 minutes. Another day, I imagined myself as the actress who played the seventh Brady sibling. I met all the other young actors on the set, and they commented on my cute outfit and amazing acting skills.

A few years later, my neighbors saw me pacing with my string and gave me a weird look. I moved my game behind my bedroom door, hiding my imaginings from everyone, including my parents, who believed I had outgrown the activity. Eventually I learned to daydream without moving.

That's when the game I played only when I was bored turned into something all-consuming. I had friends and did well in my classes, and I knew that the characters and stories in my head weren't real, so I knew I wasn't insane. But something was wrong with me. Daydreaming was taking over more and more of my life. It was as if I'd lost the remote control and the TV set in my head was running constantly, never turning off.

I remember being in grade school and feeling pleased that I no longer needed to wait until I got home to watch my favorite soap opera. If I wanted to see Luke from *General Hospital* come back from the dead and reunite with his girlfriend, Holly, I could watch that reunion in my head, right there in class, and no one would ever know—unless the tears started to flow, in which case I would look around, anxiously praying that none of my classmates had noticed.

When I went to sleep-away camp one summer, I wondered why I couldn't just immerse myself in the world around me. If a camp friend told a funny joke, I would find a way to incorporate it into one of my stories, and if a song came on the radio, it would remind me of one of my inner adventures. If I got a good part in the play, I would imagine that an actor on my favorite show had a

daughter in the same play and came to watch all of my rehearsals. My life was good the way it was. Why couldn't it be just for me? Why did my characters have to go with me everywhere I went and share in all of my experiences?

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My mom was a therapist, and my dad was a doctor, so we had a copy of *The Diagnostic and Statistical Manual of Mental Disorders* on our bookshelf. When I was 12, four years into my obsessive daydreaming, feeling terribly alone, I scanned the entire volume, hoping to find a description of my problem. No luck.

If I'd been interested in reading about ordinary daydreaming, I would have had plenty of places to turn. In a [1907 paper](#), Sigmund Freud wrote glowingly about the human obsession with fantasy: "Might we not say that every child at play behaves like a creative writer, in that he creates a world of his own, or, rather, rearranges the things of his world in a new way which pleases him?" Carl Jung promoted a technique called [active imagination](#), a kind of meditation practice that involved dialoguing with imaginary figures or characters from dreams. Later, in the early 1980s, psychologists Cheryl Wilson and Theodore Barber coined the expression "fantasy-prone" to describe people who spent much of their time "in a world of their own making." Eric Klinger, a University of Minnesota psychologist who has spent years studying mind-wandering, reports that daydreaming accounts for about

half of the average person's thoughts, amounting to about 2,000 segments a day.

All this would have given me great comfort, except those kinds of daydreams were not my kinds of daydreams. There was no label for what I was experiencing until 2002, when Eli Somer, a professor at the University of Haifa in Israel, coined the phrase "maladaptive daydreaming." He defines it as "extensive fantasy activity that replaces human interaction and/or interferes with academic, interpersonal, or vocational functioning."

But most psychologists have never heard of maladaptive daydreaming, and it is not officially recognized as a disorder. Many scoff at the idea that a normal activity like fantasizing could cause such distress. So how can people who believe their daydreaming is out of control receive help? Is maladaptive daydreaming a syndrome in itself, or is it just one manifestation of another affliction? Where does it come from, and how can it be cured? Most of all, how can the syndrome become better known so excessive fantasizers don't feel like I did, the only person in the world to spend as much time as possible in my imaginary world?



By the time I was a high school senior, I was as stressed as I'd ever been, not about getting into college or orchestrating the perfect social life, but about straddling two worlds: real life and the stories I'd imagine. First thing every morning I'd visit the General Hospital in my mind. Throughout the day, I'd continue creating new plot lines and interacting with the characters during any free moment. I would pretend the young daughter of Robert, the police commissioner, and Anna, the spy, had grown into a teenage mini-spy who would get into all sorts of adventures, just like her

parents. She was popular, and a fashion icon, like I wanted to be. She could take down a bad guy with one swift kick.

I spent every minute on alert, waiting for moments when my friends and teachers would not notice and I could take a peek at my show. I'd even ask them questions that I knew would have long answers, so I could be where I really wanted to be—with my characters. If I woke up in the middle of the night, I couldn't fall back asleep because the stories kept spinning along. The people I'd meet in real life couldn't compare with my characters, who were more attractive and fascinating, who could make me cry when their foster parents adopted them or when they went to jail for a double homicide they didn't commit. I tried to pay attention in school, but unless it was something I truly loved, like drama class, I mostly failed. Somehow I managed to teach myself what I needed to know the night before the tests, and I would ace them, but up until then I would have little idea what we were covering.

After a while, I decided I couldn't live like this anymore. Having spent almost a decade leading a secret, imaginary life, I decided to ask my parents for help. If anyone could tell me what was happening, they could, right?

When I finally told them, they tried hard not to laugh and assured me I was normal.

“This isn't just daydreaming,” I tried to explain. “It's like hours and hours, every minute of my life. I can't care about anything in reality, because I am so caught up in this.”

At my insistence, they took me to three therapists during my senior year. Two of them told me that I was creative and that my daydreaming was a special talent. The third acknowledged my pain and put me on Prozac, but that did nothing except make me nauseous and, frankly, a little scared. What if my characters evaporated? I'd be lonesome, having to rely on my human

friendships, which frankly weren't as strong as they used to be. But I had no need to worry about that—no matter how hard I willed myself to stop visiting Port Charles so frequently, I couldn't.

In college, I spent my few non-daydreaming hours searching psychology databases, trying to find any evidence of someone like me. I made a lot of close friends and had a few boyfriends, but I found it tiring to keep up with their conversations while watching TV in my mind. I found myself gladly leaving their company (even if I was still in their presence) to visit my plotlines.

I made it through Harvard Law School, in part by imagining myself teaching my television characters about torts and stipulations. No one else knew how hard and exhausting it was to merge my coursework with my fantasy world.

Finally, in my mid-20s, worn out by trying to balance my job as an advocate for domestic violence victims with the shows in my mind, I found relief. A psychiatrist prescribed me Fluvoxamine, an anti-depressant known to help with obsessive-compulsive disorder, which had affected some members of my family. It worked wonders in controlling the daydreaming. In stressful periods, when my characters started to steal my attention, I'd up my dose a bit and regain my focus on real life.

More than 10 years later, when the daydreaming no longer bothered me, I heard that a friend's daughter was also walking in circles and making up stories in her head. Had I finally found someone who was just like the childhood version of myself? My friend's stories inspired me to find out whether any obsessive daydreamers had found each other, now that I could use the Internet, which hadn't existed when I was researching this in my youth. I stumbled across an article on an [Indian parenting website](#) about an 8-year-old girl who couldn't stop daydreaming. The article was filled with helpful tips for parents under the heading "How to reduce your child's

tendency to wander off,” but what struck me most was the long comment thread underneath the main story. Various readers chimed in to describe themselves as “addictive daydreamers” and ask for help. I’d spent my life looking for someone like me, and now I read about dozens of them who spent hours each day pacing, enthralled by their favorite stories. I was amazed to learn that I wasn’t alone.

A few clicks later, I came across Somer’s [research](#) in *The Journal of Contemporary Psychotherapy*. The paper examined six subjects who daydreamed excessively. Unlike me, they were victims of abuse and were unable to function well socially or in the workplace. But I had struggled with coordination difficulties and a painful constellation of autoimmune conditions, all of which went undiagnosed for years, so my poor health—like other people’s abusive circumstances—may have made fantasy more compelling than real life. I was especially intrigued that most of Somer’s subjects moved in idiosyncratic ways when they daydreamed, just as I had. “When I daydream,” one subject reported, “I often hold an object in my hand, say, an eraser or a marble. I toss [it] in the air. This repetitive monotone movement helps me concentrate on the fantasy.”

After discovering this research, I convinced my psychiatrist, Jesse Rosenthal, to write an anonymous [case study](#) of me, working with Hunter College researcher Cynthia Schupak. I had to wean myself off my medication temporarily in order to allow Malia Mason, a researcher at Columbia University, to administer a functional magnetic resonance imaging test to show which parts of my brain were active during daydreaming.

The test showed great activity in the ventral striatum, the part of the brain that lights up when an alcoholic is shown images of a martini. “Frankly it was super strong,” Mason said. To her, it suggested that I not only got pleasure from daydreaming, but that the behavior was reinforced, becoming even

more pleasurable in a feedback loop, much as you'd see with a drug addict.

In 2011 I worked with Schupak again, this time as a coauthor on a study published in the peer-reviewed journal *Consciousness and Cognition*. Looking at 90 excessive daydreamers, we found that 80 percent of them reported kinesthetic activity such as moving in circles, pacing, or rocking while they daydreamed. Twenty-three of the subjects said they had sought counseling for their fantasizing, but none had found a medical professional who took his or her problem seriously.

I'm now working on a new study with Somer and two other researchers, Daniela Jopp of the University of Lausanne and Jonathan Lehrfeld of Fordham University, where I earned my masters degree in developmental psychology. This time we're examining 340 daydreamers who get far more absorbed in fictional characters and plots than the general population does. The people in our study are troubled by their habit and their inability to control it. This, more than anything else, defines maladaptive daydreaming.



Will maladaptive daydreaming ever end up in the DSM? Each edition of the manual contains new afflictions. In the [most recent version](#), hoarding and skin picking made an appearance for the first time, as a part of obsessive-compulsive disorder. For people who suffer from these conditions, this means they can now receive treatment and insurance reimbursement for behaviors that were previously considered odd but not pathological. But decades pass between new editions, and dozens, if not hundreds, of studies are required before disorders are approved.

In the case of maladaptive daydreaming, it's still not clear if the syndrome is an unreported part of another already-recognized disorder. Many people who lose themselves in imaginary worlds also report some symptoms of obsessive thinking or ADHD. There's also another subset of attention disorders, called Sluggish Cognitive Tempo, that includes excessive daydreaming, as well as fogginess and drowsiness. But people with this condition do not seem anywhere near as focused on their daydreaming, nor do they consider it addictive.

Stereotypic Movement Disorder (SMD), which is in the DSM, also has some features in common with maladaptive daydreaming: It involves repetitive motions like hand flapping or head banging, often accompanied by vivid mental imagery. In a [2010 journal article](#) titled "Stereotypic Movement Disorder: Easily Missed," Roger Freeman, a researcher at the University of British Columbia, focused on 42 children whose parents or teachers were concerned about their unusual repetitive motions. When the kids were asked what they were doing, 83 percent said they were repeating stories in their heads. This sounds very much like the early phases of my own maladaptive daydreaming. What's more, 38 percent of the children in Freeman's study had Developmental Coordination Disorder, which includes problems with fine motor coordination; this was certainly a huge impediment in my childhood. Freeman says it would be interesting to study children with SMD into adulthood, to see which factors fade over the years (perhaps the movement) and which kinds of children are likely to have long-lasting symptoms. He'd also like to know if the movements are more or less troublesome when they're accompanied by fantasy.

But Freeman says there may be an ethical problem with treating SMD. The children in his study reported enjoying their unusual movements and the thoughts that came along with them. In their cases, their parents and teachers were the only ones who were worried by the syndrome. "Many of the children

were already creative,” Freeman notes. “Do we want to stamp out creativity or not?”

In academic circles, I have heard this question before, and encountered quite a bit of skepticism. “What aspect of normal human behavior are we going to pathologize next?” one researcher asked me.

When asked if he felt maladaptive daydreaming should be considered a pathology, Klinger, the University of Minnesota psychologist, drew an insightful analogy.

“If you’re running a fever, that’s generally considered pathology. It’s just an extreme example of a normal defense mechanism of the body,” he said. Excessive daydreaming could be a normal process that goes out of bounds. “It’s pathological insofar as it’s injurious.”

Would there be any potential downside to calling maladaptive daydreaming a pathology?

“Only in a sense in that if you call it a pathology, you’re looking for a very specific concrete kind of cure, and that tends to be a pharmaceutical cure,” Klinger replied. “It’s not as productive as it would be if you handle it on a behavioral basis.” Many people who have intense, plot-rich daydreams function well at work and in relationships, he noted. And for those who don’t function well, it could be productive to tackle the themes and conflicts that come up consistently in their daydreams, resolving those issues through therapy.

For some people who have difficulties limiting their daydreams, therapy and other forms of behavior modification may work well; it’s certainly true that not everyone who is troubled by excessive fantasies should be medicated. But for me, as well as for many others online, traditional talk therapy couldn’t stop the relentless pull of my imagination.

I may be rare in having found a medication that relieves my obsession. So far, though, there isn't a single drug that's been shown to work for this condition. Fluvoxamine helps some of us, while some have been helped by Prozac or other selective serotonin reuptake inhibitors. Others say they've found relief through behavioral approaches like meditating, praying, or just staying busy. Many say it helps if they avoid triggers, but it's nearly impossible to stay away from all of them: Everyday activities such as walking, jogging, listening to music, or driving a car can all open the door to intense daydreaming sessions. And once we get into our imaginary worlds, it's tempting to stay there.

Until more studies are completed, Somer said, obsessive daydreamers have no refuge outside of peer support groups. Since his first paper on the topic appeared in 2002, he has received several emails a week from people who daydream obsessively. "It frustrates me to no end that there's no response, no knowledge to offer them," he said. For now, he says, their only real source of help is online.

A brief tour of the Internet reveals that there are Yahoo groups and chat rooms devoted to the problem, as well as a Maladaptive Daydreaming Facebook page and a number of YouTube videos. [The Wild Minds Network](#), one such website devoted to the problem, has more than 3,000 users. Some members of this robust online community are immersed in new fictional characters and have family trees for them going back decades. Others have built imaginary worlds based in Medieval times, the English countryside in the early 1900s, or outer space. Still others, like me, borrow from existing stories.

"Recently, I spent two years dreaming constantly about the Harry Potter books," [wrote](#) one Wild Minds visitor who described herself as a 48-year-old woman, "and I just couldn't stop! It really scared me. I got in trouble at work because I couldn't stay in reality. Professor Snape was a huge trigger for me, and I think it's because he reminds me a lot of my dad." People who visit the

forum report losing their jobs, struggling to have successful relationships, or avoiding human contact altogether in order to concentrate on their daydreams. Some even contemplate suicide.

Cordellia Amethyste Rose, a 34-year-old from Portland, Oregon, who founded the site, says she had to quit school because of her daydreaming. “When it was at its worst,” she says, “I felt the daydreaming was my main reality, and I’d only peek out into the main world now and then. It’s like I’m an alcoholic with an unlimited supply of booze. I can’t turn it off.” Unlike many others, she has found a productive way to channel her obsession—in her case, by creating a website that helps others learn more about it.

These daydreamers aren’t just commiserating with one another. They’re also far ahead of the researchers in many ways: They’re formulating symptom lists, developing online quizzes, [like this one](#), which more than 17,000 people have taken, and sharing information about what helps them break out of their fantasies. “I recently found that constantly writing wandering thoughts down, or keeping track of them, keeps you from falling into intense daydreaming,” writes one user. “I daydream less when I haven’t turned on the television or logged onto YouTube for a few days,” observes another. Other suggestions included scheduling blocks of non-daydreaming time, exercising, and staring at a specific object, like one leaf on a tree.

As I explore these online forums, I often think of all the years I spent looking for someone else like me. Maladaptive daydreaming still isn’t an officially recognized condition, but it’s clear that people around the world are experiencing the same symptoms: the hypnotic movements, the plots and characters, and the crippling inability to focus on the real world. As a researcher, I hope to find out much more about this condition and help the medical profession learn to address it. That would be the next best thing to going back in time and telling 12-year-old Jayne that she’s not alone.

HEALTH



The Childless Millennial

A new report finds that today's twentysomethings have a lower birthrate than any previous generation.

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