

A world of their own

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For most of us, daydreaming is harmless. For others, it's an addiction that's turned their lives upside down. Rebecca Kamm meets some maladaptive daydreamers, and the professor fighting to legitimise their plight.



123rf

Andrea does it for three hours every day, rolling from side to side on her bed to music. It makes her feel “safe, warm, excited, happy, content and balanced”, but she also suspects it is the reason she has never married. She’s a police detective. She would be horrified if anyone knew.

Bill’s sessions can last eight hours. The facility manager does it in the dark in his bedroom or on long solitary walks as he listens to the same playlist on repeat. He once walked five hours straight without realising; when he finally stopped he looked down and saw his heels were bleeding.

For Sarah, a job is out of the question because “triggers are everywhere.” Instead she laughs, cries, sings, talks out loud, then re-emerges from the fog hours later, drained. It swallows up to 70 percent of her time. She thinks her friends might have noticed something’s up.

In 2002, Dr Eli Somer, a professor of clinical psychology from Haifa University in Israel, noticed six of the twenty-four child abuse survivors he was treating at the time “occasionally alluded to this secretive, internal fantasy life that they lived”.

This wasn’t the stuff of everyday mind wandering: these were hyper real, minutely detailed scripts that played on the walls of their minds for most of their waking hours. They dreamed of idealised versions of themselves; of close friendships, romance, power, rescue and escape. Famous actors and singers dotted their dreamscapes.

There was more. As they fantasised, they engaged in repetitive movements – from pacing, rocking and spinning to throwing a ball up in the air. And they played emotionally charged music, explaining that it helped trigger and prolong their favorite scenarios.

What worried Somer wasn’t the intensity of the activity, or even the time spent doing it. “Most people daydream,” he says from his office in Haifa. “It’s a normal phenomena, which like any other psychiatric phenomena is distributed along a spectrum of normal to abnormal.” And his patients weren’t showing signs of psychosis or schizophrenia. Even mid-daydream they knew it wasn’t real.

Somer was concerned because his patients said they couldn’t *stop* daydreaming. They said they were addicted. And like any other addiction, their daily functioning suffered. Friends, career, love; even if they had managed to cobble together some semblance of a life, it decayed on the sidelines. It couldn’t hold a candle to their inner world.

Baffled, he put his findings into a research paper, naming the behaviour Maladaptive Daydreaming (MD) and describing it as “extensive fantasy activity that replaces human interaction and/or interferes with academic, interpersonal or vocational functioning”. But no one in the scientific community batted an eyelid, so he dropped it.

Then the emails began flooding in.

“They had googled ‘intense fantasies’ and other keywords and found my little [article](#),” says Somer with a lingering trace of amazement. “I was inundated with hundreds and hundreds and *hundreds* of emails from all corners of the world, begging me:

‘Please help. We go to our doctors, we go to our psychologists, but we’re being dismissed. *Please help.*’”



Dr Eli Somer

Six hours a day. All day if she's alone.

Getting high on “dream dope” is too easy when you’re the addict and the dealer, says Natalie Switala from Canberra.

“My twisted logic is why live life when I can dream it up so much better? I’ve never felt the urge to travel because even climbing the Eiffel Tower is a million times better in my head.”

The 25-year-old counselling student wondered for years what she had, then she finally found Somer’s paper online and “everything changed”. Now she hangs out in the Wild Minds Network, a peer-support website home to 5,500 other self-identified “MDers”.

The vast MD community online is testament to the power of coining a medical term in the internet age. Yahoo

groups, Facebook groups, subreddits, health forums, blogs – there is room for every rambling screed and frantic query. "Do you skip, and does it have to be dark?" "Do your friends know?" "What helps?"

In a perfect circle, Somer and his cohort plumb the depths of this groundswell for their ongoing research. Their most recent paper included 447 respondents aged from 13 to 78, from 45 different countries.

Participant 221 had, understandably, had enough: "Imagine a television show that kept getting renewed for 30 years," he told them. "Think of all the experiences you would have watched the characters go through. That is what my mind has been doing for over 30 years."

The research is still embryonic, says Somer, but they now know childhood trauma is not a precursor to MD, although an estimated one quarter of MDers were abused. Rather, "people are probably born with the capacity for immersive, vivid daydreaming". A select few then find they prefer daydreaming to real life, and away they go.

It feels like being pinned to a wheel that won't stop spinning, says Natalie, who is triggered by anything: a song, an ad on TV, even seeing clothes in a magazine. "I'll immediately picture myself in the clothes and create a story around them."

"There's an overwhelming loss of control, and after you've got your high, you crash. If I try to stop, I feel like my body is having withdrawals. I get ill with vomiting and migraines."

She wrote an essay this year for her local mental health newsletter. She wants MD to be common knowledge, "so other kids silently suffering can find help. I want it to step out of the internet and onto the streets."

Not all MDers want to kick the habit. Some imagine exiting the warm cocoon of their inner world for good and it's terrifying.

"I spend almost every second of the day doing this," writes redditor SaveltForARainyDay17, who didn't realise until yesterday that this thing even had a name.

"Without this I'd have probably tried to kill myself. Some people take drugs, drink, or play games to escape, while I have this world."

MD is an exercise in compensation, says Somer. "Take for example people who are extremely shy and introverted or socially anxious. They will find great solace in imagining themselves as hanging out with pop stars, rock stars, or being extremely famous."

Abuse survivors often dream they are superheroes, swooping through the night to rescue unhappy children. Sometimes it switches and they are being rescued. Male abuse survivors tend to have the most violent daydreams. "They wage wars, fight battles with swords, or carpet bomb the enemy."

Natalie is fairly textbook, with her dreams of finding fame and befriending celebrities. It's about connection, she says. There's often a sense of "damsel in distress", too. "A man comes to save me and hugs it all better".

Natalie Switala

Sometimes the scenario is her own death, and she weeps.

MDers often pepper their daydreams with tragedy. "My speculation is that it's about inner sadness that's too threatening to articulate," says Somer. "So they imagine something painful happening, but they know they can regulate the intensity of that pain."

Natalie was sexually abused as a teenager. Her parents divorced when she was 12 and her father wasn't around much. She says, "I think the whole daydreaming of a man-loving-me thing might stem from unmet emotional needs."

There is a lovely (real-life) boyfriend who knows about her daydreaming, but they don't talk about it much because she hides it "pretty well".

The dreaming starts when he leaves for work.

This morning, Natalie was sitting in bed. The same bed, but surrounded by friends. Some familiar, some not. "There's always a boy or someone I want to impress sitting across from me. I pressed play on Lana Del Rey 'Born To Die' and the music started. Like, it's actually playing in my daydream. Then I started freestyle singing and people were playing instruments."

Some MDers use music it as an emotional backdrop, like a film score. Others, like Natalie, mouth or sing the lyrics. "It's like I'm writing them on the spot," she says. "I feel the hurt in them."

She giggles and smiles and chats, too. "Not really about anything important, just everyday stuff I imagine groups of friends talk about. The things I say, and the way I act, are how I wish I really was."

The brain is an efficient and tricky caretaker, rushing to mask the cracks of trauma and pain. Out of sight, maybe, but not out of mind.

Sarah from Otago is lonely, depressed and in love. Her boyfriend, Paul, was initially just one of the many characters she plucked out of her favourite TV show. But now he is everything, up to five hours at a time.

"At this point," she says, "I think I need to clear something up: what I'm referring to is the actual character in that show, not the actor.

"I know that sounds kind of weird. I mean, he literally doesn't exist. I know that. [But] he is the ideal love I know I'll never have. The thought of him really comforts me, especially when I'm in any form of emotional distress.

"It truly pains me, knowing that I'll never be with him. It sucks. I've given up on the idea of a boyfriend because I feel like no one could ever compare."

The medical student dreams of worlds far removed. "I could be fighting Nazis in WWII or be a princess in the Middle Ages," she says. "I could be a political activist in the 60s or a 20th century actress or author.

"It's really hard to concentrate or even do everyday tasks. Lately I've been struggling with my uni work, which is kind of freaking me out.

"At a certain point it begins to feel like you're leading two different lives. You come to identify more with your imaginary life and self. At times it leaves you frustrated and feeling helpless, which in turn makes you want to escape from reality even more."

William from New Plymouth has dabbled in music and self-publishing, but "I spent so much of my time imagining success, rather than working towards it."



The 43-year-old plays concerts, gives lectures, rubs shoulders with celebrities. His movements mimic the scenario: if he's giving a lecture, he'll gesticulate to the audience. If he's performing at a show, he'll shift about like he's on stage.

It's a far cry from a life of unemployment, waiting for his wife to get home.

"MD is similar to knowing you're watching porn," he says. "So what? You're watching porn. You wouldn't admit it and you would be better off spending your time in other ways, but you still do it.

"I'd like to scale it back at least so I can spend more time actually doing things with my life, but I don't know what people do with their minds instead of using them to dream all the time."

Somer's long term goal is to have maladaptive daydreaming formally recognised as a psychiatric disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM), used by clinicians worldwide to diagnose and treat mental health patients.

"If maladaptive daydreaming was included in the DSM," says Somer, "more mental health professionals would diagnose the disorder correctly. As a consequence, more efforts would be dedicated by clinicians to explore potential treatments."

It would also open the door to research grants, rarely afforded to unofficial disorders.

But getting a disorder into the DSM, which is controlled by the American Psychiatric Association, is an ultimately subjective process. Even the National Institute of Mental Health, the world's largest funding agency for mental health research, has accused its categorisation process as "based on a consensus" rather than "objective laboratory measure".

The main obstacle in Somer's way could be the stance of his critics, who accuse him of defying a cardinal clinical sin: pathologising normal mental activity.

Dr Eric Klinger, a professor at Minnesota University who studies the relationship between fantasy-proneness and psychopathology, agrees it "can be described as a certain kind of condition" and is "worthy of clinical attention".

But: "I would not like to see us create one more dubious category for daydreaming that an individual regards as maladaptive."

The key word here is "regards". Daydreaming, Klinger says, is probably universal among humans with intact brains. It takes up about half our mental activity, is comprised of more than 2,000 "segments", and usually relates to a personal goal, whether we realise it or not. Following on from that, it so happens that some people engage in the activity more than others. And some of *those* people wish they didn't. Hence "maladaptive".

That doesn't make it a unique disorder, says Klinger, who also emphasises the high overlap with other psychiatric disorders, like major depression and OCD.

But not all compulsive daydreamers are depressed or have OCD, says Dr Somer. And not all depressed and obsessive people have vivid, uncontrollable fantasies. "So this is an extremely unique characteristic that justifies its distinction as a unique disorder.

"And it *is* a disorder."

Jayne Bigelsen, a Harvard-trained lawyer from New York with a Masters degree in psychology, is the only MD researcher who has experienced the condition firsthand.

“No one has heard of it,” says Bigelsen, who has published independently and in collaboration with Somer. “Just today I got an email from a psychologist and he’s like, ‘A patient walked into my office and said she had this...’ He had never heard of it before.”

By the age of three or four, Bigelsen was walking around in circles for hours at a time, shaking a piece of string and daydreaming about school life and her favourite TV shows. Then, somewhere around 12 or 13 years old, “I just lost control. I was on alert for any second I could get away with it.”

Jayne Bigelsen: lawyer and MD researcher.

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She got through a law degree by turning her fantasy life into a study tool, a common MD hack. Her daydreams centred on *General Hospital*, so Bigelsen envisaged her characters as law students.

“I was like ‘Oh, this person needs tutoring,’ and as I was studying I was teaching her the material.”

In 2008, before she met Somer, Bigelsen persuaded her psychiatrist to write a case study on her after she came across a discussion in the comment section of an Indian parenting website. They were talking about the stress and shame of hiding their split realities, “just like me”.

A few years later, she found herself in an fMRI scanner. A reporter had come across her case study and introduced her to a professor at Columbia University, who wanted to observe Bigelsen’s brain activity while she daydreamed. Specifically, the dorsal and ventral striatal regions, where humans experience pleasure.



“And when I was daydreaming,” says Bigelsen, “the reward centre of my brain just lit up, like when someone who’s on heroin is shown drugs.”

There may be several “pathways” that lead the brain to MD, says Somer.

One of those is obsessive compulsive disorder, with some MDers complaining of an “urge to perfect the scenario and the fantasy, and to repeat it and rehash it and develop it further and further”.

Bigelsen only found relief when her psychiatrist suggested she take fluvoxamine, an antidepressant prescribed for OCD. Afterwards, she couldn’t daydream at all, “even when I tried”.

For the quarter of MDers who were abused, MD might start in childhood as an effective defense mechanism. Somer’s patients describe dreaming up a “better, alternative” family when they were children as a way to escape

their pain.

“It’s like a soap opera. There’s no drama. Just regular, peaceful daily lives — breakfast, going to school. The joy is there is of normality, of experiencing attachment. We all need attachment in order not to be disordered.”

Another potential path may be Stereotypic Movement Disorder (SMD), a childhood disorder that does appear in the DSM. Like MD, research into this condition is early, but the 40 young case studies do exactly what Bigelsen did.

“They pace in circles,” she says, “and they flap their hands. And when you ask them what they’re doing, they all say: ‘I’m making stories up’, or ‘I’m imagining’. I think it’s the childhood precursor to MD.”

Regardless of how the compulsion first begins, Bigelsen says she is constantly surprised by one thing: how “far ahead” of the medical profession patients often are. “They are now going in with our articles and saying, ‘Look! This is a real thing!’”

She knows some, if not most, doctors will balk at the idea of “medicating creativity”. As one researcher put it to her recently, and rhetorically, “What aspect of normal human behavior are we going to pathologise next?”

Beyond pointing to the research and the online community and the emails she receives, she can only point to herself. “I can only tell you that I’m happier now my daydreaming is in control. I know the difference.”



Bigelsen as a child. "My parents say I was daydreaming in this picture."