When Does Obsessive Daydreaming Become a Mental Illness?

by Rebecca Kamm

People with maladaptive daydreaming disorder spend countless hours engrossed in vivid, complex daydreams—and many say they can't stop, even though their elaborate fantasy life is destroying their reality.
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 Julia, 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 seventy 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 the University of Haifa in Israel, noticed that six of the 24 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 great chunks of their waking hours. They dreamed of idealized versions of themselves. Of close friendships, fame, romance, rescue and escape. Famous actors and singers dotted their dreamscapes.

They engaged in repetitive movements—pacing, rocking, spinning, 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 any signs of psychosis or schizophrenia; even mid-daydream they knew it wasn’t real.

"My twisted logic is why live life when I can dream it up so much better?

Somer was concerned because his patients said they couldn’t stop daydreaming. They claimed to be addicted. And, like any addiction, their daily functioning suffered. Friends, career, love—even if they had cobbled together some semblance of a life, it decayed on the sidelines. Nothing could hold a candle to their inner world.

Baffled, he put his findings into a research paper, naming the behaviour "Maladaptive Daydreaming" (MD for short) 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 to flood in.

"They had googled 'intense fantasies' and other keywords and found my little article (http://www.academia.edu/3342105/Maladaptive_Daydreaming_A_Qualitative_Inquiry)," says Somer, still amazed. "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: "I was inundated."

Six hours a day. The entire day if she's alone.

Getting high on "dream dope" is too easy when you're the addict and the dealer in one, says 26-year-old Natalie Switala. "My twisted logic is, why live life when I can dream it up so much better? I've never felt the urge to travel. Even climbing the Eiffel Tower is a million times better in my head."

The counseling student from Canberra, Australia, wondered for years what was wrong with her. Then she found Somer's paper online, and "everything changed."

These days she seeks comfort in the **Wild Minds Network** (http://wildminds.ning.com/), a peer-support website populated by 5,500 other
self-identified "MDers". "I spent years feeling alone and scared, like I was the only one on the planet that could possibly be going through this," reads the welcome blurb. "I was completely ashamed and scared to death anyone would find out. It's time to end that. We're not freaks."

The vast MD community online is testament to the power of coining a medical term in the internet age. There are Yahoo and Facebook groups, subreddits, health forums, personal blogs, and YouTube videos. Page after page crammed with rambling screeds and frantic queries:

"Do you skip?" "Does it have to be dark?" "Do your friends know?"

In a perfect circle, Somer and his cohort now mine the groundswell they inspired for their ongoing research. Their most recent paper (http://www.somer.co.il/images/docs/2016_MDS.pdf) included 447 respondents from 45 different countries; the youngest daydreamer was 13, the oldest 78. "Imagine a television show that kept getting renewed for 30 years," said Participant number 221. "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 necessarily a precursor (although an estimated one quarter of MDers were abused growing up). Rather, "people are probably born with the capacity for immersive, vivid daydreaming." A select few then find they prefer their daydream world to real life, and can't resist its lure.

The urge to daydream feels like being pinned to a wheel that won't stop spinning, says Natalie, who is triggered by anything: a song, a commercial, 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," she explains, "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 about it this year for her local mental health newsletter, and is happy to use her real name because she wants to normalize MD—"so that 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 terrifies them.

"I spend almost every second of the day doing this," writes redditor SaveltForARainyDay17, who says he didn't realize until recently what he did even had a name. "Without this, I'd have probably tried to kill myself. Some people take drugs, drink or play games to escape, but 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 they are the ones 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 fantasizes about finding fame and befriending celebrities. It's about connection, she says. There is often a sense of "damsel in distress," too—"a man comes to save me, and hugs it all better." Sometimes the scenario is her own death, and she weeps.

"At a certain point it begins to feel like you're leading two different lives.

It's common for MDers to pepper their daydreams with tragedy, says Somer. "My speculation is that it's about inner sadness that is too threatening to articulate, 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 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 her sessions tend to begin after he has left for work. This morning, Natalie says, she was sitting in bed surrounded by friends; some familiar, some not. "There's always a boy or someone I want to impress sitting across from me," she says.

"I pressed play on Lana Del Rey 'Born To Die' and the music started. Like, it's actually playing in my daydream. Then I began 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 themselves as though they are the star in a music video. "It's like I'm writing them on the spot," she says. "I feel the hurt in them." She giggles and smiles and chats as she daydreams, 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 but tricky caretaker, rushing to mask trauma and pain at any cost.

Sarah from New Zealand is lonely and depressed, but also in love. Her boyfriend, Paul, was just one of the many people in her daydreams at first—a character she plucked from her favourite TV show. But now he is everything to her, for up to five hours at a time.

"He literally doesn't exist. I know that. But he's the ideal love I know I'll never have."

She is aware that sounds profoundly strange. "I mean, he literally doesn't exist. I know that," she emails. "But he's 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. I've given up on the idea of a boyfriend because I feel like no one could ever compare."

A medical student, Sarah dreams of worlds far removed. She could be fighting Nazis in WWII or be a princess in the Middle Ages, she says. "Or 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 makes you want to escape from reality even more."

The idealized self is near-impossible to resist for MDers. William, also from New Zealand, 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 regularly plays concerts, gives lectures, and rubs shoulders with celebrities. As he dreams, 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 as though he is on stage. Beforehand, he'll even get stage fright.

It's a far cry from a life of unemployment, waiting at home every day for his wife to return from work.

"MD is similar to knowing you're watching porn," he says. "You wouldn't admit it, and you'd 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 all over the world to diagnose and treat mental health patients.

"More mental health professionals would diagnose the disorder correctly," he says. "As a consequence, more efforts would be dedicated by clinicians to explore potential treatments." It would also open the door to research grants, which are rarely afforded to unofficial disorders.

But getting a new disorder into the DSM, which is controlled by the American Psychiatric Association, is an ultimately subjective science. Even the National Institute of Mental Health, the world's largest funding agency for mental health research, has accused its categorization process as being "based on a consensus" rather than "objective laboratory measure."
"I would not like to see us create [another] dubious category for daydreaming that an individual regards as maladaptive."

The main obstacle in Somer's way is the stance of his critics, who accuse him of defying a cardinal clinical sin: the pathologizing of normal mental activity. Dr. Eric Klinger, a professor at the University of Minnesota who studies the relationship between fantasy-proneness and psychopathology, agrees that what Somer has identified could be described as "a certain kind of condition," and is "worthy of clinical attention."

But, he says, "I would not like to see us create [another] dubious category for daydreaming that an individual regards as maladaptive."

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

That doesn't make it a unique disorder, according to Klinger, who also points to the condition's frequent overlap with other psychiatric disorders, like major depression and OCD.

But not all compulsive daydreamers are depressed or have OCD, Somer argues. And not all depressed people, or people with OCD, 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 compulsive daydreaming firsthand.

"No one has heard of it," says Bigelsen, who has published research 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 fantasizing about school life and her favorite TV shows. Then, somewhere around twelve or thirteen years old, "I just lost control," she says. "I was on alert for any second I could get away with it."

She got through a law degree by turning her fantasy life into a study tool. Her daydreams centered 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 had met Somer, Bigelsen persuaded her psychiatrist to write a case study on her compulsive daydreaming after coming across a discussion in the comments section of an Indian parenting website. They were talking about the stress and shame of hiding their split realities, and she identified immediately.

A few years later, Bigelsen found herself in an fMRI scanner. A reporter had come across her psychiatrist’s 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 process and experience pleasure.

"And when I was daydreaming," says Bigelsen, "the reward centre of my brain just lit up, like when someone 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 many 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's experience adds weight to that theory—she only found relief when her psychiatrist suggested she take fluvoxamine, an antidepressant often prescribed for OCD, which runs in her family. Afterwards, she couldn't daydream at all, "not even when I tried."

For the quarter of MDers who were abused or neglected as kids, MD might start not as OCD but as a powerful defence mechanism in childhood. Somer's patients recall dreaming up a "better, alternative" family when they were children as a way to escape their pain.

"It's like a soap opera," Somer explains. "[But] 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 cause could be Stereotypic Movement Disorder, a childhood disorder that does appear in the DSM. Research into the condition (led by the University of British Columbia) is also in its early stages, but the case study subjects appear to be doing the same thing Bigelsen did as a child.
"They pace in circles," she says, "and they flap their hands. 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."

However the compulsion first takes hold, Bigelsen says she is constantly surprised by how much further ahead of mental health practitioners MDers are. "They are 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 pathologize next?"

Beyond pointing to the research and the online community and the constant emails she receives pleading for help, Bigelsen can only point to herself. "I can only tell you that I'm happier now my daydreaming is in control," she says. "I know the difference."

*Some names have been changed to protect anonymity.*

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