



RESEARCH ARTICLE

Maladaptive daydreaming in Individuals with Disorganized Attachment Style: A Case Report

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Abstract

Maladaptive daydreaming is an unrecognized clinical syndrome encompassing an unhealthy use of fantasy. Hereunder we report on the case of a 19-year-old South Asian girl with a disorganized attachment style who adopted Maladaptive daydreaming as a coping mechanism. The patient sought fantastical proximity with a famous personality to compensate for the lack of an inclination to pursue a healthy romantic relationship in real life. Deteriorating relationships with friends and family, social anxiety, and cascades of unimpressive academic performances prompted the patient to browse for answers on the internet. She discovered the 16-item Maladaptive Daydreaming scale (MDS-16) on which she scored above the cut-off score. Subsequent psychotherapy sessions wherein she was encouraged to journal her MD breaks and practice mindfulness meditation led to the patient reporting significant improvements in her professional and personal life and better control over her yearnings to daydream. We report this case to raise awareness for a disorder that shows semblances of behavioral addiction and risks being misdiagnosed or even undetected in some clinical contexts.

Keywords: Maladaptive daydreaming, disorganized attachment style, mindfulness-based cognitive therapy

INTRODUCTION

Maladaptive daydreaming is an internalized form of play that employs a detrimental use of fantasy^{1,2}. This mentation is triggered by kinesthetic activities, expressive music, and news that arouse a profound sense of poignancy. Research has shown that Maladaptive dreamers spend more than half their waking time immersed in a fantastical world even though they have a lucid sense of presence, unlike schizophrenics or individuals with dissociative disorders; Intense and excruciating yearnings to daydream severely impair their professional development thereby impacting their self-esteem². Maladaptive dreamers struggle to maintain healthy relationships with friends and family as they tend to prioritize the fantastical characters of their creation over real people³. A noxious cycle ensues wherein dreamers seek transitory comfort in their fantasies only to later suffer profound feelings of pain and guilt about the damage daydreaming causes to their life which they attempt to

counteract and soothe with more daydreaming⁴.

Recent studies have shown a compelling link between maladaptive dreaming and attachment characteristics. Childhood trauma, neglect, or a chaotic upbringing are some factors that contribute to the development of a disorganized attachment style, the prevalence of which is estimated to be 5% of the populace^{5,6}. A want of emotional intensity coupled with a profound fear of losing their sense of self causes severe distress in these individuals, some of whom adopt Maladaptive daydreaming as a coping mechanism. It is to be noted that 75% of Maladaptive dreamers have experienced no childhood trauma or abuse; hence the pathogenesis of Maladaptive dreaming cannot be sourced to attachment characteristics.

There is no specific treatment for Maladaptive daydreaming and most psychotherapists in India are unaware of such a disorder. However, journaling MD breaks and undergoing mindfulness-based cognitive therapy have been proven to help dreamers develop better control over their urges to daydream. In this report, we present the case of Maladaptive daydreaming in a late adolescent girl with a disorganized attachment style who developed a complicated fantastical relationship with a real-world personality.

Case report

We report a case of a 19-year-old South Asian girl who hails from an upper-middle-class family in India. She is an engineering student. The patient documented her struggles with Maladaptive daydreaming under a pseudonym on a popular microblogging platform. The deep insight provided

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by her writings and MDers from online communities and support groups has aided us in creating this case report.

The patient was born into a dysfunctional family wherein the mother channeled her frustrations with a cheating husband into creating an unpredictable environment for the child; as a consequence, the patient struggled to develop meaningful long-term relationships while transitioning from childhood to adolescence and suffered from loneliness and emotional distress. She began to seek comfort in her daydreams wherein she was always successful, beautiful, and well-admired. Early on, her dreams involved participating as a character in the bright settings of her favorite cartoons and movies. Gradually she started to conjure fantastical worlds of her own which sometimes involved real people from her life.

During her twelfth grade, she reported accessing news about a famous footballer's act of kindness. Subsequent rummaging through his fan pages caused her to develop an unhealthy obsession with him. The patient was impressed with the athlete's physical appearance but described his tragic childhood and his supposed honorable nature as more potent reasons for her attraction toward him. She isolated herself in her bedroom and listened to music while engaging in stereotypical movements like pacing that triggered and helped maintain her daydreaming. As seen in an individual with a disorganized attachment style, the patient sought leverage over him in her fantasies by imagining herself as a celebrity with a perfect life replete with educational achievements and loyal friends that she assumed were absent in his life. The patient spent most of her waking hours envisioning scenarios for her fantasies, none of which culminated in her and the athlete having a romantic relationship. Fearful of commitment even in her dreams, the patient imagined herself as a damsel whom the athlete pursued in vain.

Negative news concerning the athlete's integrity distressed her resulting in mood alterations that caused her to express exasperation and resentment toward friends and acquaintances thereby affecting her social functioning. News celebrating the athlete's achievements also distressed the patient since her vivid dreams required him to suffer multiple setbacks in his professional life. The patient spoke of nothing or no one but the athlete to her friends and family for the better part of her days in a manner so obsessive that caused them alarm; interestingly, her conversations never mentioned the sport he played. The patient reported having no interest in football or any sport whatsoever, a characteristic that sets her apart from those with celebrity worship syndrome who are mostly well acquainted with their idol's body of work and also tend to be part of online fan communities.

The patient vowed to stop fantasizing about the footballer anytime she discovered facts that threatened to disrupt her idealized perception of him, only to yield to her yearnings after a few hours and feel more distressed; she would then daydream for hours to ease her conscience. This cycle impaired her academic performance and subjected her to more emotional distress. She reported having difficulty concentrating during classes. She developed unhealthy eating habits, an irregular sleeping schedule as she paced her room for hours past midnight immersed in her daydreams, and poor personal hygiene, all of which had a detrimental effect on her already weak social life.

The patient learned about Maladaptive daydreaming from the internet and used the 16-item Maladaptive Daydreaming scale (MDS-16) as a diagnostic tool whereupon she presented for psychotherapy. Owing to a lack of awareness about the disorder, the patient was

misdiagnosed with ADHD whereupon she approached another therapist who learned about MD and treated her. For better emotion regulation, the patient was encouraged to journal her MD breaks in detail to analyze and comprehend the circumstances that trigger her flight into fantasy. She was advised to set realistic goals against working for total abstinence from MD. She was encouraged to gradually decrease the amount of time she expended on maladaptive dreaming per day and to congratulate herself for successful interceptions of MD. Constantly motivated by family, she gradually fixed her broken sleep schedule and worked on improving her hygiene in an attempt to increase her self-worth. The patient responded positively to mindfulness-based cognitive therapy; she learned to cope with past traumas more healthily and developed a more optimistic outlook on herself and the world. She reminded herself every morning that she would deal with her troubles at the moment instead of immersing herself in an idyllic fantasy to escape reality. Twenty months later, the patient concluded her therapy. She recorded better control over her yearnings to dream and significantly reduced the amount of time she allocates to fantasy. Her self-esteem, academic performance, and social functioning had reportedly seen improvements. The patient did not meet the suggested diagnostic criteria for MD anymore.

DISCUSSION

The case highlights the need for increased awareness about Maladaptive daydreaming. Analogous to many culture-bound syndromes, the disorder risks being misdiagnosed, and patients might suffer ostracisation and unethical corrective measures in some parts of the third world, should they be discovered amid a daydreaming episode. Immersed in their fantasy, patients sometimes display emotions visibly and might even talk or laugh to themselves when assured of privacy⁷.

In the reported case of the 19-year-old girl, treating her maladaptive dreaming also healed her disorganized attachment style to a helpful level. The case also highlights an example of the emotional anguish and helplessness the patient experienced for years with no knowledge as to what occasioned the mentation. It is imperative to distinguish maladaptive daydreaming from adaptive dreams which are neither as creative and excessive nor as addictive². Fantasies become pathological when relied on excessively⁷. Studies have shown MD has high comorbidity with DSM-5 disorders particularly anxiety disorder, depressive disorder, attention deficit hyperactivity disorder, and obsessive-compulsive disorder⁸. 28.2% of dreamers have reportedly attempted suicide.

Individuals with a disorganized attachment style tend to develop harmful coping mechanisms to ease distress stemming from their distorted logic and emotion⁶. Studies have shown they are prone to indulge in substance abuse. In the case we reported, the patient's wilful indulgence in MD occasions emotional highs whereupon she experiences negative emotions akin to those felt by alcoholics or gamblers in their sober states; hence the behavioral addiction hypothesis concerning MD warrants more clinical attention⁷.

The patient's fear of forming close relationships with real people around her was aggravated and aided by her maladaptive dreams. There have been no reported cases of dreamers causing distress to celebrities or non-celebrities through stalking or any acts of violence, another characteristic that delineates MD from celebrity worship

syndrome⁹. However, it is to be noted there is not much research about the biological aspects of aggression in Maladaptive daydreaming.

CONCLUSION

Maladaptive daydreaming is a mental disorder that impairs multiple domains of functioning in the lives of patients. The expansion of research regarding MD is a move toward the disorder receiving deserved clinical attention. However, more research must be carried out to discover the pathogenesis of this mentation and to prevent the disorder from going undetected.

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