

Mindfulness-Based Cognitive Therapy (MBCT) for Maladaptive daydreaming: A Case Report

A.J Roneena¹ and V.S Anandarani²

¹BTech, MA

²MBBS, MS ,Professor, Sri Ramachandra Medical College, Porur

Corresponding Author: Dr. Anandarani

Affiliation: Professor, Sri Ramachandra Medical College, Porur

Abstract:

Mindfulness-Based Cognitive Therapy (MBCT) could be an effectual approach to the treatment of maladaptive daydreaming, an unrecognized clinical syndrome that encompasses 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 subjected to MBCT led to the patient reporting significant improvements in her academic and social functioning. Refrainment from internalizing distressing simulations of probable happenings as representations of reality helped break the cycle of habitual avoidance and control her yearnings to daydream. We report this case to raise awareness for the treatment of 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

Mindfulness-Based Cognitive Therapy (MBCT) for Maladaptive daydreaming: A Case Report

Introduction

Maladaptive daydreaming (MD) is an internalized form of play that employs a detrimental use of fantasy as a shield against a persistent fear concerning the present situation^{1,2}. MBCT delineates a desensitized approach to dealing with thoughts as thoughts, thereby rescinding the need to alter their perception as disconfirmed evidence in an attempt to change them into more heartening thoughts, a practice central to Cognitive Behavioral Therapy (CBT). Maladaptive daydreaming 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. MBCT aids in the breakage of this cycle by improving the dreamers' association with the present¹⁰.

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 MD 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 sessions of MBCT have been proven to help dreamers develop better control over their urges to daydream. MBCT endeavors to enhance experiential consciousness through a conditioned usage of meditational exercises that aid in the acknowledgment and acceptance of the tedium of daily life in a non-judgmental manner¹². Patients are encouraged to respond rather than react to distressing thoughts by yielding their consciousness to celebratory fantasies concerning the future. In this report, we present a case of employing MBCT as a treatment for Maladaptive daydreaming in a late adolescent girl with a disorganized attachment style who developed a complicatedly 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 by her detailed writings and those from MDers in 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 her future self 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. The patient responded positively to eight sessions of MBCT of two hours each; she learned to

cope with past traumas healthily and gained a more optimistic outlook on the world. In the orientation session, the patient was advised to set realistic goals against working for total abstinence from MD. MBCT demands long-term commitment in the form of weekly sessions and homework assignments wherein much work is performed. The first three sessions entail adherence to the structure delineated in the MBCT scheme for depression. A consistent association with the present moment even while carrying out the most menial of tasks like drinking a glass of water was practiced. Normally the body mechanically responds to quotidian activities as the mind wanders; MBCT trains the mind to focus on feeling and observing every moment of the body's response to exercising, dining, or bathing among other unskilled acts. The body scan exercise is used to realize the mind's reaction to swift vacillations from one subject to another. The patient found it hard to focus on one thought; she was encouraged to fix her attention on a slightly heartening thought concerned with the present. Gradually, she responded to both unpleasant and pleasant thoughts by accepting them with a broad mind rather than fighting reality and fleeing to a fantastical future. She was also encouraged to congratulate herself for successful interceptions of MD. In addition to meditation, the patient adhered to the three-minute breathing space practice that involves three steps: attending to the present experience without attempting to alter it, narrowing the field of attention to a breath in the body, and realigning attention to encompass the sensations of the body as a whole; the exercise heightens metacognitive awareness and stifles yearnings to daydream. The patient displayed a determination less common in individuals with behavioral addictions; although unaccustomed to physical exertions except for walking triggered and counter-triggered by MD, she dutifully practiced mindful stretching every morning for three minutes. The exercise brought experiential awareness of the existence of the body and mind as one inseparable whole. Certain adaptations

specific to the treatment of MD were made in the fourth session; it involved analyzing and comprehending circumstances that triggered the patient's dreams. She journaled her MD breaks on a microblogging platform. This practice helped her respond to distressing issues in the present rather than seek comfort in her imagination by procrastinating responses. The remaining sessions nurtured an approach of kindness toward the patient's yearnings and she dealt with bypassing the scheduled amount of time allocated to daydreaming per day in a less judgmental manner. In session 6, the patient learned of the multiplicity of responses available to any situation and realized she could choose to pursue quotidian acts despite a distressing situation instead of abandoning tasks and fleeing reality by conjuring a romantic fantasy as was habitual to her. Motivating feedback from the therapist prompted her to fix her broken sleep schedule and work on her hygiene. In session 7, the patient was encouraged to analyze the effect of every activity on her psyche and achieve a balance between the nourishing (pleasant) and draining (unpleasant) ones. Toward the conclusion of the course, she recorded better control over her urges to dream and significantly reduced the amount of time she allocates to fantasy each day. The patient was advised to reflect on how she might commit to continuing these practices. Twenty weeks later, she concluded her therapy. The delay was attributed to an unrelated physical illness that prevented her from attending therapy. The patient's self-esteem, academic performance, and social functioning had reportedly seen remarkable improvements. She stated that she finally felt like she was living her life; she described how she used to feel as though life was speeding by as she dreamt all day disassociated from tedious temporal actualities. The patient did not meet the suggested diagnostic criteria for MD anymore.

Discussion

The case highlights the need for increased awareness about Maladaptive daydreaming and its treatment. Analogous to many culture-bound syndromes, the disorder risks being misdiagnosed, and patients might suffer ostracism and unethical corrective measures in some parts of the third world, should they be discovered amid a daydreaming episode. The patient described how she would obsessively wonder whether a person who entered the room during her dreaming episode might have witnessed her strange behavior before their presence alerted her to reality. 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, treating the patient's maladaptive dreaming also healed her disorganized attachment style to a helpful level. MBCT endeavors to help build trust in relationships by preparing the mind to appreciate present pleasantness than fixate on the perceived unpleasantness of the future. 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. MBCT has been proven effective to treat these disorders by rebalancing networks within the brain to enable a way of "being" with discomforting thoughts without relapsing into maladaptive episodes¹¹. 28.2% of dreamers have reportedly attempted suicide.

An individual with a disorganized attachment style is more prone to indulging in substance abuse to cope with trauma. In the case we reported, the patient's willful 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; whether or not MBCT might be an effectual treatment for all MD cases is contingent upon more research to this effect.

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 on the biological aspects of aggression in Maladaptive daydreaming. In the reported case, the patient described displaying irritability toward friends and family who interrupted dreaming sessions or wondered aloud about her odd behavior; emotional outbursts originating from shame and guilt ended when she learned to regulate her urges to fantasize.

MBCT is a relatively new alternative to traditional courses of therapy and warrants more research. It has been proven that MBCT does not necessarily disengage the link between negative thoughts and moods in the brain; nevertheless, commitment to mindful exercises helps contain reactivation through a less analytical and more body-based approach¹¹. MBCT offers more freedom and flexibility than the head-based and more rigid CBT practice; however, the variability in responses to the therapy across a pool of participants needs to be studied.

Conclusion

MBCT is a novel approach to treating Maladaptive daydreaming. The expansion of research regarding MD is a move toward the disorder receiving deserved clinical attention. However, more research needs to be carried out to discover the pathogenesis of this mentation and to adapt MBCT for all cases of variability in patients.

References

1. J. Bigelsen, C. Schupak. Compulsive fantasy: proposed evidence of an under-reported syndrome through a systematic study of 90 self-identified non-normative fantasies. *Conscious Cogn* 2011; 20: 1634–1648.
2. J. Bigelsen, J.M. Lehrfeld, D.S. Jopp, E. Somer. Maladaptive daydreaming: evidence for an under-researched mental health disorder. *Conscious Cogn* 2016; 42: 254–266.
3. Gross, J. J., & Muñoz, R. F. Emotion regulation and mental health. *Clinical Psychology: Science and Practice* 1995; 2(2): 151–164.
4. Somer, E., Soffer-Dudek, N., Ross, C. A., & Halpern, N. Maladaptive daydreaming: Proposed diagnostic criteria and their assessment with a structured clinical interview. *Psychology of Consciousness: Theory, Research, and Practice*, 2017b; 4(2): 176–189.
5. Ainsworth, M. D. Patterns of infant-mother attachments: Antecedents and effects on development. *Bulletin of the New York Academy of Medicine* 1985; 61(9): 771–791.
6. Maltby J, Day L, McCutcheon LE, Houran J, Ashe D. Extreme celebrity worship, fantasy proneness and dissociation: Developing the measurement and understanding of celebrity worship within a clinical personality context. *Personality and Individual Differences* 2006; 40(2): 273–83
7. Somer, E. Maladaptive daydreaming: A qualitative inquiry. *Journal of Contemporary Psychotherapy* 2002; 32(2): 197–212.
8. Somer, E., Soffer-Dudek, N., & Ross, C. A. The comorbidity of daydreaming disorder (maladaptive daydreaming). *The Journal of Nervous and Mental Disease* 2017a; 205(7): 525–530.
9. Somer, E. Trapped in a daydream: Daily elevations in maladaptive daydreaming are associated with daily psychopathological symptoms. *Frontiers in Psychiatry* 2018; 9(194): 1–14.

10. Kuyken, W., Watkins, E., Holden, E., White, K., Taylor, R. S., Byford, S., et al. How does mindfulness-based cognitive therapy work? *Behaviour Research and Therapy* 2010; 48: 1105–1112.
11. Williams, J. M. G. Mindfulness and psychological process. *Emotion* 2010; 10(1): 1–7.
12. Hargus, E., Crane, C., Barnhofer, T., & Williams, J. M. G. Effects of mindfulness on meta-awareness and specificity of describing prodromal symptoms in suicidal depression. *Emotion* 2010; 10: 34–42