International Journal of Innovative Technologies in Social Science

e-ISSN: 2544-9435

Operating Publisher
SciFormat Publishing Inc.
ISNI: 0000 0005 1449 8214

2734 17 Avenue SW,
Calgary, Alberta, T3E0A7,
Canada
+15878858911
editorial-office@sciformat.ca

ARTICLE TITLE	MALADAPTIVE DAYDREAMING: A SYNDROME AT THE INTERSECTION OF ATTENTIONAL DYSFUNCTION AND BEHAVIORAL COMPULSION
DOI	https://doi.org/10.31435/ijitss.1(49).2026.4729
RECEIVED	23 January 2026
ACCEPTED	26 March 2026
PUBLISHED	30 March 2026
LICENSE	The article is licensed under a **Creative Commons Attribution 4.0 International License.**

© The author(s) 2026.
This article is published as open access under the Creative Commons Attribution 4.0 International License (CC BY 4.0), allowing the author to retain copyright. The CC BY 4.0 License permits the content to be copied, adapted, displayed, distributed, republished, or reused for any purpose, including adaptation and commercial use, as long as proper attribution is provided.

MALADAPTIVE DAYDREAMING: A SYNDROME AT THE INTERSECTION OF ATTENTIONAL DYSFUNCTION AND BEHAVIORAL COMPULSION

Magdalena Bieniak *(Corresponding Author, Email: bieniak.magda@gmail.com)*
MD, Praski Hospital of the Transfiguration of Our Lord, Warsaw, Poland
ORCID ID: 0009-0000-1472-7532

Michał Kotowicz
MD, Dr. Anna Gostyńska Wolski Hospital, Warsaw, Poland
ORCID ID: 0009-0005-0820-0140

Magdalena Zielińska
MD, Dr. Anna Gostyńska Wolski Hospital, Warsaw, Poland
ORCID ID: 0009-0009-1893-3697

Paweł Szajewski
MD, Dr. Anna Gostyńska Wolski Hospital, Warsaw, Poland
ORCID ID: 0009-0002-5296-9043

Aleksandra Zagórska
MD, Dr. Anna Gostyńska Wolski Hospital, Warsaw, Poland
ORCID ID: 0009-0003-7010-6732

Joanna Ciećwierz
MD, Dr. Anna Gostyńska Wolski Hospital, Warsaw, Poland
ORCID ID: 0009-0007-7483-2191

Maria Koczkodaj
MD, Warsaw Southern Hospital, Warsaw, Poland
ORCID ID: 0009-0008-9382-4813

ABSTRACT

Maladaptive Daydreaming (MD) is increasingly recognized as a distinct clinical phenomenon. It is characterized by prolonged, vivid, and emotionally intense fantasizing that significantly impairs daily functioning. This structured review critically examines the existing empirical literature to clarify MD's core phenomenology, its potential diagnostic status, and its relationship with Attention-Deficit/Hyperactivity Disorder (ADHD) and Obsessive-Compulsive Disorder (OCD). Evidence consistently indicates high rates of comorbidity between MD and ADHD, particularly the predominantly inattentive subtype, as well as with compulsive features typical of OCD. Phenomenologically, MD differs markedly from ordinary mind-wandering, as it involves elaborate narrative structures, deliberate engagement, and deep immersive absorption. Mechanistically, MD appears to arise from a combination of impaired attentional control—such as excessive internally oriented hyperfocus or executive dysfunctions—and compulsive processes, including intrusive urges and reliance on repetitive motor or sensory rituals. Developmental factors, especially childhood trauma and dissociative tendencies, frequently emerge as shared etiological contributors. Significant diagnostic challenges stem from symptom overlap with ADHD and OCD, underscoring the urgent need for validated assessment tools specifically designed for MD. Clinically, the most effective approach seems to involve integrated treatment strategies targeting attentional regulation, compulsivity reduction, and trauma-related processes. Future research should prioritize longitudinal and neurobiological investigations, with particular emphasis on treatment-outcome studies, to clarify MD's nosological position within formal psychiatric classification systems.

KEYWORDS

Maladaptive Daydreaming, ADHD, OCD, Compulsivity, Attention, Dissociation

CITATION

Magdalena Bieniak, Michał Kotowicz, Magdalena Zielińska, Paweł Szajewski, Aleksandra Zagórska, Joanna Ciećwierz, Maria Koczkodaj. (2026) Maladaptive Daydreaming: A Syndrome at the Intersection of Attentional Dysfunction and Behavioral Compulsion. *International Journal of Innovative Technologies in Social Science*. 1(49). doi: 10.31435/ijitss.1(49).2026.4729

COPYRIGHT

© The author(s) 2026. This article is published as open access under the **Creative Commons Attribution 4.0 International License (CC BY 4.0)**, allowing the author to retain copyright. The CC BY 4.0 License permits the content to be copied, adapted, displayed, distributed, republished, or reused for any purpose, including adaptation and commercial use, as long as proper attribution is provided.

1. Introduction

Maladaptive Daydreaming (MD) is a psychological concept that describes excessive and vivid daydreaming that interferes with a person's everyday life [1,10].

MD can be distinguished from standard daydreaming by its intensity and complexity. It involves detailed fantasy storylines, coupled with a powerful emotional connection to the fantasy scenario. Significantly, individuals that struggle with MD have difficulty controlling when these fantasies occur and how often they happen, what makes the daydreams feel intrusive and disruptive. These episodes are often triggered and sustained by repetitive movements or sensory input—such as pacing, rocking motions, or listening to music—which helps the individual sink deeper into their imaginary world [1].

Although research on MD has increased, the condition is not officially recognized in diagnostic systems such as the DSM-5 or ICD-11. This limits awareness among clinicians and leads to differences in how MD is identified. To improve assessment, tools like the Maladaptive Daydreaming Scale (MDS-16) and the Structured Clinical Interview for Maladaptive Daydreaming (SCIMD) [13,16]. These instruments help distinguish MD from similar conditions, including Attention-Deficit/Hyperactivity Disorder (ADHD), dissociation, and mind-wandering [21].

Studies show strong connections between MD and ADHD. Individuals with MD often struggle with attentional deficits that can resemble the inattentive subtype of ADHD [9,19].

Individuals experiencing Maladaptive Daydreaming (MD) may also exhibit intrusive thoughts and compulsive behaviors that are one of the symptoms of Obsessive-Compulsive Disorder (OCD) [6,17]. MD and OCD share similar risk factors, such as childhood trauma, emotional neglect, and dissociative tendencies. This suggests that these conditions might partly develop through similar psychological pathways [7,14,15].

The main goal of this article is to summarize current research on Maladaptive Daydreaming, placing particular emphasis on its overlap with ADHD and OCD, and to reflect on the resulting implications for clinical diagnosis and treatment protocols.

2. Methodology

This article is based on a structured literature review aimed at consolidating empirical findings on the relationships between Maladaptive Daydreaming (MD), ADHD, and OCD. Searches were conducted in PubMed/MEDLINE, PsycINFO, and Scopus using combinations of the following keywords: "Maladaptive Daydreaming," "excessive daydreaming," "ADHD," "attention-deficit/hyperactivity disorder," "OCD," and "obsessive-compulsive disorder."

Inclusion criteria comprised:

(1) empirical studies, systematic reviews, or meta-analyses,

(2) publications in English,

(3) studies addressing phenomenological, clinical, or etiological relationships between MD and ADHD and/or OCD,

(4) works published between 2002 and 2024.

Exclusion criteria included opinion pieces, editorials, and articles addressing daydreaming as a normative developmental process without reference to psychopathology.

Studies that met the described criteria were analyzed for comorbidity rates, overlapping psychological mechanisms, differential diagnostic markers, and theoretical explanations of MD.

3. Current Research on Maladaptive Daydreaming

3.1 Global Occurrence and Frequency Estimates

Current studies indicate that Maladaptive Daydreaming MD is likely more common than initially assumed although exact population-based figures are still being refined [4]. Research utilizing community-based and internet survey methods suggests that symptoms reaching clinical significance might be present in around 2–3% of the general population with the syndrome appearing more frequently in younger groups [8]. These initial statistics despite their provisional nature show that MD constitutes a significant mental health concern rather than an isolated or highly unusual behaviour.

It is important to note that the reported rates of prevalence vary significantly based on the specific assessment methods and diagnostic criteria used Furthermore the frequent reliance on self-selected online participants introduces a potential source of bias emphasizing the critical need for future studies that utilize samples truly representative of the general population.

3.2 Key Assessment and Diagnostic Tools

A crucial step forward in MD research has been the creation of psychologically validated instruments for assessment the Maladaptive Daydreaming Scale MDS-16 is the most widely utilized self-report questionnaire demonstrating consistent internal reliability and validity across different cultural groups [13]. Complementing this self-report method the Structured Clinical Interview for Maladaptive Daydreaming SCIMD allows clinicians to differentiate MD from related conditions such as dissociative states inattention linked to ADHD and typical fantasy engagement [15].

Despite these developments MD remains unrecognized in official diagnostic manuals which poses a barrier to its routine use in clinical settings. Current research therefore often favors dimensional approaches viewing the intensity of MD on a continuous spectrum of immersive fantasy involvement rather than a strict category.

3.3 Defining Phenomenological Characteristics

Modern research consistently highlights a core group of features that characterize MD: Extended immersive fantasy episodes, complex evolving narrative structures, intense emotional connection to the invented characters or worlds, and pronounced distress or functional disruption caused by the behavior [1]. Importantly individuals with MD typically maintain a clear understanding of reality (intact reality testing) which serves to distinguish MD from psychotic disorders. Another essential defining feature is the activity's nature: it is often intentional yet extremely difficult to control. Unlike completely unwanted intrusive thoughts, MD fantasies are often experienced as simultaneously rewarding and problematic, creating an internal struggle that fuels their persistence and associated distress.

4. MD and ADHD: Phenomenological Overlap and Attentional Dysregulation

4.1 Symptomatic Convergence

Numerous studies indicate a strong link between the degree of Maladaptive Daydreaming MD and manifestations of ADHD particularly those connected with diminished attention [9,12].

Individuals experiencing MD frequently describe difficulty prioritizing and focusing on external responsibilities challenges maintaining sustained concentration organizational issues and noticeable drops in academic or professional performance This functional decline is largely caused by the extensive periods devoted to deep fantasy often adding up to many hours each day [1]. While the attentional failure in ADHD generally comes from deficits in cognitive self-regulation, the inattention characterizing MD is the result of an inner pull of focus toward emotionally satisfying imaginary scenarios. Although their fundamental mechanisms differ, the consequences for an individual are highly comparable [19, 21].

4.2 Differentiation from Mind-Wandering

Maladaptive Daydreaming (MD) must be clearly separated from ordinary mind-wandering (MW), even though they share superficial traits. MW is typically characterized as spontaneous, passive, and disjointed; it involves simple, loosely connected thoughts that surface without deliberate intent [20].

Conversely, MD is defined by intricate narrative structures and intense emotional commitment, a state often reinforced by sensory or physical actions like listening to music or pacing [1]. These features strongly set MD apart from MW and position it as a fundamentally different type of mental engagement.

4.3 The function of MD

Theoretical models suggest that Maladaptive Daydreaming (MD) can function as a poorly adaptive method of coping for individuals struggling with certain ADHD characteristics. These characteristics include persistent under-stimulation, emotional fluctuations, or challenges with executive functions [18]. The way MD operates may closely resemble the intense hyperfocus typical in ADHD—where all attention locks onto a single task—but in this case, the focus is aimed inward at the fantasy content [19]. Additionally, MD can temporarily moderate negative emotions by offering a mental escape, yet this unfortunately strengthens avoidance tactics and maintains the underlying issues with attention [7].

5. MD and OCD: Compulsive Behavior and Ritualistic Maintenance

5.1 The Axis of Compulsion

Maladaptive Daydreaming (MD) presents numerous common traits with compulsive disorders, especially with Obsessive-Compulsive Disorder (OCD). Many individuals with MD experience powerful, intrusive urges to engage in their fantasy world, often feeling this drive is contrary to their will and hard to suppress [2,9].The act of deep immersion is frequently assisted by patterned, ritualistic behaviors—like walking back and forth, rocking, or repeatedly playing the same songs—which structurally resemble the compulsive routines observed in OCD [1,17].

5.2 Cognitive and Emotional Overlap

Both MD and OCD exhibit cognitive characteristics such as rigidity, repetitive mental content, and intolerance of uncertainty [6]. Emotionally, individuals with MD report a cycle of gratification followed by guilt, shame, or frustration—mirroring the relief and subsequent distress common in compulsive disorders [18]. This pattern may play a central role in the maintenance of MD.

5.3 Pharmacological Implications

Diverse clinical observations show that selective serotonin reuptake inhibitors (SSRIs), commonly prescribed for OCD, may reduce MD severity in some individuals [11]. While empirical trials are still lacking, these reports suggest potential shared neurobiological aspects related to compulsivity and impulse control.

6. Discussion

The evidence presented within this review strongly suggests that Maladaptive Daydreaming (MD) is a unique theoretical domain, where failures in attentional regulation meet elements of compulsive behavior. This positioning makes its integration into established diagnostic frameworks complex. Across numerous empirical investigations, researchers consistently find powerful connections between MD and the symptom presentation of Attention-Deficit/Hyperactivity Disorder (ADHD), particularly the inattentive subtype. These related features include diminished sustained attention, compromised

executive functioning, and a distinct vulnerability to distraction that originates from internal sources [9,19]. Simultaneously, a substantial body of literature outlines the compulsive facets of MD. These manifestations encompass intrusive, hard-to-resist urges to start fantasizing, notable difficulty in disengaging from the immersive state, and a reliance on repeated, ritual-like motor or sensory actions. Such behaviors closely resemble the operational mechanisms seen in Obsessive-Compulsive Disorder (OCD) [6,17]. Taken as a whole, these observations lend credence to the idea of MD as a transdiagnostic syndrome, one that actively integrates both attentional and compulsive components, rather than existing as a simple variant of either ADHD or OCD alone [18].

6.1 Internalized Attention and Executive Function

The overlap in symptoms with ADHD arises primarily from shared issues concerning attention control. Individuals with MD frequently report entering a prolonged, intense state of internal hyperfocus focused on their fantasy narratives. While functionally similar to the attention regulation difficulties found in ADHD, the orientation here is overwhelmingly inward [9,19]. This internal capture of attention is not merely generalized distractibility; rather, empirical data connect it to executive dysfunction and a reduced ability to shift focus away from those highly rewarding internal stimuli [1,20]. This key difference holds important clinical implications. Inattention linked to MD is therefore not a simple failure to sustain focus, but a strategic redirection of cognitive resources toward internal experiences that are highly meaningful and emotionally rewarding [18,19]. These results strongly support dimensional models of attention that can fully accommodate intense, inward-focused hyperengagement, moving beyond frameworks that primarily focus on distraction from the external world.

6.2 Compulsivity and Reinforcement Mechanisms

Conversely, MD's compulsive features firmly place the syndrome within the OCD-related spectrum. Research consistently establishes that MD is often maintained by specific repetitive motor or sensory rituals—such as rocking motions, pacing, or listening to music repeatedly—behaviors which are functionally and phenomenologically comparable to classic compulsions [1,17]. These actions appear to serve two functions: deepening immersion and decreasing internal tension, thereby powerfully cementing the fantasy engagement. This process closely mirrors the negative reinforcement loop central to OCD theories [6,9]. The cognitive-emotional pattern, which follows an arc of anticipation and immediate gratification, quickly followed by guilt, shame, and distress, further aligns with the compulsive maintenance patterns documented in OCD [6,18]. Furthermore, initial clinical observations suggest that selective serotonin reuptake inhibitors (SSRIs) may provide partial symptom relief [3,11]. This observation, though indirect, supports the idea of potentially shared neurobiological pathways that govern both compulsivity and impulse regulation.

6.3 Shared Etiology: Trauma and Dissociation

Shared etiological elements add another layer of complexity to the nosological classification of MD. A growing body of research emphasizes childhood trauma, emotional neglect, and pronounced dissociative tendencies as frequent precursors to MD, a pattern also identified in the development of ADHD symptoms and OCD-related psychopathology [5,7,15]. Large-scale and meta-analytic investigations propose that the phenomenon of dissociation may serve as a crucial mediating variable in both the onset and sustained maintenance of intense fantasy activity, effectively placing MD within a broader spectrum of trauma-related disorders [5,7]. These findings support the interpretation that MD functions as an avoidant or compensatory coping strategy, one that offers psychological retreat and a mechanism for emotional regulation in response to early adverse life events [18].

6.4 Diagnostic Challenges and Future Research Priorities

The distinctive features of MD are intentional yet very difficult-to-control narratives, coupled with the maintenance of reality testing, and deep emotional investment. In consequence, current diagnostic schemas do not capture this condition well enough [16,20]. Misdiagnosis carries significant clinical consequences. For instance, narrowly defining MD as ADHD brings a risk of proposing therapeutic interventions that are only connected with attention-enhancing techniques. Conversely, classifying it exclusively as OCD may overemphasize strategies such as exposure and response prevention [9,11]. Both restricted views bring risks of fundamentally overlooking MD's narrative complexity, its crucial function in emotional self-regulation, and its deep roots in trauma-related history [5,7].

Consequently, the immediate research priority should be the execution of a two-pronged strategy. Firstly, investigators should use longitudinal research designs to accurately map out developmental trajectories. Secondly, they need to employ experimental paradigms capable of precisely measuring the moment-to-moment division of attention between internal and external sensory inputs. Concurrently, rigorous neurobiological investigation remains vital, specifically targeting the functional dynamics of the default mode network, executive control circuits, and pathways linked to compulsive urges [5,19]. These concerted efforts are crucial to resolve whether MD should be granted status as an independent diagnostic entity or can be better understood as a crucial transdiagnostic syndrome that bridges the attentional, compulsive, and dissociative domains.

7. Conclusions

Maladaptive Daydreaming (MD) is a complex psychological phenomenon that is often accompanied by attention difficulties and compulsive behaviors. While its symptoms sometimes mirror those seen in ADHD or OCD, MD does not fit well into either category. People with MD often become deeply absorbed in vivid fantasies, struggle to stay focused on real-world tasks, use specific movements or sensory stimuli to enhance their daydreams, and experience a cycle where the enjoyment of the fantasy is followed by distress or feeling of guilt.

The connection between MD and ADHD shows underlying problems with executive control. Comparisons with OCD highlight the strong, sometimes intrusive urges and compulsive behaviors that help maintain the immersive fantasy. In this way, MD seems to arise from a mix of reduced cognitive regulation, heightened emotional sensitivity, and a strong capacity for mental absorption.

Research also shows that MD often occurs in people with histories of early adverse experiences and may function as an avoidance-based coping strategy. In other words, intense fantasy activity can act as a psychological refuge from painful emotions or stress. Because MD overlaps with other disorders but remains distinct, accurate diagnosis requires specialized assessment tools. Effective treatment, therefore, needs a holistic approach—addressing attention challenges, compulsive tendencies, and the impact of past trauma.

Acknowledgements: The authors thank colleagues and reviewers who contributed valuable insights to the preparation of this manuscript.
Conflict of Interest: The authors declare no conflicts of interest.

REFERENCES

1. Bigelsen, J., Lehrfeld, J. M., & Somer, E. (2016). Maladaptive daydreaming: Evidence for a new clinical phenomenon. *Journal of Clinical Psychology, 72*(11), 1184–1193. https://doi.org/10.1002/jclp.22356
2. Kowalczyk, A., Hargitai, L., Leung, F. Y. N., & Shah, P. (2025). Investigating OCD, ADHD, and autistic traits as predictors of maladaptive daydreaming. *Neurodiversity*. Advance online publication. https://doi.org/10.1177/27546330251363392
3. Öğüt, Ç., Okumuş, B., Tosun Dilci, D., et al. (2025). Maladaptive and immersive daydreaming: Associations with impulsivity and coping strategies. *International Journal of Behavioral Medicine*. Advance online publication. https://doi.org/10.1007/s12529-025-10416-4
4. Pyszkowska, A., Nowacki, A., & Celban, J. (2025). The daydream spectrum: The role of emotional dysregulation, internalized stigma and self-esteem in maladaptive daydreaming among adults with ADHD, ASD, and double diagnosis. *Journal of Attention Disorders, 29*(1), 53–69. https://doi.org/10.1177/10870547241290901
5. Reindl, T., Soffer-Dudek, N., & Somer, E. (2024). Dissociation and immersive fantasy activity (maladaptive daydreaming): A systematic review and meta-analysis. *Clinical Psychology Review, 110*, 102404. https://doi.org/10.1016/j.cpr.2024.102404
6. Salomon-Small, G., Somer, E., Harel-Schwarzmann, M., & Soffer-Dudek, N. (2021). Maladaptive daydreaming and obsessive-compulsive symptoms. *Journal of Psychiatric Research, 136*, 343–350. https://doi.org/10.1016/j.jpsychires.2021.01.045
7. Schimmenti, A., Tira, G., & Somer, E. (2019). Trauma, dissociation, and maladaptive daydreaming. *Journal of Traumatic Stress, 32*(4), 514–523. https://doi.org/10.1002/jts.22425
8. Soffer-Dudek, N. (2022). Maladaptive daydreaming: Epidemiological data on a newly identified syndrome. *Frontiers in Psychiatry, 13*, Article 871041. https://doi.org/10.3389/fpsyt.2022.871041
9. Soffer-Dudek, N., & Somer, E. (2018). Maladaptive daydreaming is associated with ADHD and OCD symptoms. *Consciousness and Cognition, 58*, 140–150. https://doi.org/10.1016/j.concog.2017.11.005
10. Somer, E. (2002). Maladaptive daydreaming: A qualitative inquiry. *Journal of Contemporary Psychotherapy, 32*, 197–212. https://doi.org/10.1023/A:1016132510538
11. Somer, E. (2018). Maladaptive daydreaming: Treatment strategies. *Current Treatment Options in Psychiatry, 5*(2), 173–181. https://doi.org/10.1007/s40501-018-0140-3
12. Somer, E., Herscu, O., Samara, M., & Abu-Rayya, H. M. (2025). Maladaptive daydreaming and psychopathology: A meta-analysis. *International Journal of Psychology, 60*(2), e70027.
13. Somer, E., Lehrfeld, J. M., Bigelsen, J., & Jopp, D. S. (2015). Development and validation of the Maladaptive Daydreaming Scale (MDS-16). *Journal of Trauma & Dissociation, 16*(2), 143–161. https://doi.org/10.1080/15299732.2015.1028696
14. Somer, E., Lehrfeld, J. M., Bigelsen, J., & Jopp, D. S. (2019). Development of the Maladaptive Daydreaming Scale for children and adolescents. *Child Psychiatry & Human Development, 50*, 701–713. https://doi.org/10.1007/s10578-018-0867-0
15. Somer, E., Schimmenti, A., Valenti, S., Çoşkun, S., & Romanelli, A. (2017). Childhood antecedents of maladaptive daydreaming. *PLOS ONE, 12*(11), e0188705. https://doi.org/10.1371/journal.pone.0188705
16. Somer, E., Somer, N., & Jopp, D. S. (2017). Proposed diagnostic criteria and SCIMD. *Psychology of Consciousness: Theory, Research, and Practice, 4*(2), 176–189. https://doi.org/10.1037/cns0000126
17. Somer, E., Somer, N., Ratzoni, S., & Gindi, M. (2018). Maladaptive daydreaming as an addiction to fantasy. *Journal of Behavioral Addictions, 7*(3), 838–843. https://doi.org/10.1556/2006.7.2018.82
18. Somer, E., Somer, N., & Soffer-Dudek, N. (2019). Maladaptive daydreaming and its relations to psychopathology. *Current Psychiatry Reviews, 15*(1), 15–23. https://doi.org/10.2174/1573400514666181224125122
19. Somer, E., & Stupak, H. (2023). Maladaptive daydreaming and ADHD: A systematic review and meta-analysis. *Psychology of Consciousness: Theory, Research, and Practice, 10*(3). https://doi.org/10.1037/cns0000445
20. Stupak, H., Somer, E., & Somer, N. (2022). Distinctiveness of maladaptive daydreaming and mind wandering. *Consciousness and Cognition, 99*, 103289.
21. Theodor-Katz, N., & Soffer-Dudek, N. (2025). Differential diagnosis between maladaptive daydreaming and ADHD: Immersive daydreaming is not simply inattention. *International Journal of Clinical and Health Psychology, 25*, 100616.