



Prevalence of Proneness to Maladaptive Daydreaming Syndrome In Basra Medical Students

Zainab A. H.Kammad, M.B.Ch.B-C.A.M.B (psych)/Psychiatric senior
Dr.Aqeel Ibraheem Al-Sabbagh, M.B.Ch.B-F.IC.M.S (Psych.)/Assistant Professor –Basra College of Medicine
Mohammad Ali Hussain, M.B.Ch.B-C.A.B.A&I.C/ Anesthesiologist

Abstract:

Introduction: - maladaptive is involving in excessive fantasy and formation of scenarios that is not real and living in it, leading to dysfunction in social and occupational state.

Aim: - to find the prevalence of proneness to maladaptive daydreaming syndrome in students of Basra medical college.

Methods: - cross-sectional study done in Basra medical college, by applying the creative experience questionnaire on Basra medical students by online enrolment.

Results: - 76 student participated, fourteen of them (18.4%) had proneness to MD, mostly from 1st stage, with 12 (85.7%) of them had family history of psychiatric diseases.

Discussion: - our study has similar results to study done by Somer E in Haifa.

Conclusion: - we try to shed some light over an under – studied condition in psychiatry, and our study might open the way to similar studies to further diagnose MD.

Key words: - maladaptive daydreaming, medical students, creative experience questionnaire

I. INTRODUCTION

Maladaptive daydreaming can be defined as maladaptation in which the individual gets involved in excessive fantasy and formation of scenarios (1). Proneness to fantasy and to develop maladaptive was described by two authors: Wilson and Barber (1983), as they found that some individuals escape reality to engage in fantasy, and in addition to that those people are easily hypnotizable (2). Normal and usual daydreaming may not necessarily be pathological (3), as it might serve in future planning, creativity, improve goals and provide short escape from external task (4). While losing control over those fantasies, and indulging in gratifying, rewarding themes of unreality is what characterizes MD. (5) Those themes usually involve romance, excellent relationships in which the individual is important loved (6). It runs in an addictive way, some describe it as if it is compulsive in nature, that's why it is time consuming and takes the individual away from social, professional, and the time-consuming activity and its addictive, non-productive nature of MD, our study tries to shed some light over people who are prone to it, and this makes a way to further studies to detect cases of MD.

Objective:-

1- Finding the prevalence of proneness to maladaptive daydreaming syndrome among the students of Basra medical college students.

2- Finding whether there is a significant relationship between the prevalence of it with many variables (stage of study, age, sex, family history of psychiatric diseases).

II. METHOD:-

Cross-sectional study done on the Basra medical college students, by the questionnaire which is online enrolled on the main group of the social media that holds the students of the Basra medical college students. - The questionnaire is the CEQ, which is developed and published by the authors of paper Harald Merckelback (8) (appendix 1)

- It contains 25 questions that cover the criteria of the maladaptive syndrome (appendix2). With a cutpoint of 8 questions.- Statistical analysis is done by (SPSS version II) to find the proneness to maladaptive daydreaming, and the significant relationship with many variables taken (sex, stage of study, family history of psychiatric diseases) with p value of 0.05.

III. RESULTS: -

Table.1 MD Frequency

Valid	No.	percentage
MD	14	18.4%
Non-md	62	81.6%
Total	76	100%

Table 1 shows that 14 (18.4%) of the sample revealed proneness to maladaptive daydreaming.

Table.2 /A Marital status * MD Crosstabulation

marital state	MD		total
	MD	NON	
Married	0	1	1
single	14	61	75
total	14	62	76

Table .2 show the results of marital status for the medical college of Basra university, so it was showing that MD equal to 14 person are single and Non-MD equal to 62 person.

Table.2/B Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	2-sided) Exact Sig. (1-sided)
Pearson Chi-Square	.229 ^a	1	.632		
Continuity Correction ^b	.000	1	1.000		
Likelihood Ratio	.410	1	.522		
Fisher's Exact Test				1.000	.816
N of Valid Cases	76				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is .18.

b. Computed only for a 2x2 table

Table .2 show the final results of CHI-SQUARE tests is 0.229 and the DF is 1.

Table.3 /ASex * MD Cross tabulation

sex	MD		total
	md	non	
female	9	37	46
male	5	25	30
total	14	62	76

Table.3/B Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.102 ^a	1	.750		
Continuity Correction ^b	.000	1	.987		
Likelihood Ratio	.102	1	.749		
Fisher's Exact Test				1.000	.499
N of Valid Cases	76				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.53.

b. Computed only for a 2x2 table

Table .3 shows the results of sex MD crosstabulation that female had MD is non while male had MD is 5. Chi-Square tests is 0.102 and the DF is 1.

Table.4/A The family history of any psychiatric disease? * MD Crosstabulation

family history	MD		total
	md	non	
postive	12	55	67
negative	2	7	9
total	14	62	76

Table.4/B Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.098 ^a	1	.754		
Continuity Correction ^b	.000	1	1.000		
Likelihood Ratio	.094	1	.759		
Fisher's Exact Test				.668	.525
N of Valid Cases	76				

Tables 4 shows the results for the people had a family history of psychiatric disease are 12 With MD and the people had not a family history of psychiatric disease are 2 with MD. The

Chi-square tests is 0.098 and DF is 1.

Table.5/A studying phase * MD Crosstabulation

studying phase	MD		total
	md	non	
1st	6	13	19
2nd	0	2	2
3rd	2	5	7
4th	5	31	36
5th	0	6	6
6th	1	5	6
total	14	62	76

Table.5/B Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	4.980 ^a	5	.418
Likelihood Ratio	6.120	5	.295
N of Valid Cases	76		

Tables .5 shows the results of the studying phase in first stage the students with MD are 6 , second stage with MD is 0 student , third stage with MD are 2 student, fourth stage with MDare 5 student, fifth stage with MD is 0 student and the sixth stage with MD is 1 student. Table.5shows the Chi-square tests is 4.98 and the DF is 5.

IV. DISCUSSION:

Maladaptive daydreaming syndrome till now is not a (DSM 5) clinical disorder , nevertheless many studies have try to offer some interest in this disorder (as our study) due to allsignificant due to the significant impact of it on social , functional and personal activities ofthe people having it. Our study measured the proneness to MD in students of Basramedical college, and we found that 14(184%) out of 76(100%) participant had the proneness to it.

Instudy done by Eli Somer in Haifa (9), they have found that 26 (41.94%) out of 62(100%) hadthe probability to MD, which is somewhat similar to our result. (9) Wide range study done by Bigelsen ETAL (7), Induced a total sample of 447 individuals from 45 countries, found that 340 self, identifiedexcessive amount of engaging in mental fantasy, in comparison to 107 control

Nine out of 14person with proneness to MD is female, five is male, which is consistent with a study of Somer (9) .12 out of 14 had family History of any psychiatric disease which might suggest geneticpredisposition and require further studies.

Regarding the stage of studying, we found that thehighest was stage one, 6(42.81%) out of 14 (100%) we found to be positive on CEQ scale , whichsuggest that younger people are more prone to engage in fantasy than older people , and it issimilar result to study by somer E(2002) (1) .

Finally we would like to express that our result were statisticallynon-significant, and we might justify that to the limited sample size.

REFERENCES

1. Soffer-dudek, N. & Somer, E. 2018. Trapped in a Daydream : Daily Elevations in Maladaptive Daydreaming Are Associated With Daily Psychopathological Symptoms 9(May): 1- 14. doi:10.3389/fpsy.2018.00194
2. Somer, E., Lehrfeld, J., Bigelsen, J. & Jopp, D. S. 2016. Development and validation of the Maladaptive Daydreaming Scale (MDS). CONSCIOUSNESS AND COGNITION 39: 77-91. doi:10.1016/j.concog.2015.12.001
3. Persson, J. 2005. Fantasy Proneness and Coping.
4. Lawrie, L., Louise, H. & Le, L. 2016. A maturing picture of emotion 29(12).
5. Fantasizing, C., Katherine, B. Y. & Pdf, A. (n.d.). FREEDOM FROM MALADAPTIVE DAYDREAMING : SELF-HELP STRATEGIES FOR EXCESSIVE AND COMPULSIVE.
6. Somer, E. 2017. Journal of Addictive Rehabilitation Childhood Trauma , Social Anxiety , Absorption and Fantasy Dependence : Two Potential Mediated Pathways to Maladaptive Daydreaming 3-7. doi:10.4172/2324-9005.1000170
7. Flanagan, C. M. 2014. Unmet Needs and Maladaptive Modes : A New Way to Approach Longer-Term Problems 24(3): 208-222.
8. Harald Merckelback, Robert Horselenberg, Peter Muris. The creative Experiences Questionnaire (CEQ): a brief self-report measure of fantasy proneness. Personality and individual differences 31 (2001) 987-995
9. Somer, E., Dudek, N., Ross, C., Halpern, N. (2017). Maladaptive daydreaming. Proposed diagnostic criteria and their assessment with a standard clinical interview. Psychology of consciousness theory, research and practice, 2017, vol, 4, No.2, 176-189.