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Mind-Wandering: What Should we know for Clinical Practice?

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Abstract

Mind-Wandering (MW) is traditionally characterized as an attention shift from externally oriented task-related thoughts to internally task-unrelated thoughts. Although this is recognized as a natural phenomenon of mind, excessive MW has been related to several adverse outcomes in some executive domains. In this short communication it was discussed about the phenomenology of MW, an important tool for clinical practice.

Keywords: Mind-wandering; Phenomenology; Thoughts assessment

Description

Changing our attention from an activity that we routinely perform to thinking about things or facts unrelated to the task is a human adaptive cognitive function. This function is related to several abilities, such as plan future events, be creative, recall essential facts that occurred, retrieve learned information during problem-solving, or merely escape from eventual cognitive overloads during the tasks. This mental phenomenon is intricately related to attention and thoughts dynamics and is currently recognized in the neuroscience field as mind-wandering (MW).

MW is traditionally characterized as an attention shift from externally oriented task-related thoughts to internally task-unrelated thoughts. Primarily, MW was understood as a phenotypic expression of the characteristic restlessness and disorganized mind of many individuals with ADHD. From there, the concept of excessive MW emerged and came to be seen as one of the contributing factors for functional impairments related to attention disturbances. Besides, excessive MW was associated with adverse outcomes, such as negative affect and impaired performance, i.e., reading comprehension and performance monitoring.

In recent years, there has been substantial growth in the number of studies focusing on MW, almost seeking to understand the cognitive mechanisms involved in this phenomenon. At the same time, little has been discussed about the MW phenomenology yet [1-8]. Several studies have found a significant association between reported excessive MW and psychiatric conditions, such as ADHD, anxiety disorders, and mood disorders, and currently, MW is not necessarily related to ADHD diagnosis [2-5]. From that, there has been necessary disentangling the phenomenology of MW.

The discussion regarding the phenomenology of MW should include aspects such as the intentionality and the content of thoughts unrelated tasks. Intentionality refers to the deliberate property of MW and is related to more complex external contexts. Deliberate MW probably is the experience captured in laboratory investigation since the patient will more notice this experience [6]. Recently, I investigated MW among adolescents' and adults' samples in a laboratory context. Interestingly, high levels of anxiety symptoms were the variable more significantly associated with excessive MW [7]. Anxiety is characterized by causing the individual to experience a greater flow and speed of thoughts, rumination of worrying situations, and make the thinking "cloudier". Unlike automatic MW, the deliberate MW that occurs in anxiety will be ego-dystonic, cause discomfort to the individual, and probably will better capture at the time of an investigation.

On top of that, the content of MW is an essential element to investigate excessively MW in clinical practice. The content of task-unrelated thoughts can be differentiated from the order of cognitive and emotional involvement. From this, low order MW refers to automatic thoughts and that did not include concerns or affective elements. On the other hand, high order MW embraces concerns, doubts, decision-making considerations, and has an affective background [8].

As much as an extraordinary search through sophisticated neuro scientific machines or elucidative questionnaires only from a semantic domain, a detailed and robust interview involving the dynamic characteristics of MW can make a difference in clinical practice. For example, MW phenomenology investigation can be helpful in the arduous differentiation between inattention framework investigations in some cases of adults [9]. This detailed assessment will open the way for the assessment of specific intervention strategies. Neuroscience is still focused on recognizing this phenomenon. Little has been studied effective strategies to remedy the functional impairments related to excessive MW. Clinical intervention strategies will probably be very different for excessive MW according to whether deliberate or not and what content is involved in task-unrelated thoughts.

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