EXPLORING MALADAPTIVE DAYDREAMING AND THE ROLE OF DISSOCIATION, ATTACHMENT AND EMOTION REGULATION

A THESIS SUBMITTED TO
THE INSTITUTE OF GRADUATE PROGRAMS
OF
İSTANBUL BİLGİ UNIVERSITY

SESİL TOK

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR
THE DEGREE OF MASTER OF ARTS
IN
CLINICAL PSYCHOLOGY

2025

EXPLORING MALADAPTIVE DAYDREAMING AND THE ROLE OF DISSOCIATION, ATTACHMENT AND EMOTION REGULATION

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Date of Approval: 6/19/2025

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ABSTRACT

Maladaptive Daydreaming (MD) is a psychological phenomenon characterized by excessive, immersive fantasy that may interfere with emotional well-being and daily functioning (Somer, 2002). Despite increasing global attention, research on MD remains limited, particularly in Türkiye. This study aims to explore the possible associations between MD and dissociative experiences, adult attachment styles, and emotion regulation difficulties. For this purpose, a descriptive quantitative design was chosen, and participants of the study consisted of 243 adults older than 18 who completed an online survey. The Maladaptive Daydreaming Scale (MDS-16), Dissociative Experiences Scale-II (DES-II), the Three-Dimensional Attachment Scale, and the Brief Difficulties in Emotion Regulation Scale (DERS-16) were chosen as the measures for this study alongside a demographic form. For the results, hierarchical multiple regression analyses were conducted to assess the possible contribution to the variance or the predictive power of each variable while controlling for demographic factors such as age, gender, education level, and psychiatric history. Findings showed that dissociative experiences accounted for a significant portion of the variance MD, demonstrating the strongest effect across all models. Emotion regulation difficulties especially lack of effective strategies and not being able to accept emotions significantly predicted MD severity and disturbance. Insecure attachment styles, specifically anxious-ambivalent attachment style, was associated with higher levels of MD. From the demographic control variables, age and education history was found to have a significant effect in MD. These findings supported the idea that MD may function as a compensatory mechanism in the face of emotional dysregulation, relational insecurity, and dissociative tendencies and were consistent with the proposed hypotheses. The results are then discussed in light of existing empirical literature and psychoanalytic perspectives on fantasy, dissociation, and relational trauma. Clinical implications are addressed, and recommendations for future research were also offered.

Keywords: Fantasy; Maladaptive Daydreaming; Dissociation; Attachment; Emotion Regulation

ÖZ

Uyumsuz Hayal Kurma (UHK), kişinin duygusal iyilik halini ve günlük işlevselliğini olumsuz etkileyebilecek aşırı ve yoğun hayal kurma ile karakterize edilen bir psikolojik fenomendir (Somer, 2002). Küresel düzeyde artan ilgiye rağmen, UHK üzerine yapılan araştırmalar hâlâ sınırlı olup özellikle Türkiye bağlamında yetersizdir. Bu çalışma, UHK ile disosiyatif yaşantılar, yetişkin bağlanma stilleri ve duygu düzenleme güçlükleri arasındaki olası ilişkileri incelemeyi amaçlamaktadır. Bu amaçla tanımlayıcı nicel bir araştırma deseni seçilmiştir ve çalışmanın katılımcıları, çevrim içi anketi tamamlayan 18 yaş üstü 243 yetişkinden oluşmaktadır. Çalışmada Uyumsuz Hayal Kurma Ölçeği (MDS-16), Disosiyatif Yaşantılar Ölçeği-II (DES-II), Üç Boyutlu Bağlanma Stilleri Ölçeği ve Duygu Düzenleme Güçlüğü Ölçeği-Kısa Form (DDGÖ-16) ile bir demografik bilgi formu kullanılmıştır. Bulgular için yaş, cinsiyet, eğitim düzeyi ve psikiyatrik geçmiş gibi demografik değişkenler kontrol edilerek, her bir değişkenin yordayıcı gücünü değerlendirmek amacıyla hiyerarşik çoklu regresyon analizleri uygulanmıştır. Bulgular, dissosiyatif yaşantıların maladaptif düşlem üzerindeki varyansın anlamlı bir bölümünü açıkladığını ve tüm modeller arasında en güçlü etkiye sahip olduğunu göstermiştir. Duygu düzenleme güçlükleri, özellikle etkili strateji eksikliği ve duyguları kabullenememe, UHK şiddetini ve duyulan rahatsızlığı anlamlı şekilde yordamıştır. Güvensiz bağlanma stillerinden özellikle kaygılı-kararsız bağlanma stili, daha yüksek UHK düzeyleriyle ilişkilendirilmiştir. Demografik kontrol değişkenlerinden yaş ve eğitim geçmişi UHK üzerinde anlamlı bir etki göstermiştir. Bu bulgular, UHK'nin duygusal düzensizlik, ilişkisel güvensizlik ve disosiyatif eğilimler karşısında telafi edici bir mekanizma olarak işlev görebileceğini desteklemektedir ve önerilen hipotezlerle tutarlıdır. Elde edilen sonuçlar, mevcut ampirik literatür ile fantezi, disosiyasyon ve ilişkisel travmaya odaklanan psikanalitik perspektifler ışığında tartışılmıştır. Ayrıca klinik çıkarımlara yer verilmiş ve gelecekteki araştırmalar için öneriler sunulmuştur.

Anahtar Kelimeler: Uyumsuz Hayal Kurma; Disosiyasyon; Bağlanma; Duygu Düzenleme

For the secret gardeners; those who provide shelter when needed.

ACKNOWLEDGMENTS

Firstly, I would like to thank my advisor Asst. Prof. Dr. Taner Yılmaz for his graceful acceptance and availability throughout this process; he did not hesitate to take me on as a thesis student when I needed, even though the scheduling was already set and busy. I would also like to thank my first jury member Assoc. Prof. Dr. Alev Çavdar for being the biggest influence on how I sit in the therapist chair, and for all the moments of unique human connections in lessons that cannot be repeated but will always be remembered. I am most grateful to her for helping me to believe that it might be possible to let go, float, and still be anchored at the same time. And I would like to thank my second jury member, Asst. Prof. Aslı Dila Akiş, for her kindness, understanding, and support at a time when I was most stressed and overwhelmed. Her enthusiasm and humanity were a breath of fresh air when I felt stuck in the last stretch of this writing process. I also would like to thank TUBITAK BİDEB 2210 National Graduate Scholarship Program for funding and supporting my graduate studies. Next, I have to say that I could not do this in a way that matters without the unwavering support of all my friends. I felt so lucky to know that each and every one of you kept a part of the thread that tied me back to safety, fun, and joy; stayed with me, and nourished me. To my cousins, I thank you for supporting me and being there for me when I ask, and for being the objects of some of my best memories from childhood. Last but definitely not least, I thank my parents for loving me completely, I love them the same, the rest is confetti.

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LIST OF ABBREVIATIONS

MD:	Maladaptive Daydreaming
VIF:	Variance Inflation Factor

INTRODUCTION

Daydreaming is a common human experience that can serve adaptive functions such as emotional regulation, creativity, and coping. However, when it becomes excessive, immersive, and disruptive to everyday functioning, it was suggested that it could take on a pathological form (Soffer-Dudek et al., 2025). Maladaptive Daydreaming (MD) is defined as the intense and comprehensive immersive experience of oneself in fantasy activity, which might take the place of human interaction and cause malignant effects on one's daily functionality in academic, interpersonal, or professional areas of life (Somer, 2002). MD is a comparatively newer criterion that does not have many studies conducted to have a comprehensive literature yet, despite the recent increase in both qualitative and quantitative studies. However, with the growing recent literature, it was observed that many found it surprising that others share this experience, despite how debilitating it was for them (Metin, 2022, Sándor et al., 2021a). Therefore, this study aims to explore different possible aspects of Maladaptive Daydreaming (MD) and to contribute to the literature by offering new focus points for future research. Given the lack of data currently in the context of Türkiye, the study was designed in an exploratory light, combining possible psychological processes (dissociative tendencies, attachment issues and emotion regulation difficulties) suggested within literature that might have a connection to MD and tried to establish possible pathway in its understanding or observe how each variable contribute to the experience (Soffer-Dudek & Somer, 2022; Soffer-Dudek & Theodor-Katz, 2022; Ferrante et al., 2022; Costanzo et al., 2021). This chapter aims to create a theoretical background for MD, dissociation, attachment, and emotion regulation. To conceptualize Maladaptive Daydreaming, this chapter also briefly explains fantasy and its psychodynamic dimensions. The final section summarizes all the previous research on Maladaptive Daydreaming in the context of Türkiye.

2. LITERATURE REVIEW

In this section, a literature review on Maladaptive Daydreaming, Dissociation, Attachment and Emotion Regulation. First, a psychoanalytic background of fantasy and daydreaming will be presented. Then, the current literature on Maladaptive Daydreaming will be summarized. Next, the independent variables (namely dissociation, attachment and emotion regulation) and their relationship to Maladaptive Daydreaming will be explained. Lastly, the literature review will end with a review of research on MD in the context of Türkiye.

2.1. Fantasy and Daydreaming in Psychoanalysis

When looking at fantasy, early psychoanalytic theories emphasized its cathartic and drive-reducing role. Through gratification, fantasies were thought to allow people to manage the tension without immediately acting on them. (Singer & Rowe, 1962).

Freud (1908) establishes a psychoanalytic link between adult daydreaming, children's play, and literary artistic composition in pointing out that all three are paths towards wish-fulfillment. Fantasies; whether personal daydreams or shared works of art; were seen as products of ungratified desires, constructed from early memories and current frustrations, and projected into imagined futures. He offered that while such fantasies might offer compensation for affective discontent, they are typically repressed due to their close and at times socially forbidden nature. Freud's definition underlines the double-edged aspect of *phantasy* life: he suggests that it may be a defense against psychic tension, but when the transformation is not successful (as in artistic creation), it may lead to feelings of shame, isolation, or psychological disturbance. (Freud, 1908). His studies on unconscious phantasy were later translated and kept phantasy with “ph” to point out the difference and theoretical significance of the term (Isaacs, 1948).

In contrast to Freud's view of fantasy as a product of unfulfilled desire, Melanie Klein placed unconscious phantasy at the very core of early mental life (Isaacs, 1948). Klein proposed that phantasies exist from the beginning of life, and they have a place as

symbolic mental representations of instinctual drives (Spillius, 2001). For Klein, phantasy-building was the most primitive adaptive mental activity she observed in babies, and she later conceptualized the developmentally different phantasies within paranoid-schizoid position and depressive position. This way of looking at fantasy enabled to create an understanding that provides more space for inner and outer worlds of the people. Phantasy in this sense was not only defensive but also developmental, structuring how the self and other are perceived from the outset. (Klein, 1936, 1940, 1946). In this framework, phantasy functioned as a primary aspect of psychological life, giving form to both love and aggression, and helping to manage anxiety by staging inner scenarios where impulses are acted out symbolically involving unique material in the phantasies of children (Emde, 1995, Spillius, 2001).

While the roots of the conceptualization of fantasy can be traced back to these Freudian and Kleinian ideas, throughout psychoanalytic theory other contributions focusing on different definitions and aspects of it also existed. For example, Donald Winnicott (1971), placed imagination and fantasy within the context of relational development and psychopathology. He emphasized the importance of "transitional phenomena," which was thought to occupy a potential space between internal reality and the external world for the child. In Winnicott's view, healthy fantasy emerged through play, which was a space where the child could symbolically manage and process absence, frustration, and independence (Winnicott, 1971). This capacity to play was not only suggested as creative but also it was thought to be crucial for ego integration. However, Winnicott (1971) also acknowledged that fantasy could become isolating when the environment fails to meet the infant's needs in an unmanageable extent. He suggested that in such cases, the child could withdraw into a dissociated inner world, using fantasy as a protective but ultimately estranging defense, possibly leading to further psychological disturbances in time (Winnicott, 1971). He describes this in clinical terms as "fantasying," a phenomenon that absorbs psychic energy without contributing to dreaming, relating, or living—a psychological dead end rather than a creative synthesis.

Bromberg (2008) takes this further by framing fantasy not simply as something repressed but as something dissociated, something split off from the rest of the self. Within this point of view, self can be multiple and integral, which would also suggest that reality

cannot be differentiated from fantasy in clear lines (Bromberg, 2008, Bromberg, 2014). In his relational view, unconscious fantasy is a lived, affect-driven experience rather than just a symbolic representation. Through this idea, the individual was thought to not be completely aware of the fantasy, since it can operate outside of reflective access of conscious parts. For Bromberg (2008) this allows fantasy to become a space of self-stabilization, yet at the same time it also disowns parts of experience, since within this framework, unconscious is thought to be the part of ourselves that does not have access to consciousness in a particular moment (Bromberg, 2008). The dissociated fantasy therefore becomes a "not-me" at that time, even as it continues to shape perception and behavior (Bromberg, 2008).

Finally, some more contemporary looks at fantasy were reported; some newer understandings propose a more integrative understanding of fantasy's adaptive and maladaptive potentials (Rodomonti et al., 2019). They argue that fantasy may originate in wish-fulfillment, but later evolve into a tool for reality testing and problem solving. In this view, fantasy helps the person safely explore threatening situations or feared outcomes in symbolic form, in order to gradually revise internalized beliefs and relational expectations accordingly (Rodomonti et al., 2019). Yet when this process becomes rigid or overly defended, fantasy loses its adaptive function and reinforces further avoidance (Rodomonti et al., 2019). This supports the idea that even from within a contemporary psychoanalytic framework, fantasy is seen as a flexible tool, and that its value can be thought as not determined by its content alone, but also by its integration and relation to the self and the world.

2.2. Maladaptive Daydreaming

Daydreaming is a widespread aspect of the human condition, and it refers to the spontaneous shift of attention away from the external environment toward self-generated thought, fantasy or mental imagery that is significant for each individual (Somer,2002). It can be a normal and beneficial or adaptive cognitive process, since one can process emotions in a safe manner, problem-solve or be creative through daydreaming. However, not all forms of daydreaming result in positive outcomes. This otherwise adaptive

behavior might become maladaptive for daily functioning if it becomes excessive, intrusive or disruptive (Somer, 2002).

The literature on Maladaptive Daydreaming is relatively new, however the psychopathological outcomes of daydreaming and fantasy have been a focus of research for far longer. For example, Singer and Rowe's (1962) experimental findings show that frequent daydreaming was positively correlated with general anxiety. Also, they suggested that under certain conditions, certain types of daydreaming may even heighten the level of distress—especially when people are left to reflect on emotionally frustrating situations. These results, found decades before the term maladaptive daydreaming was introduced, can suggest that daydreaming can both help people cope with frustrations but also increase emotional distress, laying the groundwork for later ideas about maladaptive daydreaming (Singer & Rowe, 1962).

In time, more empirical studies looked at how the qualities of different daydreaming styles can be related to the psychopathology of individuals. Some suggested that there were different styles in which individuals would daydream, and these differences also reflected distinct cognitive-emotional styles, including a positively vivid and absorptive style, a dysphoric style, and one marked by attentional instability. Eventually, research on hypnotic susceptibility—particularly studies examining fantasy proneness and absorption—highlighted a connection with vivid, imaginative daydreaming, and emphasized that not all daydreaming styles are pathological (Crawford, 1982). Complementary findings suggested that certain types of daydreaming may be associated with psychological variables such as guilt, shame, diminished attentional control, or the absence of positive, future-oriented thoughts, and may in some cases relate to psychopathology (Starker & Singer, 1975).

Fantasy proneness is first defined as a stable trait that is to be more inclined to have vivid fantasies and daydream often, being able to experience the consequent physical aspects of fantasies such as feeling nausea after imagining rotten food, tendency to experience anomalous events such as out of body experiences or an inclination for make-believe and role playing (Merckelbach et al., 2001). These individuals also show a higher disposition for hypnotizablity, spend long hours on fantasizing, express that they have strong bodily

and out of body experiences alongside their fantasies, and claim that they have vivid memories on their early childhoods (Duarte et al., 2022; Soffer-Dudek & Somer, 2022; Somer et al., 2023).

More recently, daydreaming was considered to have strong connection with dissociative psychopathological symptoms and tendencies, such as dissociative absorption and imaginative involvement, which describes the inclination to be immersed and highly involved with the fantasy experience (Levin & Spei, 2004; Soffer-Dudek et al., 2015).

It is important to be able to compare and see the differences between normal and abnormal daydreaming, which was considered to be the limitation of the literature before the focus on maladaptive daydreaming, since they failed to look at abnormal daydreaming as a discrete concept (Soffer-Dudek & Somer, 2018). Immersive daydreaming and maladaptive daydreaming share a high degree of mental involvement, but only maladaptive daydreaming is associated with significant distress and impairment (West & Somer, 2019). The immersive component alone is not necessarily pathological and may even be associated with increased identification with fictional characters. In contrast, maladaptive daydreaming inhabits specific aspects that predict personal distress and poor emotion regulation, indicating that it is the compulsive, disruptive quality of the daydreaming that distinguishes it, not the imaginative content itself. (West &Somer, 2019).

Individuals who have issues with Maladaptive Daydreaming spend hours completely immersed in highly structured fantasies. This is often accompanied by stereotypical movements, such as isolating oneself, shaking hands or walking, or talking to oneself, which might further hinder functioning and daily life engagement. The literature on Maladaptive Daydreaming, some referring to it as "Maladaptive Daydreaming Disorder", defines it as a disorder in which individuals are excessively absorbed in internal fantasy worlds to the extent that it causes clinically significant distress or impairment in social, occupational, or other important areas of their functioning (Somer et al., 2017). Research shows that the yearning to daydream, tendency to isolate oneself and the kinesthetic elements of it such as repeated movement, talking to oneself, or soothing repetitions of MD can bring shame and distress to the individual, thus not usually reported to those

around them or to the mental health professionals, which can debilitate both its treatment and its recognition as an issue (Somer et al., 2016c).

Lately, Maladaptive Daydreaming has become known internationally, and each year more research is conducted in order to understand the prevalence and comorbidity with other mental disorders (Metin et al., 2022). One of the more common complaints of individuals suffering from MD is that it is not recognized, and something that they are not able to be informed or discuss with mental health care providers (Metin et al., 2022).

One of the important aspects of Maladaptive Daydreaming is that about 27 percent of those who suffer from it report experiences of childhood physical, emotional or sexual abuse (Bigelsen & Schupak, 2011). The existence of early traumatic experiences in Maladaptive Daydreamers is consistently reported, however traumatization is thought to mainly be a predictor in the context of other risk factors (Schimmenti et al., 2019; Somer et al., 2016c). Recent research suggests that emotional neglect and emotional abuse within the family relationships is observed more than other forms of traumatic experiences in Maladaptive Daydreamers, but it is still a new avenue to discover when looking at the proposed disorder (Ferrante et al., 2022).

Emotional trauma can be a form of abuse that is unnoticed or silent, since the suffering does not directly cause observable external signs like physical or sexual abuse might. It is especially damaging when perceived as a global model of the relationship between the primary caregiver and the children experiencing emotional neglect or abuse (Schimment & Caretti, 2016). This pattern of relating is specified by not relating or reciprocating with the child's emotional needs, or disavowing them completely, as well as more concealed forms of abuse such as being overly critical, scapegoating, name calling or insulting (Schimment & Caretti, 2016; Bifulco & Schimmenti, 2019).

Similarly, individuals with maladaptive daydreaming are observed to have pathological dissociation, dysregulated emotions (primarily shame and anxiety), and early developmental trauma (Ferrante et al., 2022). In line with this, maladaptive daydreamers often construct idealized internal relationships, such as imaginary families, friends, or romantic partners, which is suggested to have a compensatory function for early failed

needs, and early experiences of interpersonal rejection and neglect. These relationships become so emotionally fulfilling that individuals frequently prefer them over real-world interactions, contributing to increased social withdrawal and reliance on fantasy as a coping mechanism (Sándor et al., 2021a).

2.3. Dissociation

Dissociation, as a psychological concept, has been explored from both clinical and theoretical perspectives, with early contributions shaping its understanding as both a defense mechanism and a psychological experience. Pierre Janet (1889) was among the first to systematically describe dissociation, conceptualizing it as a disruption in consciousness, memory, and identity that occurs when an individual is unable to integrate traumatic experiences (Van der Hart & Horst, 1989). Later, Anna Freud (1936) explicitly categorized dissociation as a defense mechanism, describing it as a way to protect the psyche from overwhelming distress by psychologically distancing oneself from painful experiences. Currently the concept of dissociation is widely researched and theorized, emphasizing its role in interpersonal dynamics and self-experience, conceptualizing it not merely as a defense against trauma but as an inevitable aspect of subjectivity, where certain aspects of experience remain unformulated or as ongoing process of shifting self-states, focusing on the concept as a defensive and developmental process (Stern, 2022, Bromberg, 2013).

One model of looking at dissociation is the “trauma model of dissociation”, which indicates that dissociation is a psycho-biological response of individual in the process and the aftermath of a traumatic event to ensure their survival (Myrick & Brand, 2016). Within this way of looking at dissociation, it is considered as the cognitive and affective fragmentation of the experience, separating the emotions or images or the sensations connected to the traumatic memory to have a separate existence due to its overwhelming nature. Dissociation's function can be considered as the representation of gaps forming within the inner and outer reality during and after the traumatic experience, due to the inability of coping with the terror it creates (van der Kolk, 2014). This aforementioned

terror, especially when faced in developmentally early stages, can disable the ability to integrate the experience and therefore its function can also be thought of as a tool for managing the overwhelm, and confusion created by it, protecting the body and the mind. However, this separation of the traumatic self is fixed or frozen in the experience and the memory of it, which in turn is split and fragmented (Boulanger, 2007).

This trauma model of dissociation framework considers dissociation as a defense in order to cope with traumatic stress, and many empirical studies shows that there is a correlation between dissociative disorders and trauma (Dalenberg et al., 2012; Merkelbach & Muris, 2001), suggesting that the risk for having a dissociative disorder in adulthood is found to increase with the severe and repetitive traumas individuals experience, especially in early childhood (Bernstein & Putnam, 1986; Levin & Spei, 2004). However, there is also evidence that while the majority of those who experience dissociative symptoms report a trauma history, it does not indicate that the majority of those who experience trauma, in turn, report dissociative symptoms. Research suggests that dissociative symptoms might appear as a result of prior additional risk factors for dissociation, such as relational disturbance between child and parent, or affective dysregulation and underlying tendencies connected to them (Briere, 2006).

Adding to the trauma model of dissociation, it should be noted that it is a concept studied and speculated from many perspectives in psychoanalysis. Another such way to understand dissociation can be found in Donnel Stern's (1985) notion of unformulated experience, which refers to aspects of emotional life that remain unrepresented, because they have never been linguistically or symbolically spoken about instead of due to repression. In this view, dissociation is not always necessarily the result of a fully processed trauma, but it can also be considered as a result of experiences that have not yet been structured into narrative or verbal form. Dissociation is thus understood as an absence through this point of view. Unlike the absence of a memory or an event like amnesia as in the trauma model, in this instance it is an absence of symbolic articulation, where affective experience exists in an indeterminate and unconceptualized state that has yet to be processed and recreated by language (Stern, 1985).

Similarly, Bromberg (2003) presents dissociation not simply as a psychological reaction to trauma, but as a structural characteristic of the self. He emphasizes the idea of multiple self-states, in which dissociated parts of the self can hold conflicting affects and perceptions that are not simultaneously accessible to consciousness. These dissociated self-states may be enacted relationally before they are known reflectively by the individuals experiencing them. Bromberg argues that dissociation is not a passive failure of integration; his conceptualisation of dissociation is an active, ongoing organization of experience that protects the self from psychic disorganization, especially when certain affective states threaten self-coherence with its unbearable nature (Bromberg, 2003). As presented in relation to fantasy in previous sections of this thesis, he also argues that dissociative experience cannot be reduced to repressed symbolic content (Bromberg, 2008). Instead, he defines it as unsymbolized affect that can be thought of as a “not-me” experience which cannot be narrated or reflected upon at the moment, inaccessible by the conscious parts of ourselves. These affective states are enacted rather than remembered, and the goal is not to reveal hidden content but to create the relational conditions that can allow dissociated states to be symbolized and integrated into the self (Bromberg, 2008).

Taken together, these perspectives widen the scope of dissociation beyond trauma-based models, showing that it can emerge from relational disruptions, failures in affect regulation, and developmental conditions that inhibit the formation of a coherent narrative self. Dissociation in this sense becomes a dynamic, relational, and linguistically unformulated process, integral to the way the self maintains its coherence and negotiates affective complexity in everyday and therapeutic contexts.

2.3.1. Maladaptive Daydreaming and Dissociative Experiences

Maladaptive Daydreaming (MD) involves deeply engrossing fantasizing and immersion in self-created fantasy worlds, and these experiences, along with absorption, are linked to dissociative tendencies (Somer, 2002, Somer et al. 2016b, Schimmenti et al., 2019). Studies show that absorption or imaginative involvement are prevalent in dissociative experiences, but they don't necessarily mean completely pathological experiences, similar

to the case of daydreaming (Somer, 2018). However, dissociative absorption, which is a significant part of MD, refers to the tendency of intense focus on either internal or external stimuli, disregarding the surrounding environment or entering an altered state of consciousness (Soffer-Dudek & Somer, 2022). Studies show that various changes in consciousness can give rise to dissociative experiences, which are also observed in maladaptive daydreamers. There is a commonality between dissociative symptoms and MD within the literature, as there is a positive relationship between the severity of dissociative symptoms and the prevalence of MD (Ferrante et al., 2022; Ross et al., 2020). Dissociative absorption can also be associated with other dissociative experiences, like detachment or compartmentalization, and it is thought that similar dissociative experiences may indicate the existence of different alterations in the individual's consciousness (Schimmenti & Şar, 2019). Maladaptive Daydreamers, similarly, consistently report such dissociative experiences, including having ultra-complex inner worlds or fragmented selves (Ross, 2018).

Through empirical research, many suggested that there was a significant link between dissociation and imagination-based traits that an individual can exhibit such as absorption, maladaptive daydreaming, hypnotizability, or fantasy proneness that shows itself as an increased reliance for fantasy as a coping mechanism (Levin &Spei, 2004; Levin Young, 2002; Segal & Lynn, 2993). While this reliance indicated a higher risk for dissociative tendencies when stressed due to outside realities, this sense of coping can also be observed as adaptability and show itself as a lack of psychopathology for a fantasy prone individual at some cases (Levin & Spei, 2004).

Dissociation, as aforementioned, can also be considered as an important aspect of the aftermath of trauma, especially in childhood, and it is argued to serve the purpose of protecting the child from the overwhelming aspect of the experience and avoiding the destruction of the body and the psyche, splitting the self from the present traumatic self (Boulanger, 2007). Connected to it, research suggests that in the instances of childhood abuse, there was an increased risk of Maladaptive Daydreaming in order to fantasize an idealized version of reality or compulsively relive morbid imagery, and hence it was thought as important to further look into the relationship between childhood trauma and

Maladaptive Daydreaming (Somer et al., 2021). Recent literature further supports this idea, showing that emotional abuse during early childhood significantly predicted dissociative symptoms particularly in regards to identity confusion and loss of control, which in turn directly predicted the severity of maladaptive daydreaming (Ferrante et al., 2022). These findings emphasize that emotional trauma may affect MD not as an isolated factor, but through its influence on dissociative processes that shape the individual's sense of agency and self-coherence (Sándor et al., 2021b).

Maladaptive Daydreamers are also frequently found to be reporting dissociative experiences and shame, especially in regard to their own self idea, body or behaviors (Bigelsen & Schupak, 2011; Bigelsen et al., 2016; Schimmenti et al., 2019), which is thought to have a strong relation to the trauma history or relational difficulties they experience developmentally. Research suggests that shame and dissociative tendencies had a mediatory role in the relationship between suffering from Maladaptive Daydreaming and having early emotional trauma, since the dissociative experiences of individuals seemed to further reinforce their feelings of shame, and dissociative absorption seems to be the most relevant factor to it (Ferrante et al., 2022).

Maladaptive Daydreaming was also recently proposed to be included in DSM-V as a dissociative disorder. The frequently reported experience of "leading two parallel lives" (Somer, 2002, Somer et al., 2019), suggests that there are dissociated internal experiences, and a sense of withdrawal from external experiences or realities. Dissociative disorders are described by such divisions or disruptions, and the immersive fantasies reported by maladaptive daydreamers also have bodily representations such as talking to oneself or walking around in circles seemingly without conscious notice, indicating a disconnect between the process of perceiving and behaving. These fantasies are found to have differences in how controlled they can be, or how much agency is felt by the daydreamer, and through the qualitative researches it is shown that the representations of "ideal self" in the fantasy can feel distinct and other from the real self, leading to a discontinued sense of identity (Somer, 2002, Soffer-Dudek et al., 2025). Through this immersive experience, the different personas and complex inner worlds can be signified with experiential disconnectedness or self-incoherence, which can lead to further dissociative absorption

into recurring fantasy and disruptions in functionality (Soffer-Dudek et al., 2025). These points indicate that the literature suggests that Maladaptive Daydreaming might be a dissociative experience, however is undecided on the extent or mechanisms in relation to it. Specifically in the context of Turkey, there was no research conducted on the specific relation of Dissociation and MD to suggest whether MD is a component of dissociation or if there is a predictory relationship. Related to these points and absences in the literature, the current study aims to establish a clue on the possible link between them.

2.4. Attachment

The concept of attachment indicates the emotional bond -or an affectional tie (Ainsworth & Bell, 1981) - that is in general formed between the primary caregiver and the infant, and in turn, enables the infant's ability to cope with the world to develop, which is especially in focus when the individuals are scared, tired, or ill, and in need of care and comfort (Bowlby, 1988). Attachment theory focuses on the importance of parent-child relationship since it signifies the psychological connectedness between them that lasts, and Bowlby claims that the activation of the attachment system is in fact a lifelong need that remains ever-present (Bowlby, 1969, Silverman, 1999). The importance he put on the attachment system and the related relationship is not only a significant influence in the way relationships are experienced for a person or how their psychic structure is developed mentally, but also in the ways a baby learns to soothe and regulate is also thought to be directly related to it (Silverman, 1999, Pietromonaco & Barett, 2000). Attachment theory also offered this affectional tie to be an important aspect for the infant's survival in an evolutionary and biological sense, and theorists and researchers claimed that the infant's attachment patterns can have an effect on the following quality in their development through childhood (Ainsworth, 1969). The "secure base" a baby can achieve through their attachment bond with their primary caregiver is suggested to be the basis of their developmentally cultivated tools to cope and explore the outside world (Fonagy, 2001)

If the infant and the caregiver establish a secure relationship, this in turn is thought to have later impacts in self-reliance, self-esteem, self-expression and resilience as well as

ability to cope (Bowlby, 1979). Insecure forms of attachment were therefore thought to suggest a possible lack in these areas, and research suggests that there is indeed a vulnerability in relationships, overwhelming emotions and depression, and emotion regulation capacity in individuals (Erozkan, 2011, Siverman, 1999)

Ainsworth (1979) studied the numerous ways the infant-caregiver relationship can be observed, and with an experimental approach, investigated Bowlby's attachment theory within a scientific framework, developing the model of "strange situation". The model was created with a mother and a one-year-old infant in mind, through their short and planned sessions of separations and reunions, also including a stranger to the dyad in order to activate the attachment behavioral style. From this Strange Situation examination, Ainsworth et al. (1978) came up with three attachment types, namely the secure attachment, insecure-avoidant attachment and insecure-resistant or ambivalent attachment. Within the participant groups, seventy percent of the babies were classified as securely attached. The children who are thought to have developed a secure base with the mother, would show distress with the mother's departure, but they would be soothed after their return. Those with insecure attachment styles were observed to show more distress with the mother leaving, who were later thought to have, and continue to feel so after their return, or others who ignore the mother's absence. (Ainsworth et al., 1978, Ainsworth & Bell, 1981).

Attachment is a psychological concept that has been commonly researched in regard to many different areas of a person's psyche, since it helps conceptualize the affective bond between two people by focusing on the sense of security, intimacy and the sense of protection in volatile situations in life. For development, it can be important to look at the attachment formed between the caregiver and the child, since it can have continuity over time and show its traces in one's adulthood as well (Bowlby, 1988). The sense of security established with the availability and the responsiveness of the parent can create the necessary sense of security in the child, and the absence of such a bond might lead to fear and insecurity, uncertainty, which can be experienced as free-floating anxiety (Ainsworth, 1985, Bowlby, 1973). Research suggests that attachment security may have an effect on various psychopathologies and their prevalence, insecure adult attachment

patterns are shown to be connected to higher levels of psychopathologies especially anxiety and mood disorders, impulse control disorders, depressive disorders, addictions and suicidal ideation or attempts (Palitsky et al., 2013, Beatson & Taryan, 2003, Barone & Guiducci, 2009, Sándor et al., 2021).

Bartholomew and Horowitz (1991) also classified the attachment styles in a way that signifies how the self is represented and related to others. For them, the secure attachment style had the potential to have a positive idea on their own self, and on others, the dismissing attachment could lead to the positive idea of self and negative idea of others, the preoccupied attachment style would be thought to have a negative view on the self and a positive view on others, and lastly the fearful attachment style would have a negative outlook on the self and on the other (Bartholomew & Horowitz, 1991).

Attachment styles are also believed to improve our understanding of relational dynamics, providing insight into how individuals experience and express anxiety within close relationships. For example, by comparing the anxiety levels on preoccupied or fearful individuals against those who are secure or dismissing, and the avoidance tendencies of dismissing or fearful individuals compared to the secure or preoccupied ones, it was found that the view of self was closely linked to their attachment systems. Through this understanding, it was suggested that their behaviors could then be influenced in relation to those patterns; such as internet activities or their problematic social media use (Schimmenti et al., 2012, Costanzo et al., 2017).

Empirical studies show that there is a significant connection between an individual's attachment style and the psychopathological disorders they may experience, particularly when considering attachment's role in the development of mentalization and the capacity for mental processing related to the self and relationships with others. (Bennett, 2006, Fonagy, 2001). Also, research suggests that the early attachment style may continue in adulthood, and especially be observed within one’s close intimate relationships, with primary caregivers or partners in their love relationships. (Brennan &Shaver, 1993).

2.4.1. Maladaptive Daydreaming and Attachment

Maladaptive Daydreaming might be used to satisfy the basic needs, one of which being the social needs, and the need for intimacy and security (Somer, 2002). Research suggests that some maladaptive daydreamers create their compulsive fantasies around the ideals of romantic relationships, imaginary friends, family and love, competency and recognition or social support (Biegelsen et al, 2016, Somer et al., 2016c). Through this way of imagining, ideal and safe relationships may be rewarding enough to deter one from the real-life scenarios and perpetuate the amount of time spent daydreaming (Somer et al., 2016c). Since attachment describes the models built on early experiences regarding the availability and responsivity of the caregiver and related expectations of relational security and intimacy (Bowlby, 1973); maladaptive daydreaming can be thought to be related to security of it, since it can be thought of as a defense against negative relational impacts, or a way to distract oneself from experiences such as rejection, disappointment or loneliness (Sándor et al., 2021a). It can help with establishing the security and intimacy in imaginary relationships and compensate the negative feelings through fantasies that provide psychological comfort (Somer, 2002, Somer et al. 2016b). Literature also suggests that individuals with high attachment anxiety and low emotional closeness are more likely to engage in excessive and immersive daydreaming, suggesting that maladaptive daydreaming may serve as a compensatory strategy when emotional needs are unmet or relational experiences feel threatening (Raj, 2025). These results underscore the relevance of early relational experiences and emotional insecurity in understanding the development and maintenance of maladaptive daydreaming.

Maladaptive daydreaming also has specific qualities that can be related to the outcomes of insecure attachment in an individual. For example, one of the key aspects of daydreaming is self-isolation, the individuals report a need to distance themselves from their relationships when daydreaming, growing further away by the security they report to have in their isolated daydreams (Somer et al., 2016b). In contrast, literature also found that avoidant attachment did not significantly predict maladaptive daydreaming, highlighting that the phenomenon is more strongly associated with anxious-preoccupied attachment patterns than with emotional detachment alone (Raj, 2025). While the field is

still relatively new, some new studies show that insecure (ambivalent-fearful) attachment seemed more prevalent in maladaptive daydreamers than normal daydreamers, who mostly showed a more secure attachment style. The findings suggest that Maladaptive Daydreamers report feeling ambivalent about relationships, that they believe themselves to be valued, loved, and respected less than others, and also have a harder time relying on others when they are in need (Sándor et al., 2021, Mariani, et al., 2021). Those with secure attachment styles were found to be less likely to suffer from Maladaptive Daydreaming (Costanzo et al., 2021). The evidence on maladaptive daydreamers showing significantly more insecure attachments than non-pathological daydreamers, was thought to be because of their struggles regarding feelings of ambivalence and not feeling safe or secure in their relationships (Gemignani et al., 2025, Mariani et al., 2021).

2.5. Emotion Regulation

Emotion regulation refers to the processes through which individuals monitor, modify, and express their emotions in ways that support psychological well-being and social adaptation (Thompson, 1991), and the cognitive processes which can affect the severity and variety in response, expression and experience of emotions (Gross, 1998). It also includes the processes that can occur internally or externally, which are associated with maintaining or adjusting the intensity and expression of one's emotions (Morris et al., 2007). Hence, emotion regulation plays a fundamental role in shaping the emotional experiences of individuals, influencing everything from stress management to interpersonal relationships and overall mental health (Thompson, 1991). In relation to the recently growing developmental research suggesting that regulating the emotional responses and behaviors is an important skill to learn in order to achieve successful maturity, the role of emotional regulation has also been considered in close relation with psychopathology, behavioral issues and intolerance for negative emotions (Morris et al., 2007). Given its developmental nature and its impact on various psychological processes, understanding emotion regulation can be essential for exploring its connection to maladaptive coping mechanisms, such as excessive daydreaming, which as

aforementioned may serve as a means of emotional modulation (Somer, 2002, Somer, et al., 2016b).

Emotion regulation can have roots in neurologic, genetic and temperamental mechanisms that are intrinsic to the individual, or it can be affected by external or social factors such as relationships with parents, friends or family, school and media (Sándor et al., 2021). Research also suggests that emotion regulation can have a significant impact on future psychopathologies. For example, emotion regulation was found to have a mediatory role between depression and the emergence of other psychopathologies, and that adaptive emotion regulation strategies may significantly diminish the prevalence of stress related psychopathologies (Compare et al., 2014).

Another definition for emotion regulation can be considered as the recognition, reacting and understanding of emotions, as well as the ability to adapt them to a certain situation (Werner & Gross, 2010). For Gratz and Roemer (2004), a lack of awareness, comprehension or acceptance regarding one's emotions, a lack of the ability to controlling the impulsive actions due to negative emotions or a lack of flexibility in strategies used, can cause a difficulty in emotion regulation in individuals. In this way of looking at the difficulties one might face regarding their emotion regulation capabilities, the focus is on the difficulty when controlling or intervening with the emotional response, instead of how intense the emotions are (Gratz & Roemer, 2004).

As aforementioned, a secure attachment with a primary caregiver who is able to perceive the child's needs accurately and respond accordingly is one of the cornerstones of a healthy ability in emotion regulation (Bowlby, 1973; Silverman, 1999). Children learn how to regulate their emotions through how their attachment object reacts, and in turn affects the development of skills and strategies for the child to effectively regulate their own emotions (Thompson, 1991). The infant and the primary caregiver engage in continuous and subtle exchanges of signals, which can be gestures, facial expressions or vocalizations, and create a shared emotional regulation system. In time, as these interactions grow more complex with the infant's development, it helps to create a synchronized internal emotional state and external behavioral patterns between the primary caregiver and the child. This reciprocal interaction allows for the baby to regulate

its emotions alongside the primary caregiver, and in turn also enables the child's capacity to self-regulate independently (Silverman, 1999).

The quality of this interaction helps shape the internal models of emotional regulation for the infant; if they are consistently attuned and responsive, the child can internalize adaptive emotional regulation strategies, promoting a positive sense of self and a feeling of competence in handling emotions and stress. If the opposite happens and the infant repeatedly fails to receive sensitive and appropriate responses, the negative experiences they experience as a result such as frustration and helplessness might become internalized and potentially lead to impaired emotional regulation abilities and a more negative self-representation later in life (Silverman, 1999).

2.5.1. Maladaptive Daydreaming and Emotion Regulation

Research has shown that emotion regulation difficulties are linked to maladaptive daydreaming, with weaker regulation abilities correlating with higher MD symptoms, greater enjoyment of daydreaming was associated with increased emotional clarity, suggesting that daydreaming may sometimes aid in processing emotions (Greene et al., 2020). These findings support the idea that deficits in emotion regulation may contribute to the development and persistence of MD.

People with Maladaptive Daydreaming were found to use their daydreaming habit in order to regulate their relational stress. Shame and anxiety towards abandonment or rejection, as well as confrontation or other unpleasant relational experiences may cause the individuals with emotion regulation difficulties (and also insecure attachment patterns) to struggle and turn to daydreaming in a method to regulate, but also turn away from seeking closeness or help in other adaptive ways (Ferrante et al., 2022, Mariani et al., 2021, Fischera, 2024)

One of the frequently researched aspects of Maladaptive Daydreaming is its relationship with shame, and feelings of worthlessness, or a sense of self-defectiveness (Pietkiewicz et al., 2018, Schimmenti et al., 2019). These feelings were also found to be tied to the existence of Maladaptive Daydreaming, with patients reporting that they are ashamed to talk about it with their therapist or others (Somer er al., 2016c). Maladaptive

Daydreaming was found to be a counterintuitive method of coping with shameful feelings, since it can be a pleasurable retreat to the inner world of the individual but at the same time can promote pathological detachment and further shameful feelings about itself (Schimmenti et al., 2019). Research suggests that there is a significant overlap between Maladaptive Daydreamers and high levels of shame (Ferrante et al., 2022, Bigelsen et al., 2016). Maladaptive Daydreamers report that they worry about being thought of as "crazy", and in turn further withdraw and have intensified feelings of shame in fear of being labeled as having a serious mental illness, or thinking that they are the only ones experiencing such a thing due to their inability to regulate themselves in another way (Somer et al., 2016c).

MD also seems to have a protective aspect, especially regarding its prevalence on individuals with early emotional trauma, their feelings of shame and how it is regulated. A study on those who compulsively fantasize report that it helps them calm down, feel regulated, and provided a break or an escape when it was too much (Bigelsen & Schopak 2011, Somer, 2002). As aforementioned, dissociative absorption that is frequently seen on Maladaptive Daydreamers, help act as a paradoxical defense on the severe negative feelings and create a disconnection between what is hurtful outside or their relationships and their inner reality (Schimmenti & Caretti, 2016). Connected to these points, for some Maladaptive Daydreamers, these shameful feelings seem to create a catalyzer for withdrawing into fantasy, protecting and regulating their emotions and psychology, but in turn may also further dysregulate due to shameful feelings on the daydreaming and state of isolation (Ferrante et al., 2022). In summary, since there seemed to be a strong regulatory function of daydreaming, and also since alexithymia was found as a possible aspect of individuals with MD, the capacity for emotional regulation and related factors were thought to be useful to understand how to approach the distress experienced (Somer et al., 2022).

2.6. Studies on Maladaptive Daydreaming in Türkiye

Though interest in MD has grown globally over the past few years, few studies have been conducted within the Turkish community. Nevertheless, several theses and peer-reviewed

articles have been submitted thus far, presenting preliminary data on MD from cognitive, clinical, behavioral, and qualitative perspectives.

One frequently emphasized relationship is between MD and addiction. For instance, a recent thesis by Karpat (2021) examined the relationship between MD, game addiction, and impulsivity in a Turkish age group between the ages of fifteen and thirty. They revealed a negative relationship between MD and game addiction, though this relationship was reversed in some subgroups. For example, among individuals who report to have comorbid social media addictions, MD was found to be positively related to game addiction and impulsivity. (Karpat, 2021). Another thesis investigated the relationship between MD and addiction as well as the relationship between MD and executive functions (Karaloğlu, 2024). Although MD was positively associated with internet addiction; cognitive flexibility and attentional task performance did not differ between maladaptive and non-maladaptive daydreamers. Through these results it was assumed that while MD showed behavioral mechanisms similar to addiction, there was no executive dysfunction which was normally associated with other compulsive disorders (Karaloğlu, 2024). In another study investigating the association between MD and behavioral addictions among medical students; gaming, social media, food, compulsive purchasing, and pornography use were found to have more symptoms in participants with MD than without (Öğüt, 2024). Amongst these aspects, only gaming addiction and ADHD symptoms were strong predictors of MD severity, accounting for 35% of the variance within the study results, and MDers in this study also reported higher levels of psychiatric history and stimulant medication use (Öğüt, 2024). Similarly, another thesis looked at the role of MD in mediating the relationship between childhood trauma and gambling susceptibility. Among 385 adults with a history of gambling, all subtypes of childhood trauma were positively associated with MD and gambling. Most importantly, MD was identified as partially mediating the relationship between trauma and gambling; suggesting that individuals subjected to early abuse or neglect are more likely to use escape fantasies as a defense mechanism, making them more vulnerable to behavioral addictions, such as gambling. (Boğar, 2022).

In a comprehensive research focusing on the MD prevalence in university students indicated that amongst 848 participants, 18.1% of participants reported MD, with

increased prevalence among younger students, those in lower academic levels, and those who performed worse academically (Eren, 2024). This research indicates a relatively high prevalence of MD in the context of Turkey due to its large sample size, and gives important information on its psychiatric comorbidity. MD was also directly associated with ADHD and autism spectrum symptoms, low self-esteem, grandiose narcissism, and behavioral styles such as social network addiction in this research. However, loneliness, depression, and game addiction, while correlated, did not predict MD severity independently, suggesting MD's complex organization involving neurodevelopmental features and fantasy-based compensatory coping strategies (Eren, 2024). Another study took a cognitive neuropsychological approach to assess whether MD occurs alongside episodic memory function. MD was found to be positively correlated with depression but not with recall or recognition ability (Tosun, 2024). This was then theorized to indicate that MD might not interfere with episodic memory and distinguished it from other clinical manifestations of dissociation or attentional impairment (Tosun, 2024). Lastly, when examining the possible effect of MD on the delayed presentation and diagnosis of ADHD, results showed that Turkish adult ADHD patients with adult-onset diagnoses had higher MD scores and more severe ADHD symptoms than those diagnosed as children (Kandeğer et al., 2025). The severity of MD was an independent predictor of adult diagnosis and correlated more strongly with ADHD symptoms and comorbidities in this sample, and the authors proposed that MD can delay ADHD diagnosis by masking central symptoms as a withdrawn coping mechanism (Kandeğer et al., 2025).

Akyüz (2022) conducted in-depth interviews with individuals who scored high on the MDS-16 to collect their experiences with MD, which can be considered one of the rare qualitative studies conducted on MD in the context of Turkey. Through thematic analysis, the study identified key features of MD in the Turkish sample, which included affectively toned, idealized, or socially driven fantasy material; internal and external triggers; and bodily behaviors such as pacing. The study also identified effects such as numbness to affect, shame, and interference in functioning. Participants of the study frequently reported that they sought professional help but felt ignored, suggesting unawareness among clinicians (Akyüz, 2022); which was supported by other research suggesting the need for further understanding in the context of Türkiye (Metin et al., 2022). In addition

to clinical and cognitive accounts, there has also been cultural commentary on how MD can be perceived. Yam (2021) used film analysis to demonstrate MD's behavioral features through the lead character in The Science of Sleep. While not an empirical study, the article presented an example of how film narratives may capture the fantasy immersion and dissociative features that were typical of MD scene by scene, and shown how it can be perceived from an observers view (Yam, 2021).

Overall, these studies confirm a greater interest in MD within the Turkish context and examine its relationship with behavioral addiction, trauma, neurodevelopmental traits, and emotion regulation. However, the results further confirm that clinical awareness remains low and that additional culture-adapted studies are required to better understand the mechanisms and impacts of MD.

3. METHOD

3.1. Participants

Participants of this study were adults from the general population, ages 18 and above who are not currently being medically treated for any psychiatric diagnosis (in order to eliminate the effects of psychiatric medication may have on MD or the subsequent variables, it was an exclusion criteria). The data was collected via Google forms survey, and 284 participants completed the survey. Amongst them, 40 participants were excluded due to being younger than 18, or use of psychiatric medication. One participant identified as gender fluid, and they were also excluded from the study since gender was a control variable, and due to categorical predictors in regression analysis requiring sufficient group size for reliable estimation. Because of the fact that only one participant fell into this category, it was not possible to include them in the dummy-coded gender variable without violating assumptions of the model or introducing instability (Field, 2018). In the end, 243 participants were included in the analysis. Amongst them, 189 (%77.5) were women, 54 (%22.1) were men. There was a wide range of age difference amongst participants, lowest being 18 and highest being 68. Almost three quarters of participants were either university graduates or master's graduates. 82% percent of the participants had no psychiatric diagnosis history, while nearly half of the participants (41.8%) had neither psychological support history such as therapy or medication. The demographic properties of the sample can be seen in Table 3.1.

Table 3.1. Demographic Properties of the Sample

		N	%
Gender	Female	189	77.8
	Male	54	22.2
Education Level	High School	46	18.9
	College	7	2.9
	University	113	46.5
	Master's	70	28.8
	PhD	7	2.9
Psychiatric Diagnosis History	No	201	82.7
	Yes	42	17.3
Psychological Support History (Therapy / Medication)	No	102	42.0
	Yes, Therapy	83	34.2
	Yes, Medication	18	7.4
	Yes, Both Therapy and Medication	40	16.5

3.2. Instruments

The measures that were used within the survey for the purposes of this study are below in order:

- Consent form
- Demographic questions
- Maladaptive Daydreaming Scale (MDS- 16)
- Dissociative Experiences Scale (DES)
- Three Dimensional Attachment Scale
- Difficulties in Emotion Regulation Scale-Brief Form (DERS-16)

3.2.1. Consent Form (Appendix B)

When participants first opened the survey, they initially read and approved the Consent Form (Appendix B) before they saw the rest of the questions. The Consent Form included a short introduction about the aims of the research, and explained the voluntary nature of the study, while making sure to establish that the participants have knowledge on the fact that they can withdraw anytime, and that the answers provided will be anonymous and confidential. The option to continue to the survey after the information provided was established by checking the statement:

"Bu çalışmaya tamamen gönüllü olarak katılıyorum. Bana anlatılanları ve yukarıdaki açıklamaları anladım. Çalışmaya katılmayı ve verdiğim bilgilerin bilimsel amaçlı yayın, rapor ve sunumlarda kullanılmasını kabul ediyorum."

3.2.2. Demographic questions (Appendix C)

For the demographic questions section, participants answered questions such as age, gender, education level, major, occupation and previous psychiatric history. Through these, age, gender, education level and psychiatric history were gathered as the control variables. Through the self-report questions, the participants who indicate they are currently being treated with psychiatric medication were then excluded from the study after the data collection period. Adding to that, the possible diagnosis of participants was also gathered with the hopes to include in the discussion as future recommendations since Maladaptive Daydreaming is hypothesized with being comorbid with some psychiatric illnesses such as ADHD or Dissociative Disorders (Kandeğer, 2025, Soffer-Dudek&Somer, 2022, Somer et al., 2017). However, not enough data with psychiatric diagnosis was gathered within sample, so it was not included in the statistical analysis.

3.2.3. Turkish Version of Maladaptive Daydreaming Scale (MDS-16) (Appendix D)

After the demographic questions were filled, there was a set of questions in order to measure the Maladaptive Daydreaming tendencies and experiences of the participants. MD was the dependent variable in this study, and to measure it the participants were presented with the first scale which was the Turkish version of the Maladaptive Daydreaming Scale (MDS-16). MDS-16 includes 16 items and is an 11-point scale ranging from 0% to 100% (Somer et al.,2016a). It is the only such scale developed to measure the maladaptive nature of daydreaming and mostly consists of experiences and difficulties participants may have regarding their daydreaming behaviors. The original scale suggests 16 items and 4 sub-scales, Yearning, Kinesthesia, Impairment and Music with a Cronbach Alpha value of 0.95 and the Pearson product-moment correlation was r=092, which indicates high test-retest reliability (Somer et al., 2016a). In the Turkish version, the Cronbach alpha values were calculated as 0.89, suggesting high internal consistency, and the item-total correlation was found to vary between 0.45 and 0.70. Unlike the original scale, the Turkish validity and reliability study, similar to Arabic and Italian predecessors (Metin et al., 2022), suggested that two factors had eigenvalue greater than 1, and these were observed to be %49.6 of total variance within the scale. These factors were found to be related to Dreaming Degree (items 5,6,7,8,9,11) and Distress and Disruption (1,2,3,4,10,12,13,14,15,16) (Metin et al., 2022). In order to determine the suitability for factor analysis, Kaiser Meyer Olkin (KMO) and Barlett Sphericity tests were used. The first one showed a KMO value of 0.93 and the second one suggested a significance value of <0.001, which indicated that MDS-16 scale can be used to do factor analysis (Metin et al., 2022).

3.2.4. Turkish Version of Dissociative Experiences Scale-II (DES-II) (Appendix E)

The Dissociative Experiences Scale-II (DES-II) measures many dissociative tendencies such as the absorption-imaginative involvement, including everyday experiences such as

finding oneself getting lost in a movie or momentarily losing track of a conversation, or not being aware of travel on a long road and the passing time (Bernstein et al., 1993). In this part of the survey, participants were required to answer the questions of the Turkish version of Dissociative Experiences Scale-II (DES-II) in order to assess the predicting effect of dissociation (IV) on Maladaptive Daydreaming. The DES-II is a scale consisting of 28 items on a 11-point scale, (0%=never, 100%= always) which was originally was created by Bernstein and Putnam (1986) and demonstrates high reliability with a test-retest coefficient of 0.84 ($p < 0.0001$), a Cronbach's alpha coefficient of 0.96 and a median correlation coefficient of 0.60 (Bernstein, Putnam, 1986). The Turkish version of the DES, validated by Yargıç et al. (1995), shows similar psychometric properties, including a test-retest reliability coefficient of 0.78 ($p < 0.001$, $N = 32$) and a Cronbach's alpha of 0.91 suggesting a strong internal consistency. There are no subscales established for the DES-II, and the scoring is calculated by the average score of all items. The results to not indicate a diagnosis on its own, however, results that are above 30 indicate a dissociative tendency in order to help with future diagnosis (Carlson et al., 1993).

3.2.5. Three Dimensional Attachment Scale (Appendix F)

The next part of the survey assessed participants' adult attachment styles, which was used as an independent variable in this study. For this purpose, the Three-Dimensional Attachment Styles Scale (Üç Boyutlu Bağlanma Stilleri Ölçeği) developed by Erzen (2016), was created by using the previous scales by Ainsworth (1978), Hazan &Shafer (1987) and Griffin &Bartholomew (1994) was used. This scale consists of 18 items rated on a 5-point Likert scale, assessing three dimensions of attachment: secure, avoidant, and anxious-ambivalent attachment. Psychometric analysis of the scale indicated strong enough validity and reliability. Exploratory factor analysis revealed that the 18 items equally loaded on three factors, as expected, affirming the model structure. This structure was again confirmed through Confirmatory factor analysis, at the same time, the individual items were found to be strongly related to the overall scale, meaning that each question contributes meaningfully to measuring attachment. The scale's internal consistency was also explored, and Cronbach's alpha coefficients were 0.80 for avoidant

attachment, 0.69 for secure attachment, and 0.71 for anxious-ambivalent attachment, which demonstrates the acceptable reliability for all the subscales. The item-total correlation scores ranged between 0.49 to 0.75, showing the internal consistency of the scale. These findings indicate that the three-dimensional attachment scale was a reliable and valid instrument for assessing adult attachment patterns in Turkish populations and was thought to be well-suited for examining its role in emotion regulation and maladaptive daydreaming.

3.2.6. Difficulties in Emotion Regulation Scale-Brief Form (DERS-16) (Appendix G)

Difficulties in Emotion Regulation Scale Brief Form (DERS-16), developed by Bjureberg et al. (2016) and adapted to Turkish by Yiğit and Guzey Yiğit (2019) was used to measure the emotion regulation component of the study. The DERS scale initially was created by Gratz and Roemer (2004) and was a 36-item scale consisting of six factors which were awareness, clarity, goals, impulse, strategies and non-acceptance (Gratz & Roemer, 2004). The DERS-16 scale was then revised by Bjureberg et al. (2016) and the awareness subscale was removed due to its lower correlations with other subscales, therefore was made into the last version of 16 self-report items which measured the remaining five factor dimensions of emotion regulation. This new five factor version of the scale was shown to have high reliability with a Cronbach's alpha value of 0.92 and was significantly correlated with the original DERS scale (r = .93). The Turkish version of DERS-16 showed high internal consistency and split-half reliability with a Cronbach's alpha of 0.92 for the total scale and coefficients ranging from 0.78 to 0.87 for the subscales (0.84 for Clarity, 0.84 for Goals, 0.87 for Impulse, 0.87 for Strategies, and 0.78 for Non- Acceptance). The Guttman split-half coefficient was found to be 0.88, and Cronbach's alpha values for two randomly divided halves of the scale were 0.86 and 0.88. The predictive validity of the DERS-16 scores showed significant correlations and all subscales of the Brief Symptom Inventory, ranging from 0.28 to 0.69, suggesting the capability to predict a wide range of psychological distress (Yiğit & Guzey Yiğit, 2019). Overall, DERS-16 was found to be valid and reliable scale that can help understand the

relationship between emotional regulation difficulties and other disorders or mental health issues.

3.3. Procedure

The sampling strategy used was convenience sampling and snowball sampling, and online advertisements were implemented in order to reach a diverse population. The advertisements included a brief sentence about Maladaptive Daydreaming and were posted on social media accounts as well as Bilgi University Psychological Counseling Unit networks, which directed the participants to an online Google forms survey. Additionally, the announcement informed the participants that the study aims to explore the possible relationship between maladaptive daydreaming and internal experiences, while also emphasizing that the participation would be voluntary, anonymous, and consist of filling out a short online survey. Adding to this, there was a brief introduction to the study at the beginning of the survey, and within the consent form information was provided ensuring that the information is kept confidential, alongside the fact that participation is purely voluntary. The form which followed consisted of 5 different parts, namely the aforementioned Demographic form, Maladaptive Daydreaming Scale (MDS-16), Dissociative Experiences Scale-II (DES-II), Three-Dimensional Attachment Scale and Difficulties in Emotion Regulation Scale-Brief Form (DERS-16). After confirming their informed consent to participate in the study and being informed on how the collected data might be used academically, the participants were required to fill out each of these scales in order to be included to the data. Throughout the survey, anonymity was protected, and no identifying information was collected.

3.4. Design and Analysis Plan

In the present study, a non-experimental, quantitative and exploratory research design was implemented to examine the predictive relationships between Maladaptive Daydreaming; and dissociative experiences, attachment styles and emotion regulation difficulties. The main objective was to determine the extent to which these psychological

variables predicted maladaptive daydreaming, both in its overall severity and across its subdimensions, which were established as the dreaming degree and distress and disruption in the scale used. The study was guided by the following research questions:

1. To what extent do dissociative experiences, attachment styles, and emotion regulation difficulties predict maladaptive daydreaming severity and its subdimensions?

2. Do the chosen demographic variables (age, gender, education level, and psychiatric history) significantly influence maladaptive daydreaming scores?

Based on these questions, the following hypotheses were proposed:

•H1: Higher levels of dissociative experiences will predict greater severity and disturbance in maladaptive daydreaming.

•H2: Insecure attachment styles will predict higher levels of severity and disturbance in maladaptive daydreaming.

•H3: Greater difficulties in emotion regulation will predict higher levels of severity and disturbance in maladaptive daydreaming.

In order to evaluate these hypothesis, three separate hierarchical multiple linear regression models were constructed. One model was designed in order to predict the total score of the Maladaptive Daydreaming Scale (MDS-16), another for the Distress and Disruption subdimension, and the last one for the Dreaming Degree subdimension, so that we could explore whether the psychological predictors differentially contribute to the immersive and impairing aspects of maladaptive daydreaming as well as its total score. This approach provides a more nuanced understanding of how each of the predictors influence distinct dimensions of MD. All analyses were conducted using IBM SPSS Statistics (version 24).

A power analysis was conducted during the study planning phase, before to data collection period, in order to ensure that the proposed sample size would be adequate for the intended statistical analyses and to obtain ethical committee approval. Using G*Power software (version 3.1.9.4), with an alpha level set at .05, a desired power of .95, and a medium effect size ($f^2 = .15$), it was determined that a sample size of minimum 167

participants would be sufficient to detect medium-sized effects in our multiple linear regression analyses, involving the predictor and control variables mentioned in our study. Based on this calculation, the current sample size of 243 was considered to be appropriate for the planned models mentioned in this section.

For each regression model, demographic variables (age, gender, education level, and psychiatric history) were entered in the first step as control variables. In the second step, the main predictor variables, namely dissociative experiences, attachment styles (avoidant, anxious-ambivalent, secure), and difficulties in emotion regulation (with the following subscales: clarity, goals, impulse, strategies, nonacceptance) were added simultaneously. The hierarchical model structure was chosen to assess the incremental variance explained by psychological predictors beyond demographic variables.

Before conducting the main analyses, descriptive statistics (means, standard deviations, skewness, kurtosis, frequencies and correlations) were calculated to examine the distributions and normality of all continuous variables. Skewness and kurtosis values were used as indicators of normality, alongside visual inspections of histograms, scatterplots, residual plots and Q–Q plots. In addition to those, preliminary mean comparisons (t-tests or ANOVAs) were also conducted for categorical control variables (e.g., gender, education level, psychiatric diagnosis), and those showing significant group differences in MDS scores were determined as covariates for future results.

Assumption checks for the regression models were carried out and reported in the results section under each specific analysis. These included preliminary assessments of normality of residuals, homoscedasticity, linearity, multicollinearity (via VIF values), and independence of errors (Durbin–Watson statistic).

4. RESULTS

4.1. Preliminary Analyses

A total of 282 individuals participated in the survey. Out of 282 participants, a total of 243 participants' data was included in the analysis. As explained before, thirty-eight participants were excluded due to current use of psychiatric medication and being younger than 18. One participant identified as gender fluid, and they were excluded from the study since gender was a control variable, and the categorical predictors in regression analysis require a large enough sample size for reliable estimation. Due to the fact that only one participant fell into this category, it was not possible to include them in the dummy-coded gender variable without violating assumptions of the model or introducing instability (Field, 2018). Amongst the participants included to the study, 77.8% identified as women (n = 189), followed by 22.1% identifying as men (n = 54). Educational backgrounds varied: nearly half of the participants (46.5%) held a university degree, while 28.8% had completed a master's degree. Smaller portions of the sample had completed high school (18.9%), earned a college degree (2.9%), or a PhD (2.9%).

The majority of participants (83%) reported no history of psychiatric diagnosis, whereas 17.3% of them stated they had received at least one psychiatric diagnosis in the past. When asked about psychological support history, 42% indicated they had never received therapy or psychiatric medication. Meanwhile, 34.2% had received therapy, 7.4% had used medication, and 16.5% had experienced both therapy and medication. A detailed breakdown of the participants' demographic characteristics is presented in Table 4.1.

Table 4.1. Demographic Properties of the Sample

		N	%
Gender	Female	189	77.8
	Male	54	22.2
Education Level	High School	46	18.9
	College	7	2.9
	University	113	46.5
	Master’s	70	28.8
	PhD	7	2.9
Psychiatric Diagnosis History	No	201	82.7
	Yes	42	17.3
Psychological Support History (Therapy / Medication)	No	102	42.0
	Yes, Therapy	83	34.2
	Yes, Medication	18	7.4
	Yes, Both Therapy and Medication	40	16.5

Prior to conducting the hierarchical regression analyses, preliminary comparisons were looked at to evaluate whether maladaptive daydreaming scores significantly differed across demographic categories. Age was examined as a continuous variable, while categorical comparisons were conducted using one-way ANOVA (for education level) and independent-samples t-tests (for gender and psychiatric history). The results indicated significant group differences in MD scores for age, (r= -393, $p < .001$) and education level, (F (4, 238) = 8.70, $p < .001$). Gender showed weak significant differences (t (241) = 2.03, p = .043), and psychiatric history (t (241) = –0.31, p = .756) did not show significant differences. Based on these findings, age and education level were retained as meaningful control variables in the regression models, while gender and psychiatric history were also included for consistency. In the following section, the detailed breakdown of these analyses is presented.

4.1.1. Descriptive Statistics of the Measures

Table 4.2. presents the descriptive statistics for the scales and subscales used in this study. As Table 4.2. shows, all the scales and subscales, except the secure attachment dimension of the Three-Dimensional Attachment Style Scale, have Cronbach's alpha values above the minimum threshold of .70. This indicates a high level of internal reliability for the scales used in the study. Since the secure attachment subscale had only five items, and considering that Cronbach's alpha values tend to decrease with fewer items in a scale, the reliability level of secure attachment was deemed adequate. However, caution is advised when interpreting the results regarding secure attachment (Field, 2018).

In addition to reliability, the normality of the scores obtained from the scales and subscales was examined. As shown in Table 4.2., the skewness and kurtosis values of all scales and subscales were within the -2 to +2 range, indicating no significant departure from normality, given the sample size of 243 (West et al., 1995; George & Mallery, 2010). Thus, parametric statistical tests were considered adequate for the statistical analyses.

Table 4.2. Descriptive Statistics for the Scales and Dimensions of Scales Used

Scale	M	SD	Min.	Max.	Skewness	Kurtosis	Cronbach's Alpha
MDS (Total Score)	3.82	1.93	0.25	9.13	0.52	-0.33	.92
MDS (Distress and Disruption)	4.52	1.91	0.40	9.00	0.29	-0.43	.87
MDS (Dreaming Degree)	2.65	2.40	0.00	9.83	0.84	-0.07	.92
DES	2.31	1.60	0.00	9.00	1.10	1.23	.94
Avoidant Attachment	1.90	0.68	1.00	4.71	0.89	1.24	.79
Anxious-Ambivalent Attachment	2.54	0.98	1.00	4.83	0.24	-0.97	.84
Secure Attachment	3.81	0.63	1.00	5.00	-0.71	1.40	.55
DERS (Total Score)	2.47	0.86	1.00	4.63	0.48	-0.50	.93
DERS (Clarity)	2.25	0.95	1.00	5.00	0.93	0.34	.86
DERS (Goals)	3.21	1.11	1.00	5.00	-0.02	-1.07	.87
DERS (Impulse)	2.13	1.02	1.00	5.00	0.91	0.13	.88
DERS (Strategies)	2.39	1.05	1.00	5.00	0.64	-0.43	.89
DERS (Nonacceptance)	2.33	1.16	1.00	5.00	0.57	-0.75	.89

4.1.2. Correlations between the Variables

The Pearson correlation analysis results show that between MDS and DES there is a statistically significant, strong positive correlation ($r = .541$, $p < .001$). A statistically significant, weak positive correlation was observed between MDS and DERS ($r = .249$, $p < .001$) and between MDS and Avoidant Attachment ($r = .135$, $p = .037$). There was a statistically significant, moderate positive correlation between MDS and Anxious-

Ambivalent Attachment ($r = .347$, $p < .001$). The relationship between MDS and Secure Attachment was negative but not statistically significant ($r = -.106$, $p = .101$).

DES demonstrated a statistically significant, weak-to-moderate positive correlation both with DERS ($r = .275$, $p < .001$) and with Avoidant Attachment ($r = .264$, $p < .001$), while demonstrating a weak-to-moderate negative correlation with Secure Attachment ($r=-.255$, $p < .001$). Moreover, a statistically significant and moderate positive correlation was observed between DES and Anxious-Ambivalent Attachment ($r = .401$, $p < .001$).

The correlation between DERS and Avoidant Attachment was positive but not statistically significant ($r = .070$, $p = .281$). DERS showed a statistically significant moderate positive correlation with Anxious-Ambivalent Attachment ($r = .377$, $p < .001$). On the other hand, a statistically significant weak negative correlation was found between DERS and Secure Attachment ($r = -.238$, $p < .001$).

Avoidant Attachment displayed a statistically significant moderate relationship with Anxious-Ambivalent Attachment ($r = .387$, $p < .001$) while displaying a statistically significant, weak-to-moderate negative correlation with Secure Attachment ($r = -.251$, $p < .001$).

Finally, a statistically significant, moderate negative correlation between Anxious-Ambivalent Attachment and Secure Attachment was observed ($r = -.301$, $p < .001$).

Table 4.3. Correlations between the Variables

Variables	1	2	3	4	5	6
1. MDS (Total)	-					
2. DES (Total)	$.541^{***}$	-				
3. DERS (Total)	$.249^{***}$	$.275^{***}$	-			
4. Avoidant Attachment	$.135^{*}$	$.264^{***}$	.070	-		
5. Anxious Ambivalent Attachment	$.347^{***}$	$.401^{***}$	$.377^{***}$	$.387^{***}$	-	
6. Secure Attachment	-.106	$-.255^{***}$	$-.238^{***}$	$-.251^{***}$	$-.301^{***}$	-

$^{*}p < .05$, $^{**}p < .01$, $^{***}p < .001$

4.1.3. Maladaptive Daydreaming and Age

A Pearson correlation analysis was conducted to investigate whether MDS is correlated with age. The analysis results showed that there is a statistically significant moderate negative relationship between MDS and age (r = -.393, p < .001).

Table 4.4. Maladaptive Daydreaming and Age

Variables	r	p
MDS x Age	-.393	< .001

4.1.4. Maladaptive Daydreaming and Age

An independent-samples t-test was conducted to investigate whether there was a difference in the MDS levels between genders. The findings revealed that female participants (M = 3.96, SD = 1.94) had a significantly higher MDS level than that of male participants (M = 3.36, SD = 1.85, t (241) = 2.03, p = .043). The Cohen's d value was found to be 0.31, indicating that the difference in MDS scores between females and males is a small difference.

Table 4.5. Independent-Samples T-Test Results for MDS Levels of Different Genders

Group	N	M	SD	Levene p	Independent-Samples T-Test			
					t	df	p	Cohen's d
Female	189	3.96	1.94	.340	2.03	241	.043	0.31
Male	54	3.36	1.85					

4.1.5. Maladaptive Daydreaming and Education Level

In order to test whether there are differences between MDS levels of participants with different education level, a one-way ANOVA was conducted. The one-way ANOVA test revealed a significant result between the tested groups (F (4, 238) = 8.695, $p < .001$, η2 = .128). The results show that education level accounts for 12.8% of the variance in MDS levels.

Since the assumption of equality of variances was not met (Levene's test, $p = .024$), following the ANOVA result revealing a significant difference between at least two of the compared groups, Games-Howell Test was used as a post-hoc comparison. According to the results, the MDS levels of high school graduates are significantly higher than that of university graduates ($p = .024$), that of master's graduates ($p < .001$) and that of PhD graduates ($p = .034$). Moreover, university graduates were found to have significantly higher MDS scores than master's graduates ($p = .025$). No significant differences were observed between other pairs of groups ($p > .05$).

Table 4.6. One-Way ANOVA Results for MDS Levels of Participants with Different Education Levels

Groups	N	X̄	SS	Levene p	ANOVA Test			
					df	F	p	Partial η^2
High School	46	4.97	2.21	.024	4	8.695	<.001	.128
College	7	4.72	1.78					
University	113	3.84	1.79					
Master's	70	3.07	1.61					
PhD	7	2.65	1.52					

4.1.6. Maladaptive Daydreaming and Psychiatric History

An independent-samples t-test was conducted to investigate whether there was a difference in the MDS levels between participants with and without psychiatric diagnosis history. The findings revealed that there was no significant difference between the tested groups (t (241) = -0.31, p = .756).

Table 4.7. Independent-Samples T-Test Results for MDS Levels of Participants According to Psychiatric Diagnosis History

Group	N	M	SD	Levene p	Independent-Samples T-Test			
					t	df	p	Cohen's d
No	201	3.81	1.95	.749	-0.31	241	.756	-0.05
Yes	42	3.91	1.88					

4.1.7. Correlations of the Subscales

Three of the scales used in this study (MDS-16, DERS-16, and the Three-Dimensional Attachment Scale) included subscales, which were used in the final models. Pearson correlation analysis was conducted to examine the associations between these subscales within the sample. These results showed that for the MDS-16, there was a statistically significant, strong positive correlation (r = .703, p < .001) between the Distress and Disruption dimension and Dreaming Degree dimension of the Maladaptive Daydreaming Scale (MDS). Moreover, both Distress and Disruption (r = .944, p < .001) and Dreaming Degree (r = .898, p < .001) display strong positive correlations with MDS total score.

For the Three-Dimensional Attachment Scale, the Pearson correlation analysis results show that between Avoidant Attachment and Anxious - Ambivalent Attachment there is a statistically significant, medium sized positive correlation (r = .381, p < .001). On the contrary, between Avoidant Attachment and Secure Attachment there is a small to medium sized negative correlation (r = -.257, p < .001), while between Anxious -

Ambivalent Attachment and Secure Attachment there is a medium sized negative correlation ($r = -.305$, $p < .001$).

Lastly, for the DERS-16, Pearson correlation analysis revealed that the Clarity subscale of the Difficulties in Emotion Regulation Scale (DERS) was moderately and positively correlated with Goals ($r = .32$, $p < .001$), Impulse ($r = .33$, $p < .001$), Strategies ($r = .38$, $p < .001$), and Nonacceptance ($r = .38$, $p < .001$), and showed a strong correlation with the DERS total score ($r = .53$, $p < .001$).The Goals subscale showed strong positive correlations with Impulse ($r = .56$, $p < .001$), Strategies ($r = .69$, $p < .001$), Nonacceptance ($r = .47$, $p < .001$), and the total score ($r = .79$, $p < .001$). Similarly, Impulse was strongly correlated with Strategies ($r = .64$, $p < .001$), Nonacceptance ($r = .56$, $p < .001$), and the total score ($r = .79$, $p < .001$). The Strategies subscale showed very strong positive correlations with Nonacceptance ($r = .71$, $p < .001$) and the DERS total score ($r = .92$, $p < .001$). Nonacceptance also showed a very strong correlation with the total score ($r = .81$, $p < .001$).

4.2. Predicting Maladaptive Daydreaming

In order to understand the possible relationships between Maladaptive Daydreaming and our independent variables which are dissociation, attachment and emotion regulation, a three-step analysis plan was conducted. In this section, each hierarchical analysis models will be presented in order to observe how each variable predicts or explains the variance in Maladaptive Daydreaming in total, and its two factors namely Distress and Disruption and Dreaming Degree. Each analysis will include the preliminary analysis conducted in order to assess the assumptions of linearity. For the purposes of this research, the dissociative experiences variable was included into the model to determine its comparative effect to the variance in the dependent variable Maladaptive Daydreaming. Since literature did not definitively describe Maladaptive Daydreaming as a component of dissociation and since the scales suggest to measure different aspects of experiences as described in the previous sections, the analyses were conducted separately, considering dissociative experiences as an independent variable. For future researches, visual

representations of the data such as the box plots, residual plots and histograms were included in the Appendix H.

4.2.1. Maladaptive Daydreaming Total Analysis

A hierarchical multiple linear regression analysis was performed to assess the effects of dissociative experiences (DES-II), attachment styles (avoidant, anxious-ambivalent, and secure), and dimensions of difficulties in emotion regulation strategies (DERS-16)—such as clarity, goals, impulse, strategies, and nonacceptance—on the Maladaptive Daydreaming Scale (MDS-16), while controlling for the effects of demographic variables. As in the previous analyses, 243 participants were included in the final results.

The assumptions of multiple linear regression analysis, which are namely homoscedasticity, linear relationships, normality, multicollinearity, and autocorrelation, were checked before interpreting the regression analysis results. Firstly, to assess homoscedasticity, a scatterplot of standardized residuals against standardized predicted values was examined. The distribution of residuals appeared random and evenly spread, indicating that the homoscedasticity assumption was satisfied. Then, linearity was evaluated through partial regression plots, and no evidence of non-linear relationships was observed between the predictors and the outcome variable. These observations confirmed that the linearity assumption was met. Next, the normality assumption of multiple linear regression was tested by checking the normality of the residuals. The skewness of the residuals was found to be 0.457 and the kurtosis of the residuals was found to be -0.033, thus the normality assumption was also met. After this step, the multicollinearity assumption was checked by interpreting the VIF (Variance Inflation Factor) values of predictors. Since all of the predictors had VIF values much lower than 5 (changing between 1.08 and 3.48), it was concluded that the multicollinearity assumption was not violated. Lastly, when the dataset was ordered by the date of survey completion, the Durbin-Watson statistic was found to be 2.059, indicating that the assumption of independence of residuals was met and that there was no evidence of

autocorrelation in the data. Once all assumptions were met, the regression analysis results were interpreted (Field, 2018).

After the initial assumptions were met and the ability to create a regression model was approved, the first analysis model was created with the total score of Maladaptive Daydreaming Scale (MDS-16) in our hierarchical regression analysis. For its first step, only demographic variables were entered into the analysis model. This model significantly predicted MDS-16 total scores, (R^2 = .235, F (4, 238) = 18.30, $p < .001$), explaining 23.5% of the variance. Specifically, MDS-16 scores decreased as age increased (β = –.331, $p < .001$) and education level increased (β = –.268, $p < .001$). Gender and psychiatric history were not significant predictors ($p > .05$).

In the second step, the main independent variables (DES-II, attachment styles, and DERS-16 subscales) were added to the model. This model was also significant in predicting MD, (R^2 = .500, F (13, 229) = 17.60, $p < .001$), and accounted for a significantly greater proportion of variance in MDS-16 total scores (ΔR^2 = .265, $p < .001$). Among the control variables, age (β = –.173, p = $.002$) and education level (β = –.127, p = $.014$) remained significant predictors. Gender and psychiatric history were still non-significant ($p > .05$).

Among the psychological predictors, total DES-II scores (β = .455, $p < .001$), anxious-ambivalent attachment (β = .154, p = $.001$), DERS-16 strategies (β = –.183, p = $.036$), and DERS nonacceptance (β = .162, p = $.021$) were significant predictors of MDS total scores. Overall, higher maladaptive daydreaming was associated with higher DES-II scores, higher anxious-ambivalent attachment, greater nonacceptance of emotional responses and lower use of adaptive emotion regulation strategies. Other attachment styles and DERS-16 subscales were not significantly associated with MDS-16 total scores ($p > .05$). However, as aforementioned, rather than functioning as a predictor in the traditional sense, dissociation was considered to appear to share a significant degree of conceptual and statistical overlap with MD.

Unstandardized coefficients revealed that for each 1-point increase in DES-II, total MDS-16 score increased by 0.549 points; for each 1-point increase in DERS-16 strategies,

MDS-16 decreased by 0.339 points; and for each 1-point increase in DERS-16 nonacceptance, MDS-16 increased by 0.269 points.

In summary, after controlling for demographic variables, dissociative experiences (DES-II), the strategies and nonacceptance dimensions of emotion regulation, and anxious-ambivalent attachment style significantly predicted total maladaptive daydreaming. Together, these predictors explained 50.0% of the variance in total MDS-16 scores.

Table 4.8. Hierarchical Regression Analysis Results for the Effects of Control and Predictor Variables on Maladaptive Daydreaming

Variable	**R^2**	**F**	**B**	**Standard Error**	**Beta (β)**	**t**	**p**	**VIF**
MODEL 1	.235	18.3						
(Constant)			7.226	0.420		17.185	< .001	
Age			**-0.064**	**0.012**	**-.331**	**-5.353**	**< .001**	**1.20**
Gender			-0.125	0.279	-.027	-0.450	.653	1.13
Education Level			**-0.475**	**0.104**	**-.268**	**-4.551**	**< .001**	**1.08**
Psychiatric History			0.083	0.291	.016	0.287	.774	1.01
MODEL 2	.500	17.6						
(Constant)			2.703	1.033		2.616	.009	
Age			**-0.033**	**0.011**	**-.173**	**-3.070**	**.002**	**1.46**
Gender			-0.119	0.239	-.025	-0.498	.619	1.22
Education Level			**-0.225**	**0.090**	**-.127**	**-2.483**	**.014**	**1.20**
Psychiatric History			-0.245	0.249	-.048	-0.986	.325	1.09
DES			**0.549**	**0.073**	**.455**	**7.498**	**<.001**	**1.69**
Avoidant Attachment			-0.119	0.153	-.041	-0.779	.437	1.31
Anxious-Ambivalent Attachment			**0.306**	**0.119**	**.154**	**2.560**	**.001**	**1.67**

Secure Attachment	0.156	0.157	.051	0.992	.322	1.23
DERS (Clarity)	0.041	0.116	.020	-0.354	.723	1.51
DERS (Goals)	0.086	0.121	.049	-0.711	.478	2.21
DERS (Impulse)	0.135	0.128	.071	1.049	.295	2.12
DERS (Strategies)	**-0.339**	**0.168**	**-.183**	**-2.109**	**.036**	**3.48**
DERS (Nonacceptance)	**0.269**	**0.115**	**.162**	**2.329**	**.021**	**2.22**

4.2.2. Distress ad Disruption Analysis

A second hierarchical multiple linear regression analysis was performed to measure the effects of dissociative experiences (DES-II), attachment styles (avoidant, anxious-ambivalent, and secure), and dimensions of difficulties in emotion regulation strategies (DERS-16)—such as clarity, goals, impulse, strategies, and nonacceptance—on the "distress and disruption" factor of the Maladaptive Daydreaming Scale (MDS-16), while controlling for the effects of demographic variables.

The assumptions of multiple linear regression analysis such as homoscedasticity, linear relationships, normality, multicollinearity and autocorrelation were checked similarly to the prior analysis before interpreting the regression analysis results. The assumption of homoscedasticity was assessed by examining the scatterplot of standardized predicted values against standardized residuals. The distribution of residuals appeared random and evenly spread, indicating that the homoscedasticity assumption was satisfied. Linearity was evaluated through partial regression plots, and no evidence of non-linear relationships was observed between the predictors and the outcome variable, confirming that the linearity assumption was met. Since non-linear relationship was not detected through these observations, the linearity assumption was also considered to be met. The normality assumption of multiple linear regression was tested by checking the normality of the residuals. The skewness of the residuals was found to be 0.132 and the kurtosis of the residuals was found to be -0.406, thus the normality assumption was also met. The

multicollinearity assumption was checked by interpreting the VIF (Variance Inflation Factor) values of predictors. Since all of the predictors had VIF values much lower than 5 (highest being VIF=3.476), it was concluded that the multicollinearity assumption was not violated. Lastly, when the participants were sorted by the date of completion of the survey, the Durbin-Watson value was found to be 2.068, which indicates that there is no autocorrelation problem in the data. Once all assumptions were met, the regression analysis results were interpreted (Field, 2018).

Similarly, in the first step of the hierarchical regression analysis only the demographic variables were entered into the analysis model and in the second step, the predictors were also entered and the increase in total explained variance in distress and disruption was examined.

As shown in Table 4.9., the first regression model could significantly predict distress and disruption, (R^2 = .197, F (4, 238) = 14.643, $p < .001$). The first model significantly explains 19.7% of the variance in distress and disruption. According to the results, distress and disruption decrease as age (β = -.324, $p < .001$) and the level of education (β = -.212, $p < .001$) increase. The remaining demographic properties such as gender and psychiatric history were found to have no significant effect on distress and disruption ($p > .05$).

The second regression model was constructed with the addition of the main predictor variables (DES-II, attachment styles, DERS-16). This model was found to be able to significantly predict distress and disruption as well, showing a significant increase on the explained variance in distress and disruption (R^2 = .442, F (13, 229) = 13.971, $p < .001$). This second model significantly explained 44.2% of the variance in distress and disruption. Among the control variables, the predictive effect of age continued to be statistically significant, while the effect of education was found to be non-significant. According to the results, distress and disruption significantly increases while age decreases (β = -.196, p=.001), DES-II increases (β = .425, p<.001), and anxious-ambivalent attachment increases (β =.210, p=.001). The effects of the remaining control and predictor variables were found to be non-significant.

The results show that, when controlling for the effects of demographic variables, each one-point increase in DES-II mean scores is associated with a 0.506-point increase in the MDS distress and disruption subscale mean score. Similarly, each one-point increase in anxious-ambivalent attachment mean scores is associated with a 0.411-point increase in the MDS-16 distress and disruption subscale mean score.

DES-II level has a moderate effect on “distress and disruption” and significantly explains 10.7% of the total variance in “distress and disruption” by itself. In addition, anxious-ambivalent attachment level has a small effect on “distress and disruption” and significantly explains 2.7% of the total variance in distress and disruption by itself.

In summary, these hierarchical regression analysis results showed that while the effect of demographic variables were controlled for, DES-II and anxious-ambivalent attachment significantly effected distress and disruption.

Table 4.9. Hierarchical Regression Analysis Results for the Effects of Control and Predictor Variables on Distress and Disruption

Variable	R^2	F	B	Standard Error	Beta (β)	t	p	VIF
MODEL 1	.197	14.643						
(Constant)			7.560	0.425		17.780	< .001	
Age			**-0.062**	**0.012**	**-.324**	**-5.100**	**< .001**	**1.196**
Gender			-0.211	0.283	-.046	-0.746	.457	1.130
Education Level			**-0.371**	**0.106**	**-.212**	**-3.510**	**< .001**	**1.082**
Psychiatric History			0.121	0.294	.024	0.411	.681	1.014
MODEL 2	.442	13.971						
(Constant)			3.628	1.077		3.368	<.001	
Age			**-0.038**	**0.011**	**-.196**	**-3.288**	**.001**	**1.462**
Gender			-0.212	0.249	-.046	-0.850	.396	1.216
Education Level			-0.159	0.095	-.091	-1.676	.095	1.202

Psychiatric History	-0.153	0.260	-.030	-0.589	.556	1.094
DES	**0.506**	**0.076**	**.425**	**6.621**	**<.001**	**1.692**
Avoidant Attachment	-0.176	0.160	-.062	-1.103	.271	1.309
Anxious-Ambivalent Attachment	**0.411**	**0.125**	**.210**	**3.294**	**.001**	**1.670**
Secure Attachment	0.206	0.165	.068	1.252	.212	1.227
DERS (Clarity)	-0.023	0.121	-.011	-0.188	.851	1.506
DERS (Goals)	-0.029	0.126	-.017	-0.232	.817	2.207
DERS (Impulse)	0.194	0.134	.104	1.442	.151	2.120
DERS (Strategies)	-0.290	0.168	-.159	-1.733	.084	3.476
DERS (Nonacceptance)	0.156	0.121	.095	1.293	.197	2.220

4.2.3. Dreaming Degree Analysis

To measure the effects of dissociative experiences (DES-II), attachment styles (avoidant, anxious-ambivalent, secure), and dimensions of difficulties in emotion regulation strategies (DERS-16) such as clarity, goals, impulse, strategies, nonacceptance on the "dreaming degree" factor of the Maladaptive Daydreaming Scale are, while controlling the effects of demographic variables, a third hierarchical multiple linear regression analysis was performed. Similarly to the previous analyses, 243 of the participants were included in the final results.

Before interpreting the results of the multiple linear regression analysis, the assumptions of homoscedasticity, linear relationships, normality, multicollinearity and autocorrelation

were checked for this analysis as well. To assess homoscedasticity, a scatterplot of standardized residuals against standardized predicted values was examined. The residuals showed a slightly funnel-shaped distribution, suggesting a potential violation of the homoscedasticity assumption. A Spearman correlation analysis was then conducted between the unstandardized predicted values and unstandardized residuals in order to further evaluate this observation. The non-significant correlation ($r = -.023$, $p = .718$) indicated that there was no systematic relationship between the predicted values and residuals, suggesting that any departure from homoscedasticity is minimal and does not seriously affect the regression model (Yin & Carroll, 1990). Then, the linearity assumption between the predictor and outcome variables was examined using partial regression plots. No apparent non-linear relationships were observed, indicating that the linearity assumption was met. The normality assumption was assessed by examining the distribution of residuals; skewness was found to be 0.509 and kurtosis was 0.097, both within acceptable limits (between +1 and -1), indicating that the assumption of normality was also met. The multicollinearity assumption was checked by interpreting the VIF (Variance Inflation Factor) values of predictors. Since no predictor had a VIF exceeding 10 and there was no clustering of VIF values around 5 (changing between 1.014 and 3.476), it was concluded that there is no serious violation of the multicollinearity assumption. Finally, when the participants were sorted by the date of completion of the survey, the Durbin-Watson value was found to be 1.997, which indicates that there is no autocorrelation problem in the data. After all assumptions were met, the regression analysis results for the third model were interpreted.

Same as the last two models, in the first step of the hierarchical regression analysis, only the demographic variables were entered into the analysis model. In the second step, the predictors were entered as well and the increase in total explained variance in dreaming degree was examined.

As can be seen in Table 4.10., the first regression model could significantly predict dreaming degree, ($R^2 = .211$, $F(4, 238) = 15.945$, $p < .001$), which meant that the first model significantly explains 21.1% of the variance in dreaming degree. According to the results, dreaming degree decreases as age ($\beta = -.284$, $p < .001$) and the level of education

increases (β = -.296, $p < .001$). The remaining demographic properties such as gender and psychiatric history were found to have no significant effect on dreaming degree ($p > .05$).

The second regression model, which included the main independent variables (DES-II, attachment styles, and DERS-16 subscales), was also statistically significant and accounted for a greater proportion of variance in dreaming degree (R^2 = .436, F (13, 229) = 13.643, $p < .001$). This model explained 43.6% of the total variance. Among the control variables, education level remained a meaningful predictor, whereas the effect of age was no longer statistically reliable within this model, which was observed as a difference from the first two analyses. Specifically, dreaming degree was found to increase with lower education levels (β = –.153, p = .005), higher DES-II scores (β = .416, $p < .001$), lower scores on the DERS strategies subscale (β = –.184, p = .048), and higher scores on the nonacceptance subscale (β = .223, p = .003). All other control and predictor variables were not associated with dreaming degree at a statistically significant level ($p > .05$).

The results show that while controlling the effects of demographic variables, for each 1 point increase in the DES-II mean score, the mean score of the dreaming degree subscale of MDS-16 increased by 0.622 points; for each 1 point increase in the mean score of strategies dimension of DERS-16 the mean score of the dreaming degree subscale of MDS-16 decreased by 0.420 points; and for each 1 point increase in the mean score of nonacceptance dimension of DERS-16 the mean score of the dreaming degree subscale of MDS-16 increased by 0.458 points.

DES-II level was again found to have a moderate effect on dreaming degree and significantly explained 10.2% of the total variance in dreaming degree by itself, remaining the strongest contributor to the variance in all of the models. "Strategies" dimension of DERS-16 had a weak effect on dreaming degree and significantly explained 1.0% of the total variance in dreaming degree by itself. "Nonacceptance" dimension of DERS-16 had a weak sized effect on dreaming degree as well and significantly explained 2.2% of the total variance in dreaming degree by itself.

In summary, the second hierarchical regression analysis showed that dissociative experiences (DES-II) had the strongest effect on the variance, and the strategies dimension and the nonacceptance dimension of emotion regulation significantly predicted the dreaming degree, after controlling for demographic variables. Specifically, dreaming degree increased with higher DES-II and nonacceptance scores, and decreased with higher scores on the strategies subscale. Together, these predictors explained 43.6% of the variance in dreaming degree.

Table 4.10. Hierarchical Regression Analysis Results for the Effects of Control and Predictor Variables on Dreaming Degree

Variable	**R^2**	**F**	**B**	**Standard Error**	**Beta (β)**	**t**	**p**	**VIF**
MODEL 1	.211	15.945						
(Constant)			6.672	0.529		12.603	<.001	
Age			**-0.069**	**0.015**	**-.284**	**-4.512**	**<.001**	**1.196**
Gender			0.015	0.352	.003	0.044	.965	1.130
Education Level			**-0.649**	**0.131**	**-.296**	**-4.941**	**<.001**	**1.082**
Psychiatric History			0.021	0.366	.003	0.058	.954	1.014
MODEL 2	.436	13.643						
(Constant)			1.163	1.360		.855	.393	
Age			-0.027	0.015	-.113	-1.881	.061	1.462
Gender			0.036	0.315	.006	0.113	.910	1.216
Education Level			**-0.337**	**0.119**	**-.153**	**-2.818**	**.005**	**1.202**
Psychiatric History			-0.400	0.328	-.063	-1.219	.224	1.094
DES			**0.622**	**0.096**	**.416**	**6.453**	**<.001**	**1.692**
Avoidant Attachment			-0.025	0.201	-.007	-0.122	.903	1.309

Anxious-Ambivalent Attachment	0.132	0.157	.054	0.839	.402	1.670
Secure Attachment	0.074	0.208	.020	0.357	.721	1.227
DERS (Clarity)	0.148	0.153	.059	0.966	.335	1.506
DERS (Goals)	0.279	0.160	.129	1.747	.082	2.207
DERS (Impulse)	0.038	0.170	.016	0.222	.825	2.120
DERS (Strategies)	**-0.420**	**0.212**	**-.184**	**-1.987**	**.048**	**3.476**
DERS (Nonacceptance)	**0.458**	**0.152**	**.223**	**3.013**	**.003**	**2.220**

5. DISCUSSION

This study was conducted in order to contribute to the new and developing literature on the proposed disorder of Maladaptive Daydreaming. It was designed exploratory in nature, looking at three possibly related psychological processes that might have a significance in relation to MD, and the aim was to have an idea of the possible predictors in the context of Türkiye. This section will discuss in detail where the significant findings fit within the existing literature, and how they can be further developed and detailed with more specific research in the future.

The findings of this study generally supported the consensus in the reviewed literature and the hypotheses established in the beginning, especially with dissociative experiences being the strongest predictor amongst the variables and also showed that the insecure attachment patterns and some emotion regulation difficulties contributed to Maladaptive Daydreaming. Certain demographic aspects were also included in the research as control variables, namely age, gender, education level and psychiatric history since they were represented in the literature as relevant. However, some contrasting results were found, since, while the age and education level seemed significant, gender and psychiatric history did not, unlike established before, which will be discussed in detail alongside the aforementioned supported hypotheses. There is still a gap for both quantitative and qualitative research regarding this issue in Türkiye, and this section will try to address the possible contributions and limitations by linking the findings to the existing research globally and pointing out how it can be specified further.

5.1. Predicting Maladaptive Daydreaming

Hierarchical regression models revealed that amongst the control variables, age and education level significantly predicted the Maladaptive Daydreaming total score. Adding to that, while the demographic variables were controlled, dissociative experiences,

anxious attachment, strategies and nonacceptance sub factors of emotion regulation difficulties were also found to have significant effects in the variance. The analyses were conducted with the intention of gathering enough information on different mechanisms, therefore three separate results were represented within this study. First, the total values for maladaptive daydreaming were analyzed with the control and independent variables, then, two subscales which were namely “dreaming degree” and “distress and disruption” were also looked into in order to see how separate aspects within MD was affected by the variables. For the analysis looking at the total result of MD, age and education level were significant while gender and psychiatric history were not significant amongst the control variables. Regarding the independent variables, this analysis showed that dissociative experiences, anxious-ambivalent attachment, emotional nonacceptance and low emotion regulation strategies were all statistically significant in the regression models. For the Dreaming Degree factor, the same variables were observed as significant, with only minor differences in the strength of affects. However, with Distress and Disruption, difficulties in emotion regulation seemed to lose its significance while other variables remained significant. These main significant factors will be discussed in detail for each variable. Then, the possible clinical implications and integration of these findings to the understanding of Maladaptive Daydreaming related to these findings will be presented, alongside the limitations of the study and suggestions for the future research will be offered.

5.1.1. Dissociative Experiences

The strongest contributor to our regression model was Dissociative Experiences, remaining significant in all three different analyses conducted, having a strong effect at each. This finding is supported by almost all related previous studies and might be considered as supporting the recent attempt at recognizing Maladaptive Daydreaming as a dissociative disorder as a diagnosis (Soffer-Dudek et al., 2025). While the dissociative experiences scale used (DES-II) is a brief form of a longer Dissociative Experiences Scale, and therefore does not have specific subscales, it still offers a background of the dissociative tendencies of individuals and has a significant effect on their Maladaptive

Daydreaming levels, both in how distressed they are by it, and how severely and vividly they daydream.

Literature highly supports these findings. Eli Somer (2002), when creating the first model for maladaptive daydreaming suggested that it is a dissociative phenomenon which was developed as a coping mechanism to distress, trauma or unmet emotional needs, characterized with a rich inner fantasy life, and dysregulated emotional balance. Another key aspect was that dissociative absorption is found to be one of the main contributors to the variance in MD in previous research, and the positive relationship between dissociative symptoms and maladaptive daydreaming is reported in different findings (Somer, 2018, Somer, 2016b, Schimmenti, 2019, Ferrante et al., 2022). The current research supports these claims in a Turkish population as well, which is important since it creates an opening for future research on understanding this strong relationship and its subdimensions.

As a limitation of this study, due to time constraints and the desire to look at different aspects of the psychological dynamics of MD, the short form DES-II was used in order to increase the likelihood of participants completing the survey and not lengthening the item list. This, while enabling us to measure many different variables within the same model, meant that there were no subscales within the scale used to measure the dissociative experiences. In short, we don’t know which kinds of experiences were more prevalent or significant in the pathway to maladaptive daydreaming. However, DES-II was a reliable and valid tool for measuring the existence and severity of dissociation (Yargıç et al., 1995) and still gives significant information on the existence and strength of the effect for MD, having albeit fewer items related to all factors previously established in the long version. As aforementioned, since the literature is still developing and does not offer a clear and decisive theoretical background to determine whether MD is a component of dissociation, this research aimed to establish the relationship and offer future directions when looking at the relationship. The results can be thought to suggest that, rather than functioning as a predictor in the traditional sense, dissociation appears to share a significant degree of conceptual and statistical overlap with MD, being a dissociative experience on its own.

Alongside its statistical significance, the role of dissociation in MD can also be thought of in regards to being a functional defensive process in order to cope and compensate dysregulated affect. Both theoretical background and empirical research surrounding them suggest that dissociation can be observed in cases of overwhelming emotional states, working as a method of withdrawal from intolerable internal or external realities (Freud, 1936; Boulanger, 2007; Stern, 2022; Somer, 2002; Schimmenti & Caretti, 2016). The immersive and often idealized nature of fantasies in MD supports the idea that having a dissociative inner world that provides psychological safety or relational repair when such needs are not met in reality can give enough pleasure and relief that can then lead to further disconnect (Sándor et al., 2021; Somer et al., 2016c; Pietkiewicz et al., 2018)

5.1.2. Emotion Regulation Difficulties

Emotion regulation difficulties were suggested to have an important role for the daydreaming to turn maladaptive within literature (Somer, 2002; Somer et al., 2016b). In total, four our research, emotion regulation difficulties were found to be a significant predictor of Maladaptive Daydreaming, especially for the Dreaming Degree aspect of the scale which describes the severity, vividness, and compulsive qualities of daydreaming (Somer et al., 2016a). Among the subdimensions of the DERS-16, emotional nonacceptance and lack of access to emotion regulation strategies were significant, suggesting that MD is not only tied to general dysregulation but also to a failure to manage emotional distress adaptively and to tolerate affective experiences without judgment.

These findings were found to be consistent with the literature looking at the relationship between MD and emotional dysregulation. It can be suggested that MD could be serving as a regulation method by itself, offering temporary relief or escapism in response to overwhelming emotional states (Bigelsen & Schupak, 2011; Ferrante et al., 2022; Pietkiewicz et al., 2018). People with difficulties in accepting negative emotions or those who do not have the necessary effective coping strategies (since the strategies and nonacceptance were the two significant aspects of emotional dysregulation within this study) may retreat into a vivid fantasy world, in order to restore a sense of control or

compensate against relational stress (Mariani et al., 2021; Fischera, 2024). This is especially important to note considering that shame and anxiety were also often suggested to be linked to the observing and severity of MD (Schimmenti et al., 2019; Somer et al., 2016c). While this type of regulation might initially be considered to serve an adaptive purpose, it can reinforce avoidance, isolation, and therefore intensify distress over time. This can especially be true when considered together with further reported shame or isolation stemming from the daydreaming itself within literature (Sándor et al., 2021a; Mariani et al., 2021, Somer, 2002).

In this context, the current findings are important when focusing on the impact of emotion regulation patterns and recognizing them as not just comorbid traits but as mechanisms potentially predicting MD. Since the subscales "strategies" and "nonacceptance" were found to be significant predictors, this study can also offer more information on how therapeutic work might benefit from focusing on the aspect of emotional acceptance and creating better strategies to develop internal methods of regulation and tolerating distress. Studies suggest that MD'ers report using fantasy to escape shame, relational fears and emotional pain, but often at the cost of functioning and self-worth; therefore, this approach can significantly help with the severity and length of MD (Somer, 2002; Schimmenti & Caretti, 2016).

5.1.3. Attachment Insecurity

The results of this research indicated that anxious attachment style had a significant effect on Maladaptive Daydreaming, especially for the distress and disruption experienced through it, yet it was not found significant for the dreaming degree aspect. This is an interesting finding in many points. Firstly, the motivation to include the attachment patterns to the study was born from the many accounts of MD'ers that reported fantasies specifically revolving around relationships, romantic or otherwise, and intense emotions or unmet needs in their reality (Bigelsen et al., 2016; Somer et al., 2016c). This suggested that the compulsion to daydream, the desirability of remaining in the fantasy due to the positive feelings tied to relational needs that are satisfied through them, would be

significant. However, in the current research, only the distress and disruption felt by the constant daydreaming and shame related to it was found to be so. These findings can be looked at through different lenses. It can be argued that with the limitations of the study design, the scale chosen to measure attachment patterns was reliable yet not enough to perhaps focus on all aspects of attachment, having 16 items and being made of clear, to the point sentences that might invoke social desirability when being answered (some examples being: “I don’t think others are as valuable as me.” or “I only care about myself”) (Erzen, 2016). On another hand, the distress and disruption felt by maladaptive daydreaming is considered to be connected to the negative effect that follows since reality cannot match with fantasy (Schimmenti et al., 2019; Ferrante et al., 2022). Thinking of the anxious-ambivalent attachment style, it can be meaningful to assume that the fearful nature and the relational anxiety is closely tied to the emotional aspect of fantasy function, supporting previous research (Sándor et al., 2021a; Mariani et al., 2021). When looking at daydreaming as an adapting measure which turns maladaptive as compensation for these relational and emotional difficulties (Somer, 2002; Somer et al., 2016b), it can make sense that distress and disruption was the more significant in relation to anxiety related to attachment difficulties. However, a further and more comprehensive look at the attachment styles or relational dynamics would be beneficial to further understand its possible connection to the dreaming degree if there is any that is not observed through this study.

Another point is that avoidant attachment was not found significant in our results. While maladaptive daydreaming was characterized by the self-isolation of the individual, making one consider the possibility of an avoidance in relational aspect, the research shows that in the daydreams there are usually significant, rich, close relationships that people report feelings of closeness, intimacy and even loss (Somer et al., 2016c). Therefore, it can be argued that it is not a withdrawal but a sense of security and control in the daydream in regard to relationships, which more closely remind ambivalent-fearful attachment styles. While this study shows that there is significant relational anxiety that plays a role in Maladaptive Daydreaming, further research can also help clarify the relational needs that have an impact on these patterns.

5.1.4. Control Variables

For the control variables, age, gender, psychiatric history and education level were included in the research. For this study, only age and education level were found to be significant in its relationship with MD in total, and the subscale for Distress and Disruption. For Dreaming Degree, only education level remained significant.

In the current study, age was found to be a significant predictor of maladaptive daydreaming in the initial stages of analysis, particularly in relation to the total score and the distress and disruption dimension; suggesting that younger individuals experienced higher prevalence of MD. This finding was found to be consistent with previous studies on a Turkish sample consisting adult MD'ers (Karpat, 2021; Eren, 2024), and they also reported a significant association between age and maladaptive daydreaming severity, as well as other studies conducted outside Türkiye with similar results (Soffer-Dudek & Theodor-Katz, 2022; Renzi & Mariani, 2025). Given the wide age range of our sample, the significance of age as a predictor of MD might be suggesting that the developmental factors may be contributing meaningfully to its severity or quality. Future studies could explore whether younger individuals are more susceptible due to less mature emotion regulation abilities or due to increased reliance on fantasy for coping; and find further explanations for the background of this relationship.

It might be important to focus on the fact that in the current hierarchical model, the effect of age lost its significance in only predicting the dreaming degree subdimension once the psychological predictors (dissociation, attachment styles, and emotion regulation difficulties) were entered into the model. This might suggest that age may have an indirect or mediated effect on certain aspects of maladaptive daydreaming within related contexts, especially when it is tied to functional aspects rather than the severity of immersion. As another point, age might be representing the developmental or psychosocial factors not measured in the present study, such as life stage transitions or maturation in coping methods.

Considering education level, the study found that for all three regression models (total MD score, dreaming degree and distress and disruption), it significantly predicted MD.

This finding supports previous observations within literature, including Bigelsen et al. (2016), who reported that Maladaptive Daydreamers across 45 countries were more likely to be students, and that they spent less years in formal education. While their study primarily focused on descriptive associations, the present results show that education level remains an important predictor of MD severity even as a control for other psychological variables such as dissociation, attachment style, and emotional regulation difficulties.

Literature also suggests that immersive fantasy may have the purpose of being a compensatory mechanism in the face of unmet academic or interpersonal desires, identity confusion, or internalized self-criticism, and provide a protection against narcissistic injuries (Fonagy, 2002; Renzi & Mariani, 2025, Somer, 2002). Connected to this point, it can be argued that severe MD symptoms, especially those causing distress and disruption, may interfere with education and its continuation as the symptoms progress, suggesting a possible bidirectional relationship. However, it can also be argued that age and education level are composite variables likely explaining the same portion of the variance in MD, especially since age loses its significant power in the second model of Dreaming Degree analysis. Our results showing education level might be a significant predictor after accounting for psychological mediators invites further exploration, since while this research suggests a possible link, further studies accounting for these factors and conducted in a more detailed focus can elaborate further how they are related.

Another point to consider is that age and education level might be interrelated variables, since younger individuals are more frequently students or still in the process of completing formal education. However, in the current study both variables were included simultaneously in the regression models. This allows for the estimation of their unique contributions to maladaptive daydreaming, and the fact that each retained significance suggests that they have independent effects on MD severity. As a possible explanation and summary, it might be possible to suggest that age may be reflecting developmental and psychological vulnerability, whereas education level may be indicating the quality of structural or cognitive resources or of functional impairment resulting from MD itself.

Results also showed that there was no significant relationship between gender and MD in any of the models, which was supported by previous studies conducted on large samples (Musetti, 2021, Soffer-Dudek & Theodor-Katz, 2022, Schimmenti et al., 2019). The literature, together with the current analyses, suggest that MD may not be a gendered phenomenon in its expression or severity. However, there are also some conflicting findings in the literature in regard to the significance of gender. For example, Bashir (2021) observed a higher prevalence of MD among male medical students, whereas Karpat (2021) found higher rates among female participants. These discrepancies may be observed due to sampling differences or cultural context. It is also possible that gender differences, if present, may emerge in specific subcomponents of MD (e.g., themes, triggers, coping motives) rather than in total scores, which might be more clearly observed in a qualitative or mixed-method study design which can include related interviews to measure them. Therefore, while the present findings support the growing consensus that MD may not be effected significantly by gender, further research might be necessary to explore potential gendered differences in the understanding of MD, especially considering the lack of contextual or cultural detailed information in regards to it.

Lastly, psychiatric diagnosis history was not found to be a significant predictor of maladaptive daydreaming across any of the regression models conducted. This result might be considered unexpected given the well-documented associations between MD and various possibly comorbid psychiatric conditions such as ADHD, depression, and dissociative disorders (Somer et al., 2017; Öğüt, 2024; Eren, 2024). However, it is important to note that most of the research mentioned showing strong comorbidity patterns were done with clinical or diagnostically specified samples. In contrast, the present study was conducted with a general population sample, and participants self-reported their psychiatric history. This, in turn, might have led to less reports of psychiatric history, due to limited access to formal diagnoses or biases on disclosing diagnoses. Additionally, in some of the research reviewed looking at conditions such as ADHD and dissociative disorders were suggested to remain underdiagnosed in Türkiye, particularly in adulthood (Eren, 2024; Kandeğer et al., 2025), which may be further contributing to the lack of significance in psychiatric history. To replicate with specific

clinical samples might be beneficial in order to determine the comorbidity or predictiveness of psychiatric history on MD.

5.2. Clinical Implications

Literature supports that Maladaptive Daydreaming is experienced in various ways that is painful for the individual (Somer et al., 2016c; Bigelsen & Schupak, 2011). The result of this study further suggests that it has an important relationship with other issues such as dissociative tendencies, emotion regulation difficulties and relational anxiety. Clinically, studies show that Maladaptive Daydreamers tend to not mention this aspect of their suffering or are surprised when they hear about it in another context, assuming they are alone in the experience, followed by feelings of shame (Somer, 2002, Somer et al., 2016c, Metin et al., 2022). It can be important to recognize the rich connections of such a phenomenon and utilize it in therapy. The few qualitative research done on the matter shows that the intensity and the content of the daydreams they spend their time imagining can give a lot of information about the different aspects of their inner life and unmet needs (Somer, 2002; Somer et al., 2016c; Soffer-Dudek et al., 2025). Understanding Maladaptive Daydreaming can be key in how to approach it in clinical practice, recognizing shame, defining the issue, looking into the attachment patterns and relational anxieties, can provide a valuable roadmap.

Despite the further need for research, this study showed that emotion regulation difficulties had a significant effect on the dreaming degree of the individual, meaning how severely, vividly and often they spend time in that state of withdrawal was predicted by their dysregulation. The dissociative tendencies and possible traumatic backgrounds can be considered through this light as well, by focusing on methods to integrate new strategies to regulate emotions and establishing a containing and accepting function, it can be assumed that maladaptive daydreamers might see a relief in the severity of their issues. Adding to these, attachment anxiety being a predictor means there is a further need to understand and conceptualize the relational needs and dynamics of Maladaptive Daydreamers. Having enough information on these predicting clues can help clinicians

recognize and treat the difficulties they face and further help creating a pathway to understand MD.

5.3. Limitations and Future Directions

The first and most acutely felt limitation of this study was the time limit. From the beginning, the number of items that could be used and therefore which scales were going to be chosen for the purposes of this study became an issue with the concern of finding participants that would complete the entire survey in time. Therefore, as aforementioned, brief forms of longer scales were chosen in order to give a broad idea about the possible connections of different related psychological processes to the experience of Maladaptive Daydreaming. This, in turn, meant that a detailed analysis for each variable was sacrificed in order to establish an exploratory baseline for future research.

Another limitation for the study was that self-report measures were used in the process of collecting the data. Social desirability effect might especially be a concern in relational context, considering that especially the attachment scale items are generally clear judgements on how an individual observes themselves in relation to others. Also, the difficult nature of the dissociative experiences scale items can also bring up a potential defensiveness in the participant for the coming sections of the survey. For future research, mixed method research that measures both by scale and by semi-structured interview questions would be beneficial to assess the Maladaptive Daydreaming experiences in relation to other dynamics in detail.

The next limitation to mention is the sampling method of the study. The convenience and snowball sampling methods were useful considering the time constraint and the wide range of people that the study aimed to reach within the general population, but it meant that the diversity and control was sacrificed. The online advertisements posted to reach a wide range of participants most likely attracted individuals who were already inclined to join online research or those who were already interested in the topic of Maladaptive Daydreaming, which might have an effect on the generalizability of the results. Also, to properly observe the place of psychiatric history in maladaptive daydreaming in future

research, a clinical sample can be preferred in order to properly assess the comorbidity and relationship in Türkiye.

It can also be thought that while it was important to look into different variables and controls, due to both the time constraints and the relatively lacking literature in the context of Türkiye, it can be beneficial to create more specifically targeted study designs in light of these results. For example, it would be interesting to look into the possible mediating effects within these variables and create a pathway in order to contribute to the clinical implications of this study.

In summary, while this research was an attempt at exploring different aspects of Maladaptive Daydreaming and yielded useful results, it can be developed in much more detail. Considering the individual nature of a vivid rich inner fantasy life, it can be interesting to qualitatively study the content of fantasy in individuals suffering from MD. Also, it can be beneficial to use a different measure for each variable in this study and consider their different aspects on their own.

6. CONCLUSION

The main objective of this study was to explore Maladaptive Daydreaming in the context of Türkiye, and for this purpose we investigated the possible predictors suggested in previous literature, namely, dissociative experiences, attachment and emotion regulation. To our knowledge, this was the first study conducted on a Turkish population focusing specifically on these psychological mechanisms that might have a relationship with MD. Since the literature is relatively new, this study contributed by finding dissociative experiences, emotion regulation and ambivalent/anxious attachment as significant predictors in different aspects of the proposed disorder.

The current study, despite its limitations, showed that MD has a complex and comprehensive relationship with other psychological processes, while still remaining a unique phenomenon by itself that is reported by many individuals. When fantasy and daydreaming and its adaptive functions have been so central in our understanding of the mind, it can be important to look at its further potential pathways towards becoming maladaptive. It is also important to note that while in the recent years the term Maladaptive Daydreaming was increasingly popularized, there is still very little information on how to approach it in a clinical or therapeutic setting, and it is our hope the information gathered in this study can impact further research on the subject.

In general, the current study revealed some of the predictors for a complex phenomenon, and it is our hope that it can help take a step forward in its treatment. Since the literature still has a gap on MD in Turkish populations, this study is another contribution to the recently growing pool of explanations of its mechanisms, but further research is necessary to fit these results into detailed context.

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7. APPENDICES

Appendix A. Result of the Evaluation by the Ethics Committee

Result of the Evaluation by the Ethics Comitee is available in the printed version of this dissertation.

Appendix B. Consent Form

Bilgilendirilmiş Onam Formu (Online Anket)

Bu çalışma Bilgi Üniversitesi Klinik Psikoloji Yüksek Lisans Programı öğrencisi Psikolog Sesil Tok tarafından Dr. Öğretim Üyesi Taner Yılmaz danışmanlığında yüksek lisans tezi kapsamında yürütülmektedir ve Türkiye'de uyumsuz hayal kurma davranışı gösteren bireylerin deneyimlerini keşfetmek amacıyla yapılmaktadır. Uyumsuz hayal kurma deneyimlerinin içsel süreçlerle olan ilişkisini inceleyerek, bu konuda bilimsel bilgiyi artırmayı, gelecekteki araştırmalara katkı sağlamayı ve olası müdahale yöntemlerine yönelik çıkarımlarda bulunmayı hedeflemektedir.

Bu çalışma kapsamında ilk olarak katılımcılardan kısa bir bilgi formu doldurması, daha sonra yaklaşık 10 dakika sürecek bir anket cevaplaması istenecektir.

Bu araştırma bilimsel bir amaçla yapılmaktadır ve katılımcı bilgilerinin gizliliği esastır. Formlara verdiğiniz cevaplar kaydedilirken isminiz sorulmayacak ve kişisel bilgileriniz kaydedilmeyecektir. Bu bilgiler yalnızca araştırmacının ve tez danışmanının erişimi olan şifreli bir dosyada ve şifreli bir bilgisayarda tutulacak, anonim veri saklama yükümlülüğüne bağlı olarak 5 yıl boyunca dışarıdan erişime kapalı olarak muhafaza edilecektir.

Bu çalışmaya katılmak tamamen isteğe bağlıdır. Çalışma ve anket soruları tetikleyici özellik taşımamakta olup katılımcılarda bir zorlanma ya da zarara yol açması beklenmemektedir. Çalışmaya katılmanın üzerinizde herhangi bir olumsuz etki yaratmayacağı öngörülmektedir. Katılmayı kabul ettiğiniz takdirde çalışmanın herhangi bir aşamasında onayınızı geri alma ve çalışmadan ayrılma hakkına sahipsiniz. Çalışmayı yarım bıraktığınız durumda verdiğiniz bilgiler araştırmaya dâhil edilmeyecektir.

Araştırmayla ilgili bilgi almak, soru sormak veya yorumlarınızı paylaşmak isterseniz, araştırmacı Sesil Tok ile adresinden iletişime geçebilirsiniz.

Eğer araştırmaya katılmaya onay veriyorsanız, aşağıdaki bölümdeki maddeler için "Evet" seçeneğini işaretlemeniz yeterlidir.

"Bu çalışmaya tamamen gönüllü olarak katılıyorum. Bana anlatılanları ve yukarıdaki açıklamaları anladım. Çalışmaya katılmayı ve verdiğim bilgilerin bilimsel amaçlı yayın, rapor ve sunumlarda kullanılmasını kabul ediyorum."

Appendix C. Demographic Questions

Lütfen aşağıdaki soruları dikkatlice okuyarak size uygun olan yanıtı işaretleyiniz veya boşlukları doldurunuz.

1. Yaşınız:

☐ _____(Lütfen belirtiniz)

2. Cinsiyetiniz:

☐ _____(Lütfen belirtiniz)

3. Eğitim Durumunuz:

☐ İlköğretim

☐ Lise

☐ Ön Lisans

☐ Lisans

☐ Yüksek Lisans

☐ Doktora

4. Daha önce herhangi bir psikiyatrik tanı aldınız mı?

☐ Evet

☐ Hayır

5. Daha önce psikiyatrik bir tanı aldıysanız, lütfen belirtiniz.

☐ _____(Lütfen belirtiniz)

6. Daha önce herhangi bir psikolojik destek (terapi/ilaç tedavisi) aldınız mı?

☐ Evet, terapi aldım

☐ Evet, ilaç tedavisi aldım

☐ Evet, hem terapi hem ilaç tedavisi aldım

☐ Hayır, almadım

7. Şu anda psikiyatrik ilaç kullanıyor musunuz?

☐ Evet

☐ Hayır

8. Şu anda psikiyatrik bir ilaç kullanıyorsanız, lütfen belirtiniz.

☐ _____(Lütfen belirtiniz)

Appendix D. Turkish Version of Maladaptive Daydreaming Scale (MDS-16)

Aşağıdaki soruları cevaplarken, eğer başka türlü bir şey belirtilmemişse, son bir ay içerisinde kurduğunuz hayalleri dikkate alın. Deneyiminize en çok uyan yüzdeyi işaretleyin.

Örneğin: Bazı insanlar o kadar çok hayal kurarlar ki, nerede olduklarını unuturlar.

Siz hayal kurduğunuzda nerede olduğunuzu ne sıklıkla unutuyorsunuz?

%0 %10 **%20** %30 %40 %50 %60 %70 %80 %90 %100

Bu örnekte % 20 seçilmiştir.

1. Bazı insanlar belli türden müziklerin hayal kurmayı tetiklediğini farkedeler. Müzik sizin hayal kurmanızı ne ölçüde tetikler?

%0 Asla %10 %20 %30 %40 %50 %60 %70 %80 %90 %100 Çok Sık

2. Bazı insanlar gerçek bir yaşam olayı tarafından kesintiye uğrayan hayallerine kaldığı yerden devam etmek isterler. Kurduğunuz hayallerden biri gerçek bir yaşam olayı tarafından kesintiye uğradığı zaman, mümkün olan en kısa zamanda bu kurduğunuz hayale geri dönme ihtiyacınız veya isteğiniz ne kadar güçlüdür?

%0 Hiç İstek Yok %10 %20 %30 %40 %50 %60 %70 %80 %90 %100 Aşırı İstek

3. Halihazırda ki hayal kurmanıza, sesiniz veya yüz ifadeniz ne sıklıkla eşlik etmektedir? (örneğin; gülme, konuşma veya mırıldanma)

%0 Asla %10 %20 %30 %40 %50 %60 %70 %80 %90 %100 Çok Sık

4. Gerçek yaşam yükümlülüklerinizi yerine getirmeniz sebebiyle hayal kuracak vakit bulamazsanız, hayal kurmak için zaman bulamamanız size ne kadar sıkıntı verir?

%0 Hiç %10 %20 %30 %40 %50 %60 %70 %80 %90 %100 Aşırı Sıkıntılı

5. Hayal kurmak bazı insanların günlük iş ve görevlerini yerine getirmelerine engeller. Hayal kurmak günlük temel işlerinizi başarıyla tamamlamanızı ne kadar engellemektedir?

%0 Hiç Engellemez %10 %20 %30 %40 %50 %60 %70 %80 %90 %100 Aşırı Engeller

6. Bazı insanlar hayal kurmaya harcadıkları zaman konusunda kendilerini sıkıntılı veya endişeli hissederler. Bugünlerde hayal kurmaya harcadığınız zaman konusunda kendinizi ne kadar sıkıntılı hissediyorsunuz?

%0 Hiç %10 %20 %30 %40 %50 %60 %70 %80 %90 %100 Aşırı Sıkıntılı

7. Dikkat etmeniz veya bitirmeniz gereken zorlu ya da önemli bir iş olduğunda, işinizi hayal kurmadan tamamlamanız sizin için ne kadar zordur?

%0 Hiç Zor Değil %10 %20 %30 %40 %50 %60 %70 %80 %90 %100 Aşırı Zor

8. Hayal kurmak bazı insanların hayatlarındaki önemli şeylere engel olmaktadır. Hayal kurmanız hayattaki hedeflerinize ulaşmanızı ne kadar engellemektedir?

%0 Hiç Engellemez %10 %20 %30 %40 %50 %60 %70 %80 %90 %100 Aşırı Engeller

9. Bazı insanlar hayal kurmalarını kontrol etmekte ya da hayal kurmalarına limit koymakta zorlanırlar. Hayal kurmanızı kontrol altında tutmak sizin için ne kadar zor olmaktadır?

%0 Hiç Zor Değil %0 Asla %10 %20 %30 %40 %50 %60 %70 %80 %90 %100 Aşırı Zor

10. Bazı insanlar kurduğu hayallerden biri gerçek bir yaşam olay tarafından kesintiye uğradığında rahatsızlık hissetmektedirler. Gerçek bir yaşam olayı, kurduğunuz hayallerden birini kesintiye uğrattığında, ortalama olarak ne kadar rahatsızlık hissedersiniz?

%0 Hiç Rahatsız Değil %0 Asla %10 %20 %30 %40 %50 %60 %70 %80 %90 %100 Aşırı Rahatsız

11. Hayal kurmak bazı insanların akademik/mesleki veya kişisel başarılarını engeller. Hayal kurmak sizin akademik/mesleki başarınızı ne kadar engellemektedir?

%0 Hiç Engellemez %0 Asla %10 %20 %30 %40 %50 %60 %70 %80 %90 %100 Aşırı Engeller

12. Bazı insanlar hayal kurmayı başka birçok şeyi yapmaya yeğler. Başka insanlarla etkileşimde bulunmak, sosyal faaliyetlere katılmak veya hobilerinizle uğraşmak yerine hayal kurmayı tercih etme dereceniz nedir?

%0 Hiç %0 Asla %10 %20 %30 %40 %50 %60 %70 %80 %90 %100 Tamamıyla

13. Sabah ilk uyandığınızda, hemen hayal kurma arzunuz ne kadar güçlüdür?

%0 Hiç %0 Asla %10 %20 %30 %40 %50 %60 %70 %80 %90 %100 Aşırı İstek

14. Halihazırdaki hayal kurmanıza, tempo tutmak, sallanmak ve ellerinizi sallamanız gibi fiziksel aktiviteler ne sıklıkla eşlik etmektedir?

%0 Hiç %0 Asla %10 %20 %30 %40 %50 %60 %70 %80 %90 %100 Çok Sık

15. Bazı insanlar hayal kurmayı severler. Hayal kurduğunuzda, hayal kurmayı ne kadar rahatlatıcı veya eğlenceli bulursunuz

%0 Hiç %0 Asla %10 %20 %30 %40 %50 %60 %70 %80 %90 %100 Çok

16. Bazı insanlar müzik dinlemiyorken hayal kurmakta zorlanırlar. Sizin hayal kurmanız için müzik dinlemeniz ne kadar gereklidir?

%0 Gerekli Değil %0 Asla %10 %20 %30 %40 %50 %60 %70 %80 %90 %100 Çok Gerekli

Appendix E. Turkish Version of Dissociative Experiences Scale (DES-II)

Bernstein & Putnam,1986,1993

Türkçe’ye uyarlayanlar: Vedat Şar, L.İlhan Yargıç, Hamdi Tutkun

Bu test günlük hayatınızda başınızdan geçmiş olabilecek yaşantıları konu alan 28 sorudan meydana gelmektedir. Sizde bu yaşantıların ne sıklıkta olduğunu anlamak istiyoruz. Yanıt verirken, alkol ya da ilaç etkisi altında meydana gelen yaşantıları değerlendirmeye katmayınız. Lütfen her soruda, anlatılan durumun sizdekine ne ölçüde uyduğunu 100 üzerinden değerlendiriniz ve uygun olan rakamı daire içine alınız.

Örnek:

%0 10 20 30 40 50 60 70 80 90 %100

SORULAR

1. Bazı insanlar, yolculuk yaparken yol boyunca ya da yolun bir bölümünde neler olduğunu hatırlamadıklarını birden fark ederler. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

2. Bazı insanlar zaman zaman, birisini dinlerken, söylenenlerin bir kısmını ya da tamamını duymamış olduklarını birden fark ederler. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

3. Bazı insanlar kimi zaman, kendilerini nasıl geldiklerini bilmedikleri bir yerde bulurlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

4. Bazı insanlar zaman zaman kendilerini, giydiklerini hatırlamadıkları elbiseler içinde bulurlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

5. Bazı insanlar zaman zaman eşyaları arasında, satın aldıklarını hatırlamadıkları yeni şeyler bulurlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

6. Bazı insanlar, zaman zaman, yanlarına gelerek başka bir isimle hitabeden ya da önceden tanıştıklarında ısrar eden, tanımadıkları kişilerle karşılaşırlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

7. Bazı insanlar, zaman zaman, kendilerinin yanı başında duruyor ya da kendilerini bir şey yaparken seyrediyor ve sanki kendi kendilerine karşıdan bakıyormuş gibi bir his duyarlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

8. Bazı insanlara, arkadaşlarını ya da aile bireylerini, zaman zaman tanımadıklarının söylendiği olur. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

9. Bazı insanlar, yaşamlarındaki kimi önemli olayları (örneğin nikâh ya da mezuniyet töreni) hiç hatırlamadıklarını fark ederler. Yaşamınızdaki bazı önemli olayları hiç hatırlamama durumunun sizde ne oranda olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

10. Bazı insanlar zaman zaman, yalan söylemediklerini bildikleri bir konuda, başkaları tarafından, yalan söylemiş olmakla suçlanırlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

11. Bazı insanlar kimi zaman, aynaya baktıklarında kendilerini tanıyamazlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

12. Bazı insanlar kimi zaman, diğer insanların, eşyaların ve çevrelerindeki dünyanın gerçek olmadığı hissini duyarlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

13. Bazı insanlar, kimi zaman vücutlarının kendilerine ait olmadığı hissini duyarlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

14. Bazı insanlar, zaman zaman geçmişteki bir olayı o kadar canlı hatırlarlar ki, sanki o olayı yeniden yaşıyor gibi olurlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

15. Bazı insanlar kimi zaman, olduğunu hatırladıkları şeylerin, gerçekte mi yoksa rüyada mı olduğundan emin olamazlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

16. Bazı insanlar zaman zaman, bildikleri bir yerde oldukları halde orayı yabancı bulur ve tanıyamazlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

17. Bazı insanlar, televizyon ya da film seyrederken, kimi zaman kendilerini öyküye o kadar kaptırırlar ki çevrelerinde olan bitenin farkına varamazlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

18. Bazı insanlar kimi zaman kendilerini, kafalarında kurdukları bir fantazi ya da hayale o kadar kaptırırlar ki, sanki bunlar gerçekten başlarından geçiyormuş gibi hissederler. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

19. Bazı insanlar, ağrı hissini duymamayı zaman zaman başarabildiklerini fark ederler. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

20. Bazı insanlar kimi zaman, boşluğa bakıp hiç bir şey düşünmeden ve zamanın geçtiğini anlamaksızın oturduklarını fark ederler. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

21. Bazı insanlar, yalnız olduklarında, zaman zaman sesli olarak kendi kendilerine konuştuklarını farkederler. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

22. Bazı insanlar kimi zaman iki ayrı durumda o kadar değişik davrandıklarını görürler ki, kendilerini neredeyse iki farklı insanmış gibi hissettikleri olur. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

23. Bazı insanlar, normalde güçlük çektikleri bir şeyi (örneğin spor türleri, iş, sosyal ortamlar vb.) belirli durumlarda son derece kolay ve akıcı biçimde yapabildiklerini fark ederler. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

24. Bazı insanlar, zaman zaman, bir şeyi yaptıklarını mı yoksa yapmayı sadece akılarından geçirmiş mi olduklarını (örneğin bir mektubu postaya attığını mı yoksa sadece atmayı düşündüğünü mü) hatırlayamazlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

25. Bazı insanlar kimi zaman, yaptıklarını hatırlamadıkları şeyleri yapmış olduklarını gösteren kanıtlar bulurlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

26. Bazı insanlar, zaman zaman eşyaları arasında, kendilerinin yapmış olması gereken, fakat yaptıklarını hatırlamadıkları yazılar, çizimler ve notlar bulurlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

27. Bazı insanlar, zaman zaman kafalarının içerisinde, belli şeyleri yapmalarını isteyen ya da yaptıkları şeyler üzerine yorumda bulunan sesler duyarlar. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

28. Bazı insanlar, zaman zaman, dünyaya bir sis perdesi arkasından bakıyormuş gibi hissederler, öyle ki insanlar ve eşyalar çok uzakta ve belirsiz görünürler. Bu durumun sizde ne sıklıkta olduğunu yüz üzerinden değerlendirerek uygun olan yüzdeyi daire içine alınız.

%0 10 20 30 40 50 60 70 80 90 %100

Appendix F. Three Dimensional Attachment Styles Scale

Aşağıda sizinle ilgili ifadeler bulunmaktadır. Lütfen her bir maddeyi dikkatlice okuyunuz ve sizi en iyi tanımlayan seçeneği işaretleyiniz. Doğru ya da yanlış cevap yoktur. Sizden beklenen içtenlikle cevap vererek bilimsel bir çalışmaya yardımcı olmanız. Lütfen bütün sorularla ilgili görüşlerinizi ifade ediniz. Katkılarınız için teşekkürler.

1= Kesinlikle katılmıyorum 2= Katılmıyorum 3=Kısmen katılıyorum 4=Katılıyorum 5=Kesinlikle katılıyorum anlamına gelmektedir.

1. Karşımdaki insanlar benim kadar değerli değiller.

1 2 3 4 5

2. Birisiyle çok fazla samimi olduğumda sorun çıkabileceğinden kaygılanıyorum.

1 2 3 4 5

3. Karar alırken kimseyi önemsemem.

1 2 3 4 5

4. Sorunu olan birisini gördüğümde kendimi onun yerine koyabiliyorum.

1 2 3 4 5

5. Başkalarının benim kadar değerli olduklarını düşünmüyorum.

1 2 3 4 5

6. İnsanlardan ne kadar uzak durursam o kadar az üzülürüm.

1 2 3 4 5

7. Ebeveynimle (anne, baba veya benim bakımımı üstlenen bir başkası) iyi anlaşıyorum.

1 2 3 4 5

8. İnsanlardan uzak duruyorum çünkü bana acı çektirebilirler.

1 2 3 4 5

9. Bir sorun varsa bunun kaynağı genelde karşımdakilerin sorunlu olmasıdır.

1 2 3 4 5

10. Kendimi mutlu bir insan olarak tanımlıyorum.

1 2 3 4 5

11. Duygusal ilişki yaşadığım kişinin beni gerçekten sevmediğini düşünerek kaygılanıyorum.

1 2 3 4 5

12. Yalnızca kendime değer veririm.

1 2 3 4 5

13. Başkalarının üzüntülerini anlayabiliyorum.

1 2 3 4 5

14. Duygusal ilişkilerden uzak duruyorum çünkü terk edilmek istemiyorum.

1 2 3 4 5

15. İnsanların görüşleri benim için önemsizdir.

1 2 3 4 5

16. Ebeveynlerime (anne, baba veya benim bakımımı üstlenen bir başkası) genelde kırıcı sözler

söylemem.

1 2 3 4 5

17. İnsanlardan ne kadar uzak durursam o kadar mutlu olurum.

1 2 3 4 5

18. Başkaları çok da umurumda değildir.

1 2 3 4 5

Appendix G. Turkish Version of Difficulties in Emotion Regulation Scale-Short Form (DERS-16)

Aşağıdaki ifadelerin size ne sıklıkla uyduğunu, her ifadenin yanında yer alan 5 dereceli ölçek üzerinden değerlendiriniz. Her bir ifadenin altındaki 5 noktalı ölçekten, size uygunluk yüzdesini de dikkate alarak, yalnızca bir tek rakamı yuvarlak içine alarak işaretleyiniz. (Hemen hemen hiç (% 0-% 10 Bazen (% 11- % 35) Yaklaşık Yarı yarıya (% 36- % 65) Çoğu zaman (% 66- % 90) Hemen hemen her zaman (% 91- % 100))

1. Duygularıma bir anlam vermekte zorlanırım.

2. Ne hissettiğim konusunda karmaşa yaşarım.

3. Kendimi kötü hissettiğimde işlerimi bitirmekte zorlanırım.

4. Kendimi kötü hissettiğimde kontrolden çıkarım.

5. Kendimi kötü hissettiğimde uzun süre böyle kalacağına inanırım.

6. Kendimi kötü hissetmenin yoğun depresif duyguyla sonuçlanacağına inanırım.

7. Kendimi kötü hissederken başka şeylere odaklanmakta zorlanırım.

8. Kendimi kötü hissederken kontrolden çıktığım korkusu yaşarım.

9. Kendimi kötü hissettiğimde bu duygumdan dolayı kendimden utanırım.

10. Kendimi kötü hissettiğimde zayıf biri olduğum duygusuna kapılırım.

11. Kendimi kötü hissettiğimde davranışlarımı kontrol etmekte zorlanırım.

12. Kendimi kötü hissettiğimde daha iyi hissetmem için yapabileceğim hiçbir şey olmadığına inanırım.

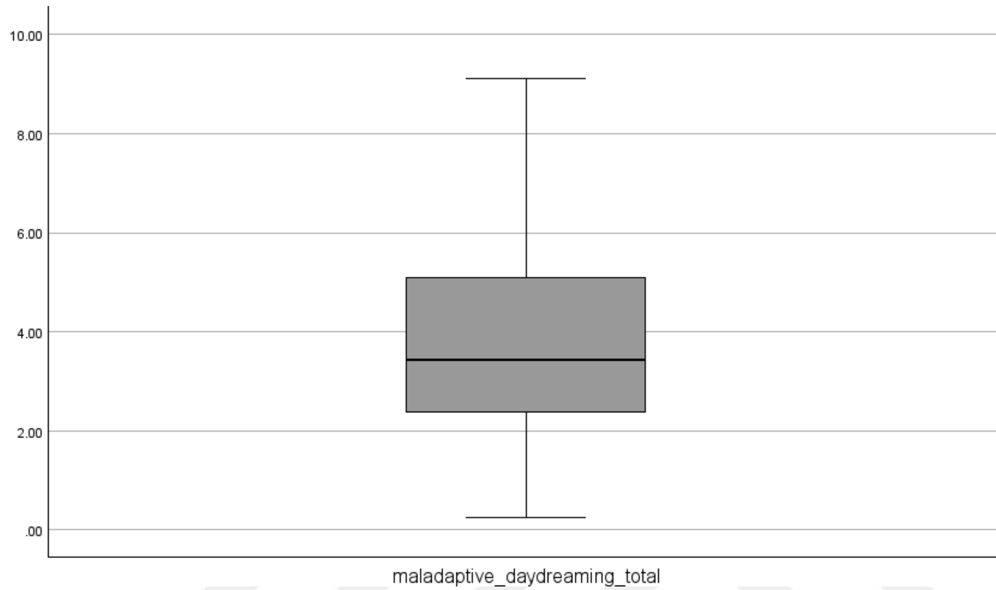
13. Kendimi kötü hissettiğimde böyle hissettiğim için kendimden rahatsız olurum.

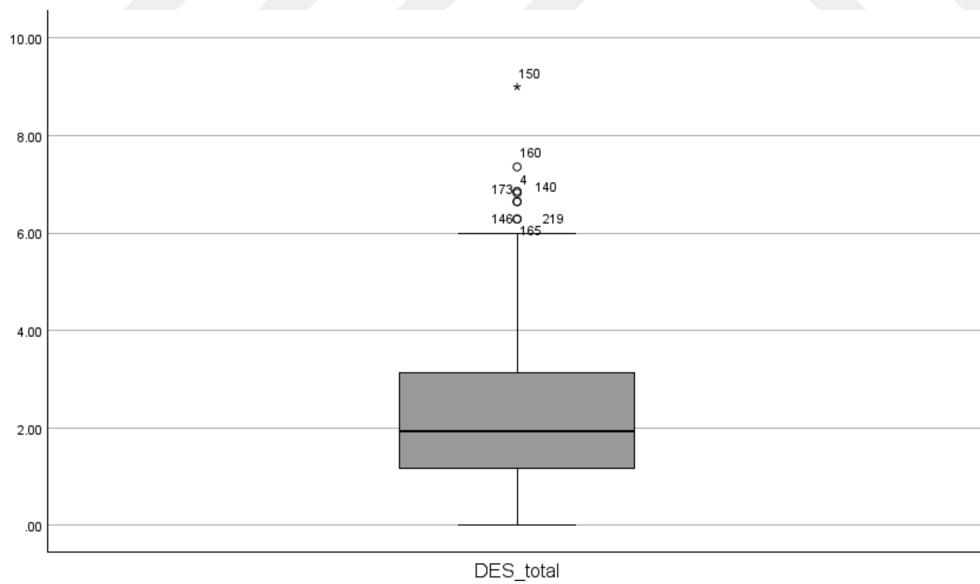
14. Kendimi kötü hissettiğimde kendimle ilgili olarak çok fazla endişelenmeye başlarım.

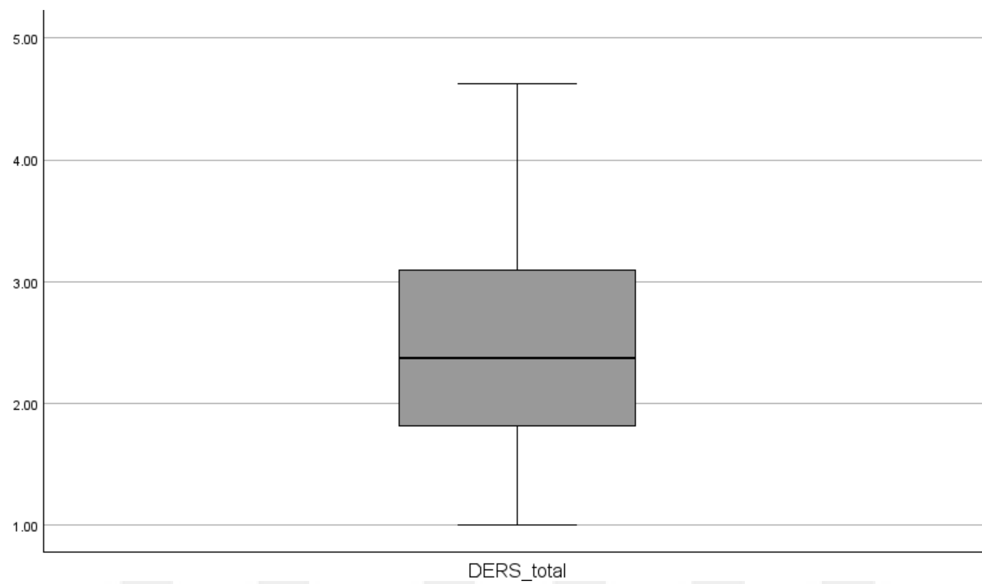
15. Kendimi kötü hissettiğimde başka bir şey düşünmekte zorlanırım.

16. Kendimi kötü hissettiğimde duygularım dayanılmaz olur.

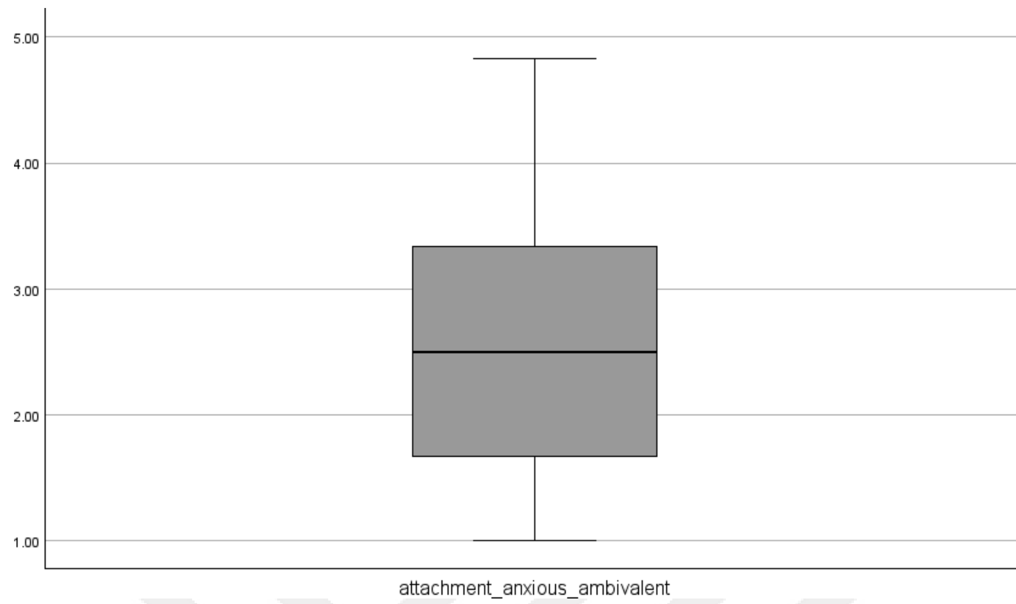
Appendix H. Visual Representations of Statistical Assumptions

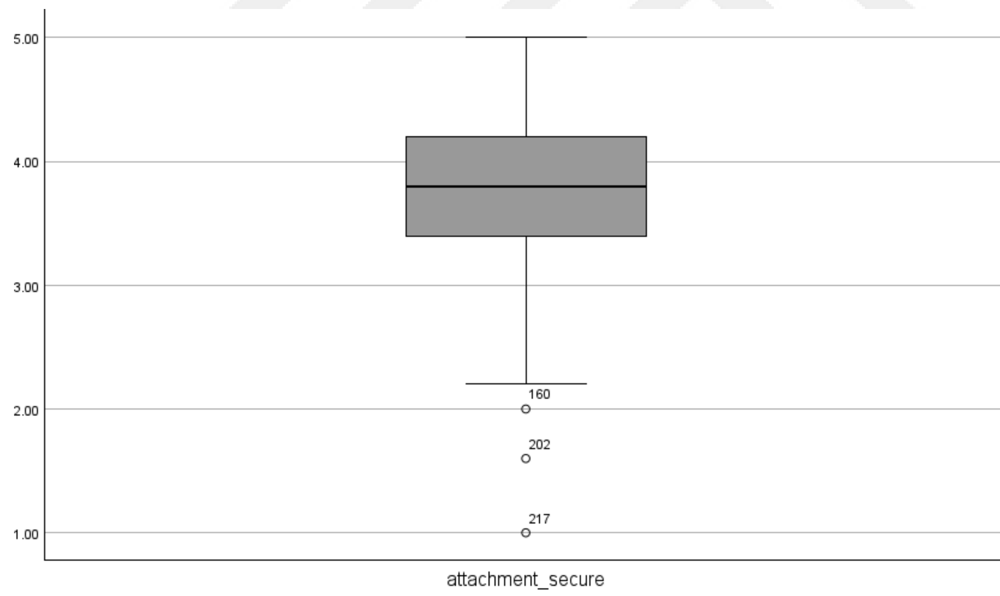


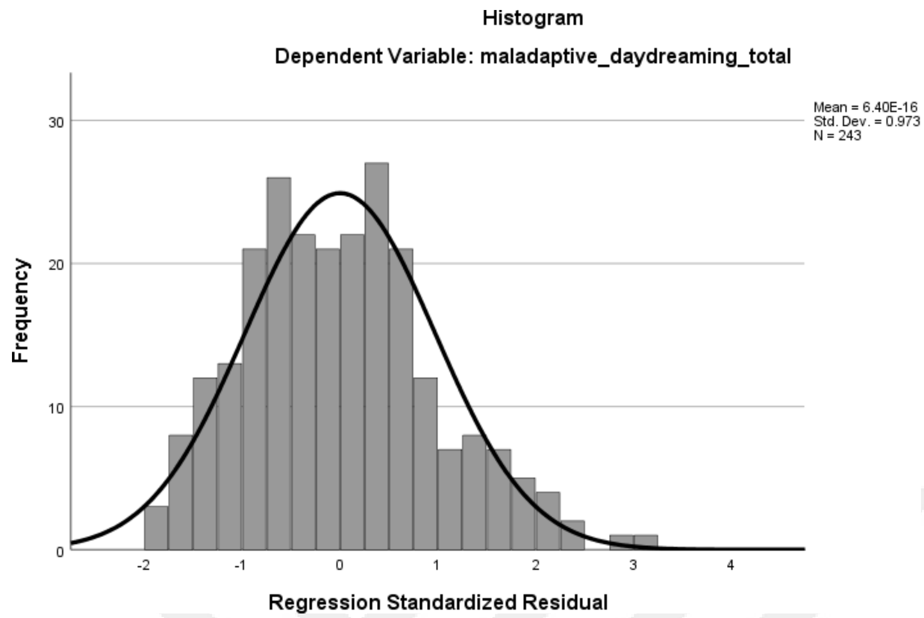


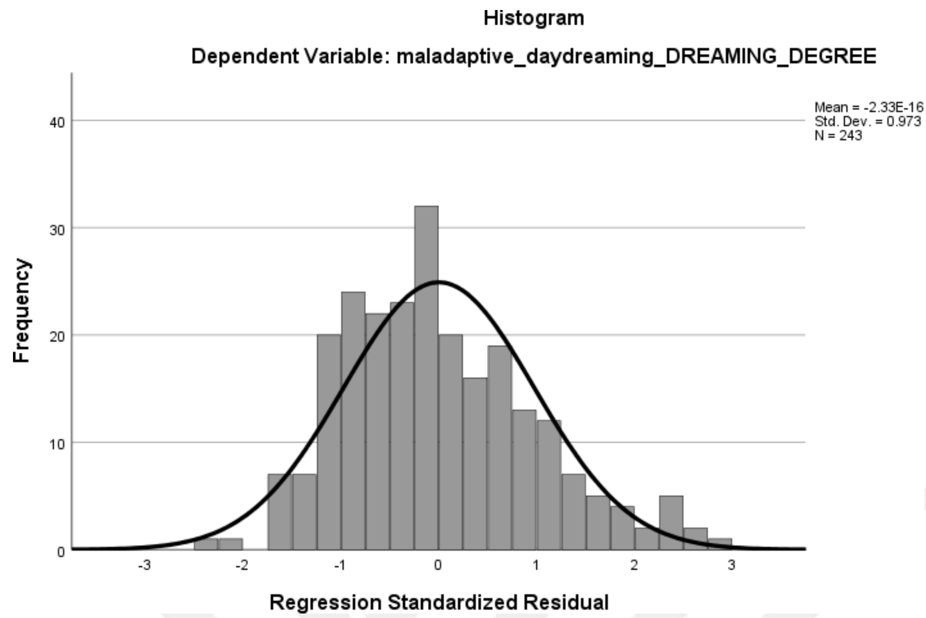

5.00
4.00
3.00
2.00
1.00
DERS_total

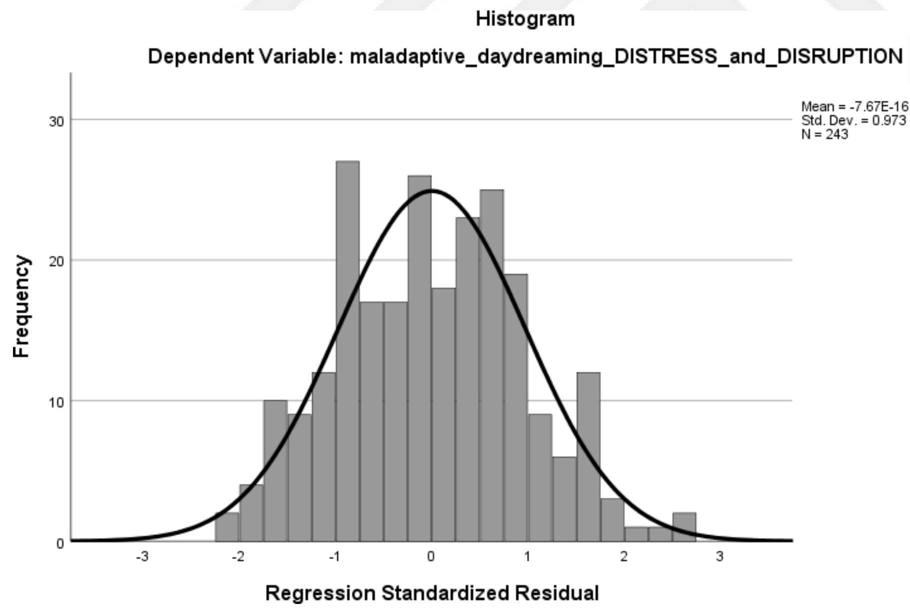
5.00
160
225
234
4.00
172
3.00
2.00
1.00
attachment_avoidant

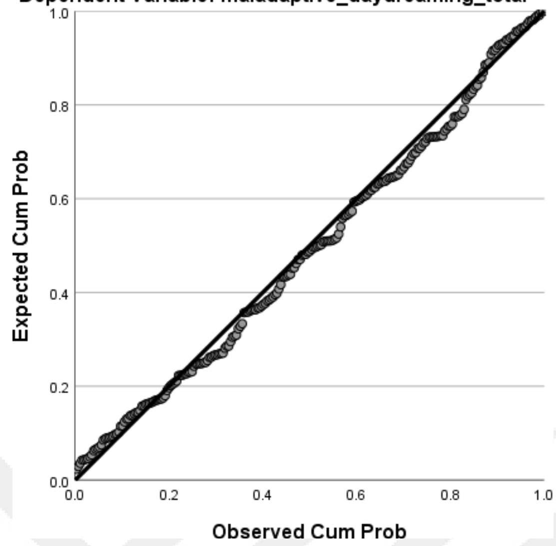

5.00
4.00
3.00
2.00
1.00
attachment_anxious_ambivalent

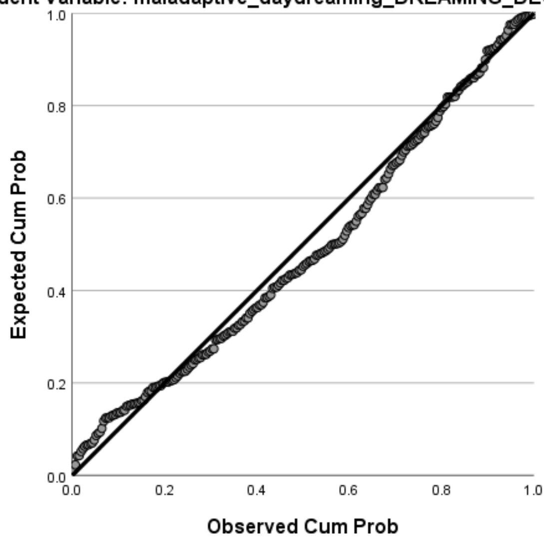

5.00
4.00
3.00
2.00
1.00
160
202
217
attachment_secure

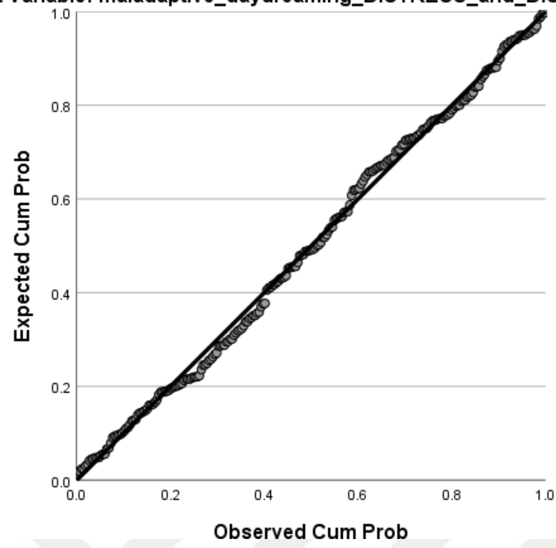

Histogram
Dependent Variable: maladaptive_daydreaming_total
Mean = 6.40E-16
Std. Dev. = 0.973
N = 243
Frequency
30
20
10
0
-2
-1
0
1
2
3
4
Regression Standardized Residual

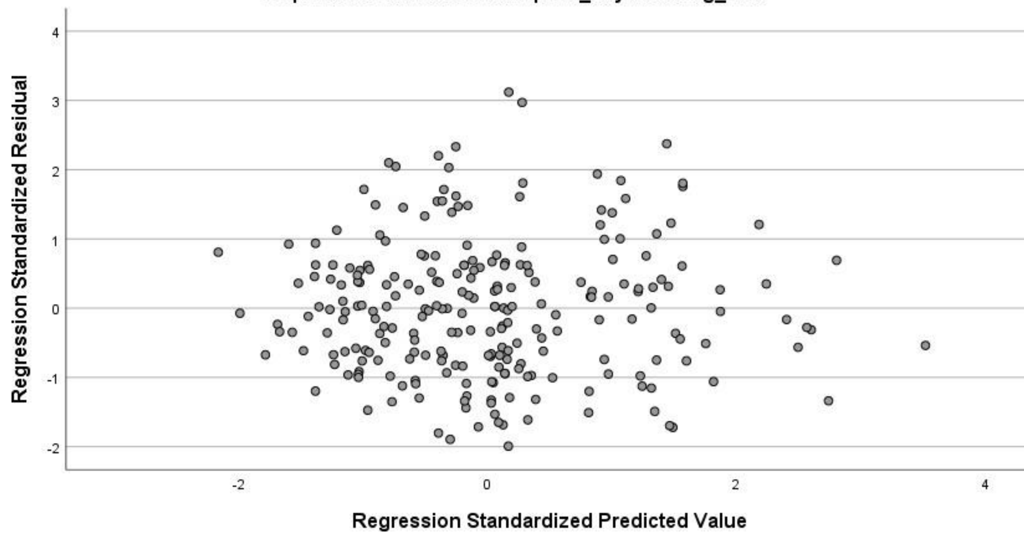

Histogram
Dependent Variable: maladaptive_daydreaming_DREAMING_DEGREE
Mean = -2.33E-16
Std. Dev. = 0.973
N = 243
Frequency
Regression Standardized Residual

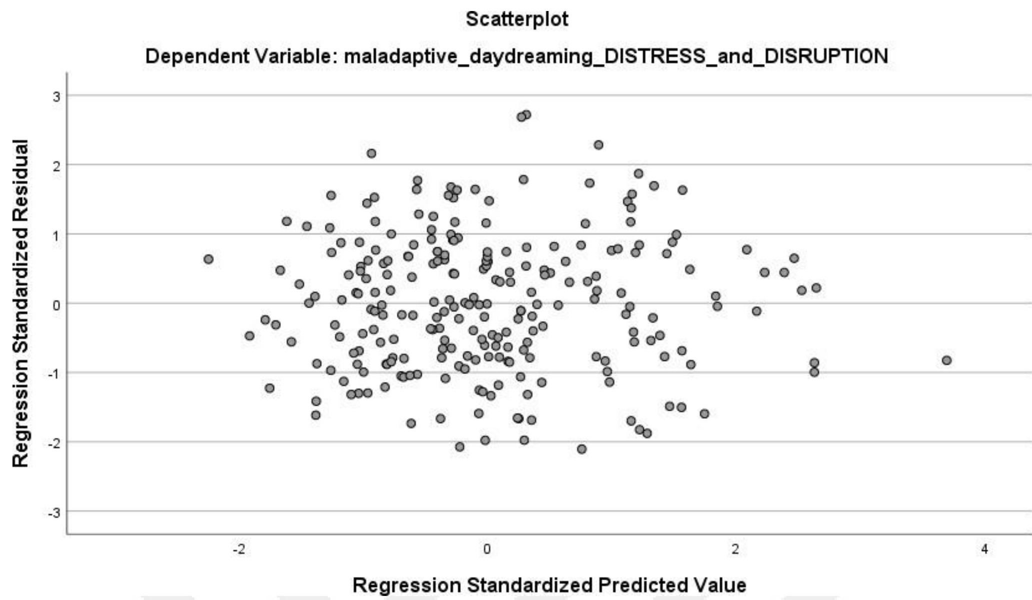

Histogram
Dependent Variable: maladaptive_daydreaming_DISTRESS_and_DISRUPTION
Mean = -7.67E-16
Std. Dev. = 0.973
N = 243
Frequency
Regression Standardized Residual

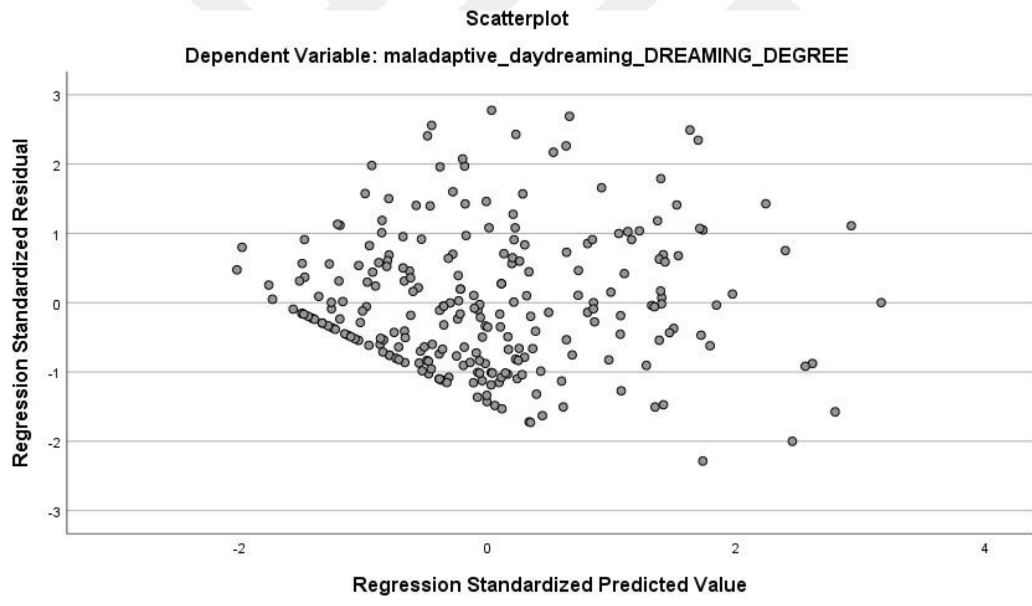

Normal P-P Plot of Regression Standardized Residual
Dependent Variable: maladaptive_daydreaming_total
Expected Cum Prob
Observed Cum Prob
0.0
0.2
0.4
0.6
0.8
1.0


Normal P-P Plot of Regression Standardized Residual
Dependent Variable: maladaptive_daydreaming_DREAMING_DEGREE
Expected Cum Prob
Observed Cum Prob
0.0
0.2
0.4
0.6
0.8
1.0


Normal P-P Plot of Regression Standardized Residual
Dependent Variable: maladaptive_daydreaming_DISTRESS_and_DISRUPTION
Expected Cum Prob
Observed Cum Prob
0.0
0.2
0.4
0.6
0.8
1.0


Scatterplot
Dependent Variable: maladaptive_daydreaming_total
Regression Standardized Residual
Regression Standardized Predicted Value
-2
-1
0
1
2
3
4


Scatterplot
Dependent Variable: maladaptive_daydreaming_DISTRESS_and_DISRUPTION
Regression Standardized Residual
Regression Standardized Predicted Value
3
2
1
0
-1
-2
-3
-2
0
2
4


Scatterplot
Dependent Variable: maladaptive_daydreaming_DREAMING_DEGREE
Regression Standardized Residual
Regression Standardized Predicted Value
3
2
1
0
-1
-2
-3
-2
0
2
4