

Maladaptive Daydreaming: A Qualitative Inquiry

Eli Somer, Ph.D.

Maladaptive daydreaming (MD) is extensive fantasy activity that replaces human interaction and/or interferes with academic, interpersonal, or vocational functioning. This qualitative inquiry explored the nature and experience of MD. Six patients in a trauma practice were identified as displaying MD. Four participants were diagnosed as suffering from a dissociative disorder; two were given the diagnosis of narcissistic personality disorder. Cross-sectional analysis of respondents' verbatim transcripts yielded nine themes clustered into three categories (Functions, Themes, and Dynamics) that best captured the fantasizing experience. Identified MD functions included Disengagement from Stress and Pain by Mood Enhancement and Wish Fulfillment Fantasies; and Companionship, Intimacy, and Soothing. Recurrent MD themes were Violence; Idealized Self; Power and Control; Captivity; Rescue and Escape; and Sexual Arousal. Motifs that were classified as describing MD dynamics were Onset and Kinesthetic elements. Although MD seemed to have been preceded by a normal childhood propensity for creative imagination, aversive circumstances were seen to have contributed to the development of MD. Theoretical explanations for the development and function of MD are discussed.

KEY WORDS: daydreaming; fantasy proneness; imagination; dissociation; childhood trauma.

Daydreams have long been understood as offshoots of tacit or unconscious material (e.g., Bollas, 1992; Kahn, 1963; McDougall, 1978; Singer, 1978; Winnicott, 1971). Freud (1908, 1962) originally suggested that daydreaming represented an attempted solution to a deprivation state or underlying conflict in the individual and that the fantasy that surfaced into conscious awareness might well represent a middle ground between a thwarted wish and the requirements of social adjustment or society's moral restraints. Later developments in psychoanalysis have emphasized the more conflict-free functions of the mind. Hartman (1958), for instance, suggested that fantasy itself need not arise only out of frustration or

Address correspondence to Eli Somer, Ph.D., School of Social Work, University of Haifa, Mt. Carmel, Haifa 31905, Israel; e-mail: somer@research.haifa.ac.il.

deferred gratification, but may serve adaptive functions for the organism from the start. Klinger (1971) suggested that most fantasy life, sleeping (dreams) and waking (daydreams), is representation of "current concerns." Nonetheless, daydreams have not been recognized as significant subjects of psychoanalytic inquiry, or psychotherapy research. Barth (1997), who also noted this phenomenon, attributed it to the fact that daydreams are rarely brought up in therapy spontaneously. She posited that daydreams have remained unexplored in psychotherapy because therapists do not ask about them, despite being a useful medium through which to help patients gain access to their internal world.

In his seminal book, "Daydreaming," Singer (1966) reported that 96 per cent of presumably normal, fairly well educated, American adults engaged in some form of daydreaming daily. This mental activity was reported to occur chiefly when one is alone (e.g., in bed before sleep) and was said to focus principally on planning for future actions and reviewing interpersonal contacts. Little data exists on the amount of normal daily daydreaming. Consequently, there is no normative information on what constitutes pathologically elaborate or abnormally extensive daydreaming. On the other hand, there has been a fruitful effort to quantify the traits associated with daydreaming. In the context of a study of excellent hypnotic subjects, Wilson and Barber (1981, 1983) serendipitously discovered a group of avid daydreamers later characterized as "fantasy-prone personalities." These individuals were said to share the tendency to "live much of the time in a world of their own making—in a world of imagery, imagination, and fantasy" (Wilson & Barber, 1981, p. 31). The authors reckoned that fantasy proneness was manifest in as much as 4% of the population, and they observed that it characterized generally adaptive experiences, fantasy abilities, and personality traits. Broad support was secured for Wilson and Barber's construct by Lynn and Rhue and their collaborators (e.g., Lynn & Rhue, 1988; Lynn, Rhue, & Green, 1988; Rhue & Lynn, 1989; Rauschenberger & Lynn, 1995). Wilson and Barber (1981) claimed that fantasy-prone individuals are, generally, well adjusted. They have argued that a major developmental pathway to extreme fantasy proneness in later life was encouragement to fantasize from a significant adult. Yet, their sample of high-functioning professional women with postgraduate degrees may have been atypical. The other pathway to extreme daydreaming they proposed was: fantasizing as a means of coping with loneliness or isolation and escaping from aversive environments. Consistent with J. R. Hilgard's hypothesis that hypnotizability is related to a history of physical punishment (Hilgard, 1974, 1979), evidence shows that a history of imaginative involvement is, indeed, linked to exposure to an aversive childhood environment, including harsh physical and sexual abuse (Rhue & Lynn, 1987; Rhue, Lynn, Henry, Buhk, & Boyd, 1990; Wilson & Barber, 1981). The incidence of fantasy proneness in nonclinical samples was assessed to range between 4% (Rhue, Lynn, Henry, Buhk, & Boyd, 1990) and 6% (Rauschenberger & Lynn, 1995). Among individuals with a history of childhood abuse the incidence ranged between 9%

and 14% (Rhue, Lynn, Henry, Buhk, & Boyd, 1990). Two-thirds of Rauschenberger and Lynn's fantasy-prone nonclinical sample met criteria of either past or present DSM-III-R (American Psychiatric Association, 1987) Axis I diagnosis. They reported that compared to nonfantasizers, fantasizers were significantly more prone to depression (1995). This finding was in line with previously reported data (e.g., Giambara & Traynor, 1978; Singer, 1966, 1975). They concluded that for certain individuals, fantasy proneness could be associated with significant psychopathology. Gold, Gold, Milner, and Robertson (1986) showed data consistent with the theory that the daydreams of distressed subjects serve as part of a negative feedback loop (Gold & Minor, 1983; Starker, 1982). They decided that psychologically healthy individuals use their daydreams in a way that enhances their good feelings about themselves whereas distressed people interpret their daydreams as another sign of weakness or inadequacy.

An extensive series of highly structured questionnaire studies have been carried out with normal individuals to establish patterning of stream of consciousness processes. This sort of research effort resulted in the development of specific, psychometrically robust subscales (e.g., Singer & Antrobus, 1963, 1972; Wilson & Barber, 1981) that permitted further research on various types of daydreaming and related personality variables (e.g., Giambara, 1977; Rauschenberger & Lynn, 1995). Maladaptive daydreaming (MD) is defined as extensive fantasy activity that replaces human interaction and/or interferes with academic, interpersonal, or vocational functioning. Little is known to date about the experience and contents of MD. Although qualitative methodology could shed some light on these issues, to my knowledge, no qualitative studies have been published in the field.

This study is an exploration into the nature and experience of MD, addressing questions about the themes, dynamics, and meanings of the maladaptive daydreaming.

METHODOLOGY

This investigation employed a qualitative design aimed at exploring the nature of the MD experience. The questions posed by this study are compatible with qualitative research, a methodology that focuses on the revelation and illumination of individual perceptions and experiences (Locke, Spiriduso, & Silverman, 1987). A qualitative methodology is suitable for research in which pertinent variables have yet to be identified, for the investigation of little known phenomena, and when complexity and process are more relevant than accurately quantifying relationships (Marshall & Rossman, 1995; Silverman, 2000). In phenomenological inquiry, the research questions are presented in an open-ended format allowing informants to illuminate their complex and unique frames of reference and meaning systems rather than expecting them to conform to the categories of the investigator

(Lincoln & Guba, 1985; Marshall & Rossman, 1995). The investigators' subjective understanding of their participants' experiences become valuable tools in deciphering the meaning of specific circumstances in the lives of their subjects (Spinelli, 1989).

Participants

A portion of the patient cohort (24%) in the author's practice was assessed to have been fantasy prone and to have engaged in MD either currently or in the past. Fantasy proneness was defined in accordance with Wilson and Barber's (1983) definition of being able to "set the theme, and then an imaginative scenario unfolds that has some of the characteristics of a dream and some of a motion picture" (p. 342). Maladaptive daydreaming was defined as extensive fantasy activity that replaces human interaction and/or interferes with academic, interpersonal, or vocational functioning. Table I describes this group of patients. Three of these individuals were undergraduate students, 2 were graduate students, and two were university-educated professionals.

Procedure and Instruments

Five instruments were used in this study. Two structured diagnostic interviews, two quantifiable questionnaires, and an open-ended interview.

The Structured Clinical Interview for DSM

The Structured Clinical Interview for DSM (SCID; Spitzer, Williams, Gibbon, & First, 1990), an interviewing instrument designed to diagnose major psychological disorders, was used to obtain principal diagnoses.

Inventory of Childhood Memories and Imaginings—Hebrew Version (H-ICMI)

The Inventory of Childhood Memories and Imaginings (ICMI; Wilson & Barber, 1981) was used to verify clinical impressions regarding the daydreaming traits of this purposefully sampled group of patients. It has adequate reliability and validity (Lynn & Rhue, 1986). Lynn and Rhue (1988) identified fantasy-prone persons as those obtaining an ICMI score in the upper 2% to 4% of the population, nonfantasizers as those scoring in the lower 2% to 4%, and medium fantasy-prone subjects in the range between the scores of the fantasy-prone subjects and the nonfantasizers. The ICMI is a 52-item true-false questionnaire designed

Table 1. Biographic and Clinical Assessment Data of Participants

Case	Sex	Age	Marital status	Months in therapy	DSM-IV-R diagnosis	History of aversive childhood experiences	Onset age of MD	Maximum total daily MD (hrs.)	DES (intake)	ICMI (current)
1	M	26	S	18	Narcissist. Pers. Dis. Mixed. Pers. Dis. (Current)	Moderate (Psy.)	16	5	15.3	25.4
2	M	29	S	25	DDNOS (Current)	Severe (Phy., Psy.)	10	4	25.3	37.3
3	F	24	S	24	DDNOS (Current)	Severe (Sex., Psy.)	8	8	20.1	35.8
4	F	53	S	64 (Finished)	DID (Past)	Moderate (Sex.)	8	5 (Past)	30.6	11.6
5	M	31	S	20	Narcissist. Pers. Dis. (Current)	Moderate (Psy.)	5	7	10.3	43.4
6	F	35	S	39	DID (Current)	Severe (Sex., Psy.)	5	8	35.2	45.1

for the classification of fantasy proneness, with scores ranging between 1 and 52. Fantasy-prone subjects obtained average scores of 40.12 and 42.39, medium fantasy-prone subjects scored on average 23.45 and 24.63, and nonfantasizers had mean ICMI scores of 7.47 and 10.40 (Lynn and Rhue, 1988). The instrument was translated into Hebrew by two bilingual native-Hebrew-speaking individuals (i.e., the author (ES) and a research assistant). A professional English-Hebrew translator, who was blind to the English language ICMI, back-translated the items into English. ES then compared the original and back-translated English versions. Five of the 52 items were discrepant and required retranslation. The resulting Hebrew translation (H-ICMI) was used.

Dissociative Experiences Scale—Hebrew Version (H-DES)

The DES (Bernstein & Putnam, 1986; Carlson & Putnam, 1993) measures the frequency of 28 dissociative experiences (Putnam, 1991). The instrument has been shown to be a valid and reliable screening instrument (Frischholtz et al., 1990; Waller, 1996) and is the most used measure of dissociation in the published literature. The Hebrew translation of the DES (H-DES) has high reliability and validity (Somer, Dolgin and Saadon, 2001). Patients who received a H-DES score higher than 20, were administered the Structured Clinical Interview for DSM-IV Dissociative Disorders—Revised.

Structured Clinical Interview for DSM-IV Dissociative Disorders-Revised (SCID-D-R)

The SCID-D-R is a clinician-administered interview that assesses five symptoms of dissociation: amnesia, depersonalization, derealization, identity confusion, and identity alteration. The SCID-D-R has been shown to have excellent reliability and discriminant validity (Steinberg, 1995; Steinberg, Cicchetti, Buchanan, Hall, & Rounsaville, 1993; Steinberg, Rounsaville, & Cicchetti, 1990).

Open-Ended Interview

Each respondent was given oral and written information about the study and all signed informed consent forms permitting the gathering and scientific use of research materials. Participants were asked to tell about their daydreaming experience. The open-ended in-depth interviews lasted between one and three 60-minute sessions and were conducted by ES in his office, except for the interview with one subject who was no longer a patient. A professional colleague who was prepared for this scientific inquiry by ES conducted this interview. Five interviews were recorded on audio-tape, transcribed verbatim, and subsequently analyzed. One subject preferred that the interview be recorded in writing. The transcripts

were analyzed using a cross-case analysis. In the first phase of data analysis all the interviews were read and reread until a level of familiarity was reached with respondents through their responses. In the second phase the interviews were deconstructed into their core themes that were later conceptually reordered and synthesized.

H-DES scores, which were retrieved from the patients' files, were those collected at the onset of therapy; H-ICMI scores were obtained when data for this research were gathered. This explains the low (posttherapy) H-ICMI scores of one participant who had struggled for decades with severe MD.

RESULTS

Table I shows that 4 of the 6 subjects had intake H-DES scores indicative of dissociative pathology. Subsequent SCID-D's confirmed this impression and identified dissociative psychopathology in all four patients. Two Participants were diagnosed as Narcissistic Personality Disorder. All subjects endured aversive childhood experiences to include exposure to violent parental conflicts (participants 1, 2), emotional neglect (participants 2, 3, 4, 6), psychological abuse (participants 2, 3), physical abuse (participant 2), and sexual abuse (participants 3, 4, 6). All had been lonely children, and had continued to be loners as adults. Except for participant 2, who had one good same-sex friend, none of the other subjects reported having any friends or romantic relationships. Participants 2, 3, 5, and 6 showed H-ICMI scores commensurate with high fantasy proneness. Research subject 1 scored at the medium level of fantasy proneness. Participant 4 was no longer engaged in daydreaming activities when data were gathered. Her open-ended interview related to decades of severe MD that gradually faded away one-year previous to this study. Despite stated (and fantasized) painful yearning for optimal performance in these spheres, MD was associated with very poor interpersonal involvement, and anxious avoidance of intimacy in all participants; seriously compromised academic performance in participants 2 and 3; and inadequate work performance in participants 1, 2, 3, 5, and 6.

Cross-sectional analysis of the respondents' transcripts yielded 9 themes clustered into 3 metatopics that best captured the fantasizing experience: functions (Disengagement from Stress and Pain by Mood Enhancement and Wish Fulfillment Fantasies; and Companionship, Intimacy and Soothing), themes (Violence; Idealized Self; Power and Control; Captivity; Rescue and Escape; and Sexual Arousal), and dynamics (Onset; and Kinesthetic Elements).

Functions

1. *Disengagement from Stress and Pain by Mood Enhancement and Wish Fulfillment Fantasies.* All subjects claimed that an important function of their

daydreaming was twofold: a disconnection from the pain of living and a magical transformation of misfortune into desirable experiences. Subject 2 started using daydreaming to block-out loud and violent altercations between his parents. He said:

These fantasies, basically, disconnect me from situations that are too painful for me. It's as if it is easier for me to live in fantasy than in reality. In fantasy I can determine what will happen . . . I create myself a better life . . . I can imagine I have the things I want so much . . . a girlfriend.

Subject 3 who spent up to 8 hours a-day in MD, seemed to understand the inefficient temporality of this coping method:

It's an escape from what is happening in the here and now. There are many circumstances in daily life that frighten me. Daydreaming helps me not feel the fear . . . I feel so powerful in my fantasies. Too bad nothing of this power stays with me when I leave my imaginary world.

Subject 5, a narcissistic cynical man, who had grudgingly admitted in therapy to his emotional neediness, described the following:

The use of sexual daydreaming is related to my moods. When I am frustrated or sad I won't talk to anyone about it. Instead I cultivate forceful, domineering sexual plots in which I am in total control. I totally immerse myself in these imaginings. This helps create good lively feelings.

Subject 6, an emotionally numb host-personality of a DID, elaborated on the psychological working through that had been going on during daydreaming:

I daydream to distract myself from the pain of everyday living, to allow some relief from emotional processing. The figures in the scenes I imagine enact feelings that I could have experienced in current contacts with people. I believe the figures also act out allegories of memories I don't want to deal with, but I have to think about that some more.

2. Companionship, Intimacy, and Soothing. Four subjects specifically described how MD helped them create illusionary safe, amicable, and often loving human environs in which much-needed soothing had been found. Subject 1 described how an imagined female companion sometimes accompanies him, both at home and outside:

When I am watching a film on TV, I imagine having a girlfriend sitting next to me. We talk about the movie. We share reactions. I embrace her . . . we snuggle up . . . this is a very enjoyable, loving experience.

Subject 2 talked at length about how being rejected by a woman he was in love with affected his MD:

I was so devastated by her rejection, I wept for days. I did not want to let her go . . . for years after she left me I used to fantasize our continued relationship. We had long conversations, we went out together, we would embrace, and she would caress me. We also made love, but it wasn't like my usual masturbation fantasies. This was romance.

Subject 4 sounded very much the same when she said:

I am basically a very lonely person who is uncomfortable around people. In my daydreaming I used to bring real people into my life, that is, people I would have liked to talk to but felt to awkward to strike up a conversation with. The fantasies provided me with company and made me feel not only like a normal human being but also loved and socially confident . . . in imagined arguments I could have the last say.

Themes

1. *Violence.* Five subjects spoke about the preponderance of aggression, sadism, and bloodshed in their fantasies. The prevalence of ruthless brutality in their mental life seemed ego-syntonic and was not talked about as a source of emotional distress. Subject 2 developed a variety of war-related themes in which he would envision bitter military battles between super-powers:

I used to imagine America and the West at war against the Communist Block. There were bombardments, shelling, marine landings, and hand-to-hand battles in which the communists would have many casualties. I imagine that my hometown is in ruins and under occupation and I am fighting a guerilla war with the underground. Sometimes I imagine myself fighting the guerillas as part of the occupying forces. I often imagine myself as a soldier in battle against terrorists. I kill scores of them. The shooting fantasies relieve my tension.

Violent themes were also represented in the imagery of female interviewees. Subject 3, for instance, a very timid, soft-spoken woman shared the following:

When I fight the bad guys (in my fantasy) I am a very threatening, cold person. I do not mind sacrificing my own life if I can take a few of them down with me. I take great pleasure in tormenting them, both mentally and physically. I can be sadistically violent with them.

2. *Idealized Self.* Five respondents described the pleasure they take in picturing themselves as the persons they would have liked to be. Subject 6, who presents herself to the world as a cold, alienated woman, is often enthralled in daydreams (she claims are generated by other alters) in which she is a warm family woman. Subject 5 developed physically very late in life and is still of a slim medium-small build. He had talked extensively in therapy about his inadequate manhood. When interviewed for this study he said:

I am usually a conservative, shy man. But when I daydream I am the man I want to be. I am spinning many stories in my mind in which I am breaking the hearts of lots of women. I get them to fall in love with me. I like it when they can't get enough of me. When that happens I usually tell them that if they really want to have me they must agree to my having other women.

Subject 1 described the development of his daydreaming about his idealized self in the following way:

For years I used to enjoy daydreaming about my ability to astonish people with physical levitation. I would demonstrate my unique capabilities by floating above people's heads.

These fantasies changed as I grew up. Lately, I find myself elaborating on motion picture scripts. I take on the role of the main character but make him into the admired hero of complex political and psychological drama.

Subject 3 explicitly talked about her idealized self fantasy. She said:

One of my favorite themes is the fantasy about the "ideal Subject 3Me." She is how I would like to be. I imagine myself walking with poise, looking like a million dollars and sounding very wise. I am surrounded by the good friends that I like to entertain generously in my dream home.

3. *Power and Control.* The daydreaming of 4 participants was laced with interpersonal motifs reflecting wishes for authority and domination. Following distressing interpersonal exchanges, Subject 1 said he repeatedly ran through the upsetting event in his mind with dialogues altered to have him hold the upper moral and polemic grounds. Subject 3 said she often liked to daydream about taking over in situations where others controlled her, being a leader of helpless followers, and tying opponents up. Subject 5's favorite fantasies evolved around erotic domination of women. Subject 2 described the following fantasy:

I am a political mediator, somebody with the backing of the superpowers. I am arriving at an embattled war-zone. The warring parties are fatigued but are unable to resolve their disputes. I summon the warring generals to a military tent that I put up in no-man's-land and I enforce my broker services on them.

4. *Captivity, Rescue, and Escape.* Feelings of entrapment were recurrent themes in the therapies of these individuals. They often felt ensnared in their abusive environments, trapped in avoidance of their tormented pasts, and evasion of life's challenges. Subject 4, for example, told about recurrent fantasies in which she is a Mossad agent involved in the surveillance and later kidnapping of an Arab terrorist leader responsible for the murder of her sister. Subject 6 described the following scenario:

There are 4 characters that recurrently appear in my daydreams. These are 2 pairs of siblings married to each other . . . they probably represent aspects of me. The main theme of my daydreams relates to their imprisonment. They are chained to the wall in a dark and damp Gothic dungeon. The castle's henchman would come down, periodically, to torture them.

Subject 3 provided the most elaborate descriptions of captivity, rescue and escape fantasies. Following is a synopsis of one of them:

I am seated on the field of football stadium surrounded with barbed wire. I am chosen by the prisoners to negotiate with the captors, because she is known to be an emotionally dissociated person, hence, not susceptible to psychological pressure. I am allowed to walk toward a desk with 2 chairs and sit in the bigger one. My opponent is putting forth his demands and threatens me with a gun. I pour myself a hot drink and sip from it with stable hands, smile at him and tell him that I am suicidal, so he cannot threaten me with anything 'cause I've got nothing to lose. He realizes he lost the bargaining and I give the sign for the insurrection to begin. From now on it is like a Hollywood action movie with explosions, smoke and lots of blood. Although I am wounded I manage to free most of the prisoners and I lead them to safety.

5. *Sexual Arousal.* For this group, sexuality seemed to be a mixed bag of carnal pleasure, insatiable compulsivity, confusing guilt, and a sense of sad loneliness. Four participants spontaneously reported sexual arousal themes in their daydreaming. Subject 1 said he could fall asleep only after prolonged compulsive fantasy about flirting, courting and seduction of a woman. He would later fold his blanket into an imagined female torso and make love to it. Subject 6, an incest survivor, sheepishly disclosed that she could only be sexually satisfied when she was “exposed to bondage and rape fantasies.” She defined them as “the most efficient nighttime tranquilizers.” Subject 5 admitted he would trade an opportunity to make love with a girlfriend for a lengthy sexual domination fantasy anytime. Subject 2 had the following to say about the topic:

After I see an attractive girl on the street I add her to the girl archives in my mind. At home I can spend hours masturbating while fantasizing about making love to her. I do it over and over again, until I have exhausted the thrill. This is a very old habit. It consumes a great deal of my time and energies.

Other Themes

Additional daydreaming themes included discouraging rehearsals of anticipated dialogues (Subject 1), anticipated betrayal by seemingly trustworthy acquaintances, and visions on entering a coma or, to use her own words, “a sleeping beauty-like state” (Subject 3), the distribution humanitarian assistance to needy refugees in war zone areas (Subject 2), and sport matches (e.g., basketball, soccer) (Subject 5).

Dynamics

1. *Onset.* All interviewees associated the inception of MD with aversive childhood experiences. Subject 3 stated she has had captivity fantasies for as long as she could remember, but clearly remembered herself having them at age 8, during the period her grandfather had sexually molested her. Subject 4, a survivor of childhood emotional neglect and fraternal incest, remembered the satisfaction associated with early daydreaming about being a “seeing but unseen” detective. Subject 6 said she had always been a very imaginative girl and reported having had multiple imaginary friends. She clearly recalled a very early kindergarten incident in which she got angry with her teacher and fantasized her eating grass in a cage. Her elaborate fantasies started to build at age 8. This was also when she estimated her incestuous exploitation began. Subject 5 was also confident he has always had an innate inclination for creative fantasizing. He reminisced replaying favorite television episodes in his mind when he was 5-years-old. He was 7-years-old when his father took him to his first soccer match. Following that he started to imagine sport games in his mind. But it was not until he became upset by his delayed

pubertal development that he started to inject his own image into athletic bravado imaginings. His MD worsened following a botched romantic courting. Subject 1 was the oldest among the participants in this study when he developed the daydreaming habit. At age 16, following a romantic heartbreak, Subject 1, reportedly, developed a grave depression that reflected his refusal to surrender his yearning for the lost relationship. He dropped out of school for 6 months and retreated into an imaginary world in which the liaison amorously persevered. A probable contributing factor to this retreating behavior was his distress about his parents' frequent bitter squabbles. Subject 2's parents also had serious marital problems. His father was described as an unpredictable brutal man that would humiliate and physically abuse family members. When he was 10-years-old, his parents decided to change their life-style and moved to a kibbutz. In these Israeli socialist communes, children were allowed daily afternoon visiting hours with their parents, but otherwise were raised in separate educational boarding facilities. Subject 2 was rejected by the xenophobic kibbutz youngsters who mocked his "weakling city boy" demeanor. This is how he described his experience:

They laughed at me for wanting to go home to my parents, ridiculed me for appearing embarrassed to shower with the girls, made fun of my poor athletic performance . . . I was so alone. I think I had a good imagination before that, but it came in handy, then . . . this is when I created my first war fantasies. When I was a little older, my father would turn off the TV I was watching and would send me to bed. I guess he did not want me to witness their fights. Upset and sad, I hid under my covers and fantasized the ending of the interrupted TV show.

2. Kinesthetic Elements. Five participants related some sort of kinesthetic involvement in their MD activity. Apparently, MD movement had 2 main functions: Hypnotic induction or physical enactment. Subject 2, for example, talked about both phenomena. He explained:

When I daydream I often hold an object in my hand, say, an eraser or a marble. I toss in the air. This repetitive monotone movement helps me concentrate on the fantasy. Daydreaming is easier when I do this because I don't get distracted by other things in the room. At other times I would go down to the basement and pace for hours while daydreaming.

At another point in the interview he said:

Sometimes I would go into an orchard behind my house. Nobody comes there. I like the solitude because I could act the fantasies out loud: I can shout and scream there without shame.

Finally, five participants indicated that therapy helped them understand the role MD had in their lives. The maladjusted characteristics of MD were made even more evident when psychotherapy was identified as associated with a reduction in violent themes (in 4 cases), a reduction in the amount of time spent in MD (in 5 cases). One of these 5 cases, Subject 4 reported a complete cessation of MD. She had successfully terminated her therapy by the time data for this study were collected.

DISCUSSION

Although this sample was retrieved from a clinical population, the results of this inquiry are in line with reports on high risk for significant psychopathology among individuals with elevated levels of fantasy-proneness (e.g., Rauschenberger & Lynn, 1995). An incidence of 24% being fantasy-prone in an Israeli trauma practice should be considered relatively high. For comparison, the fantasy proneness incidence in a nonclinical sample was 6% (Rauschenberger & Lynn, 1995) and 9–14% among individuals with a history of childhood abuse (Rhue et al., 1990). These differences could be attributed to the fact that this sample was retrieved from a specialized trauma practice rather than a general clinical group, thus, reflecting higher fantasy proneness among trauma survivors. Indeed, all 6 participants were, reportedly, affected by detrimental aversive childhood circumstances. Another possibility is that this sample's reporting of past aversive experiencing reflects a reporting bias. Fantasizers' propensity to have difficulties differentiating fantasy from reality may compromise the accuracy of their reports (Council, Chambers, Jundt & Good, 1990–1991). It is also conceivable that cultural differences contributed to this finding. Future comparative research will have to determine if the stressed Israeli population is more fantasy prone than those of other nations.

This MD sample was made up of 2 clinical subgroups: Two participants (33.3%) were assigned a primary DSM diagnosis of narcissistic personality disorder, and 4 (66.7%) were diagnosed as suffering from a dissociative disorder. A narcissistic injury to their budding manliness lay beneath the pain Subject 1 and Subject 5 brought to therapy. The early rejection sustained by girls they had pursued, turned them inward, into a much safer imaginary world. There, they could romance or control the women without fearing a negative response. Unlike Subject 1 or Subject 5, the other 4 interviewees were abused as children and developed, consequently, a dissociative disorder. This observation adds to a growing body of data that points to similarities between fantasy-based activities and dissociative experiences and symptoms (Segal & Lynn, 1992–1992; Rauschenberger & Lynn, 1995) and suggests that MD, much like dissociative disorders, may have initially developed as a helpful coping strategy in imaginatively-endowed children. Five respondents reported applying movement to their MD activity. It is suggested that this kinesthetic element served as hypnotic induction and deepening device, and points out the similarities between daydreaming and hypnosis. This finding is in line with past research reports on the relationship between childhood trauma, imagination and hypnotizability (e.g., Rhue et al., 1990–1991).

This study is limited by its size. The in-depth interview about a potentially embarrassing behavior would not have been possible were it not for the extensive trusting relationship these respondents developed with their therapist. In fact, only rudimentary prior knowledge about the nature and extent of MD among these patients was available to the therapist/author. When asked why they never

brought this rich material to therapy before, all the dissociative disorder patients seemed dumbfounded and confused by the inadvertent exposure of their defenses. The impression was that many MD themes were thinly disguised primary matter, closely related to dissociated traumatic memories and affect. It is doubtful that such sensitive disclosure would have been achieved had I attempted to broaden this research sample to include individuals treated by other therapists or fantasy-prone individuals recruited from the general population.

This study sheds preliminary light on the subjective experience and meaning of malignant fantasy in a group of psychotherapy patients. Analysis of the participants' verbatim transcripts leads to the conclusion that these bright persons may have had a creative but normal imaginary disposition that preceded their childhood predicaments. Painful interpersonal experiences encountered during a time when basic assumptions about the world and their self-images were developing, sent these young persons into their much safer imaginary world. Starker (1982) suggests that affect, cognition and daydreaming are associated by feedback loops. Guilty and fearful daydreams deepen depressive mood, which leads to more negative and deprecating self-references, which in turn results in more guilty and anxious daydreams. Starker's cyclical daydreaming theory was supported by studies reported by Gold and his associates (Gold & Minor, 1983; Gold, Gold, Milner & Robertson, 1986). Gold et al. (1986) suggested that:

... psychologically healthy subjects use their daydreams in a way that enhances their good feelings about themselves while distressed subjects interpret their daydreams as another sign of weakness, inadequacy, etc. (p. 72).

Analyses of the interviews provided for this study reveal a more complex picture that does not render strong support to this theoretical formulation. Whereas, all respondents reported varying degrees of negative daydreaming experiences, they also described a rich variety of rewarding daydreams relating to images of an idealized self involved in empowered behaviors, adjusted interpersonal conduct, and soothing experiences. The data from this study suggest that MD could, at least partially, be explained as a phobic behavior reflecting the avoidant alternative. Negative MD often included representations of aversive experiences, maladjusted responses and their meanings. This imaginary process serves as a painful reminder of the threats associated with the real world, increases phobic fears, and promotes avoidant behavior. The avoidance is rewarded not only by the negative reinforcement associated with the removal of the aversive stimulus, but also by the positive daydreaming, which provides an alternative of vividly satisfying emotional experiences. Mowrer's two-factor theory of conditioned fear and operant avoidance (1960) seems like a more adequate prototypical feedback model of maladaptive daydreaming.

Evidently more research is required in this field. Empirical inquiry is needed for additional clarification on the value of daydreaming analysis in the treatment of fantasy prone individuals. Further study of the relationship between MD and dissociative psychopathology is also called for.

ACKNOWLEDGMENT

I thank Ruth Zamir Davies for her help with literature search and for interviewing one of the participants.

REFERENCES

- American Psychiatric Association (1987). *Diagnostic and statistical manual of mental disorders* (3rd ed., rev.). Washington, DC: Author.
- Barth, F. D. (1997). Using daydreaming in psychodynamic psychotherapy. *Clinical Social Work*, 25(3), 265–280.
- Bernstein, E. M., Putnam, F. W. (1986). Development, reliability, and validity of a dissociation scale. *Journal of Nervous and Mental Disease*, 174, 727–735.
- Bollas, C. (1992). *Being a character: Psychoanalysis and self experience*. New York: Hill and Wang.
- Carlson, E. Bernstein, Putnam, F. W. (1993). An update on the dissociative experiences scale. *Dissociation*, 6(1), 16–27.
- Council, J. R., Chambers, D., Jundt, T. A., & Good, M. D. (1990–1991). Are the internal mental images of fantasy-prone persons really more “real”? *Imagination, Cognition and Personality*, 10, 319–327.
- Freud, S. (1908, 1962). Creative writers and daydreaming. In J. Strachey (ed.), *The standard edition of the complete psychological works of Sigmund Freud*. London: Hogarth, Vol. IX.
- Frischholtz, E. J., Braun, B. G., Sachs, R. G., Hopkins, L., Schaeffer, D. M., Lewis, J., Leavitt, F., Pasquatto, M. A., Schwartz, D. R. (1990). The Dissociative Experiences Scale: Further replication and validation. *Dissociation*, 3(3), 151–153.
- Giambra, L. M. (1974). Daydreaming about the past: The time setting of spontaneous thought intrusions. *The Gerontologist*, 17(a), 35–38.
- Giambra, L. M., & Traynor, T. D. (1978). Depression and daydreaming: An analysis based on self-ratings. *Journal of Clinical Psychology*, 34(1), 14–25.
- Gold, S. R., Gold, R. G., Milner, J. S., & Robertson, K. R. (1986). Daydreaming and mental health. *Imagination, Cognition and Personality*, 6(1), 67–73.
- Gold, S. R., & Minor, S. W. (1983). School related daydreaming and test anxiety. *Imagination, Cognition and Personality*, 3(2), 133–138.
- Hartman, H. (1958). *Ego psychology and the problem of adaptation*. New York: International Universities Press.
- Hilgard, J. R. (1974). Imaginative involvement: Some characteristics of the highly hypnotizable and nonhypnotizable. *International Journal of Clinical and Experimental Hypnosis*, 22, 238–256.
- Hilgard, J. R. (1979). Imaginative and sensory-affective involvement in everyday life and hypnosis. In E. Fromm and R. Shor (eds.), *Hypnosis: Developments in research and new perspectives*. New York: Aldine, pp. 438–518.
- Khan, M. M. R. (1963). *The privacy of the self*. New York: International Universities Press.
- Klinger, E. (1971). *Structure and functions of fantasy*. New York: Wiley.
- Lincoln, Y. S. & Guba, E. E. (1985). *Research, Evaluation, and Policy Analysis: Heuristics for Disciplined Inquiry. A position paper*. Earlier versions of this paper were presented at the Annual Meeting of the Evaluation Network/Evaluation Research Society (1983) and the Annual Meeting of the American Educational Research Association (New Orleans, LA, April 23–27, 1984).
- Locke, L. F., Spiriduso, W. W., & Silverman, S. J. (1987). *Proposals that work: A guide for planning dissertations and grant proposals*. Newbury Park, CA: Sage.
- Lynn, S. J., & Rhue, J. W. (1986). The fantasy prone person: Hypnosis, imagination, and creativity. *Journal of Personality and Social Psychology*, 51, 404–408.
- Lynn, S. J., & Rhue, J. W. (1988). Fantasy proneness: Hypnosis, developmental antecedents, and psychopathology. *American Psychologist*, 43, 35–44.
- Lynn, S. J., & Rhue, J. W., & Green, J. P. (1988). Multiple personality and fantasy proneness: Is there an association or dissociation? *British Journal of Experimental and Clinical Hypnosis*, 5, 138–142.

- McDougall, J. (1978). *Plea for a measure of abnormality*. New York: International Universities Press.
- Mowrer, O. A. (1960). *Learning theory and behavior*. New York: Wiley.
- Putnam, F. W. (1991). Dissociative phenomena. In A. Tasman (Ed.), *Annual Review of Psychiatry* (pp. 159–174). Washington, DC: American Psychiatric Press.
- Rauschenberger, S. L., & Lynn, S. J. (1995). Fantasy proneness, DSM-III-R Axis I psychopathology, and dissociation. *Journal of Abnormal Psychology, 104*(2), 373–380.
- Rhue, J. W., & Lynn, S. J. (1987). Fantasy-proneness: Developmental antecedents. *Journal of Personality, 55*, 121–137.
- Rhue, J. W., & Lynn, S. J. (1989). Fantasy proneness, hypnotizability, and absorption- A re-examination: A brief communication. *The International Journal of Clinical and Experimental Hypnosis, 37*, 100–106.
- Rhue, J. W., Lynn, S. J., Henry, S., Buhk, K., & Boyd, P. (1990–1991). Child abuse, imagination and hypnotizability. *Imagination, Cognition and Personality, 10*(1), 53–63.
- Segal, D., & Lynn, S. J. (1992–1993). Predicting dissociative experiences: Imagination, hypnotizability, psychopathology, and alcohol-use. *Imagination, Cognition and Personality, 12*, 287–300.
- Silverman, D. (2000). *Doing qualitative research: A practical handbook*. London: Sage.
- Singer, J. L. (1966). *Daydreaming*. New York: Random House.
- Singer, J. L. (1975). *The inner world of daydreaming*. New York: Harper & Row.
- Singer, J. L. (1978). Experimental studies of daydreaming and the stream of thought. In K. S. Pope & J. L. Singer (eds.), *The stream of consciousness: Scientific investigations into the flow of human experience*. New York: John Wiley, pp.187–223.
- Singer, J. L., & Antrobus, J. S. (1963). A factor-analytic study of daydreaming and conceptually-related cognitive and personality variables. *Perceptual and Motor Skills*, Monograph Supplement 3-V17.
- Singer, J. L., & Antrobus, J. S. (1972). Daydreaming, imaginal processes, and personality: A normative study. In P. Sheehan (Ed.), *The function and nature of imagery*. New York: Academic Press.
- Somer, E., Dolgin, M., & Saadon, M. (2001). Validation of the Hebrew version of the Dissociative Experiences Scale (H-DES) in Israel. *Trauma and Dissociation, 2*(2), 53–66.
- Spinelli, E. (1989). *The Interpreted World: An Introduction to Phenomenological Psychology*. London: Sage.
- Spitzer, R. L., Williams, J. B. W., Gibbon, M., & First, M. B. (1990). *SCID: User's guide for the Structured Clinical Interview for DSM-III-R*. Washington, DC: American Psychiatric Press.
- Starker, S. (1982). *Fantastic thoughts*. New Jersey: Prentice Hall.
- Steinberg, M. (1995). *Handbook for the Assessment of Dissociation: A Clinical Guide*. Washington, DC: American Psychiatric Press.
- Steinberg, M., Cicchetti, D., Buchanan, J., Hall, P., & Rounsaville, B. (1993). Clinical assessment of dissociative symptoms and disorders: The Structured Clinical Interview for DSM-IV Dissociative Disorders (SCID-D). *Dissociation, 6*, 3–15.
- Steinberg, M., Rounsaville, B., & Cicchetti, D. (1990). The Structured Clinical Interview for DSM-III-R Dissociative Disorders: Preliminary report on a new diagnostic instrument. *American Journal of Psychiatry, 147*, 76–81.
- Waller, N. G. (1996). The Dissociative Experiences Scale. In J. C. Conley & J. C. Impara (Eds.), *Twelfth Mental Measurements Yearbook*. Lincoln, NE: Institute of Mental Measurement.
- Wilson, S. C., & Barber, T. X. (1981). Vivid fantasy and hallucinatory abilities in the life histories of excellent hypnotic subjects ("somnambulizers"): Preliminary report with female subjects. In E. Klinger (Ed.), *Imagery: Vol. 2. Concepts, results, and applications* (pp. 133–1490). New York: Plenum.
- Wilson, S. C., & Barber, T. X. (1983). The fantasy-prone personality: Implication for understanding imagery, hypnosis, and parapsychological phenomena. In A. A. Sheikh (Ed.), *Imagery: Current theory, research, and application* (pp. 340–390). New York: Wiley.
- Winnicott, D. W. (1971). *Playing and reality*. New York: Basic Books.