Navigating the Daydreamscape: An In-Depth Exploration of Maladaptive Daydreaming, Coping Strategies, and Mental Well-Being

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Abstract

Maladaptive daydreaming, characterized by immersive and disruptive daydreaming experiences, has become a focal point in psychological research due to its potential impact on mental health. This study explores the intricate relationship between maladaptive daydreaming and coping skills, utilizing well-established measures like the COPE inventory and the Maladaptive Daydreaming Scale. The COPE inventory assesses coping strategies, while the Maladaptive Daydreaming Scale quantifies maladaptive daydreaming severity. The review investigates how coping skills mediate the association between maladaptive daydreaming and mental health challenges. The study, conducted with 386 participants, presents a comprehensive analysis of coping styles, demographic factors, and their connections to maladaptive daydreaming. Findings reveal significant yet nuanced relationships, shedding light on potential interventions and support systems for individuals grappling with maladaptive daydreaming tendencies.

Introduction

Maladaptive daydreaming, a psychological phenomenon characterized by an immersive and intense daydreaming experience that significantly disrupts daily functioning, has gained increasing attention within psychology. First identified and defined by Eli Somer (2002), this phenomenon represents a unique and underexplored aspect of human cognition and imagination. Individuals experiencing maladaptive daydreaming often find themselves absorbed in vivid and elaborate daydreams to the extent that it interferes with their ability to concentrate on real-life tasks and responsibilities (Soffer-Dudek & Somer, 2018).

In recent years, the recognition of maladaptive daydreaming has expanded beyond mere fascination with daydreaming into a focal point in psychological research. Scholars and practitioners have begun recognizing its potential contribution to mental health challenges, prompting a closer examination of its implications for overall well-being and functioning (Chirico et al., 2022).

This study aims to contribute to the evolving understanding of maladaptive daydreaming by delving into the relationship between this phenomenon and coping skills (Salomon-Small et al., 2021). Coping skills, crucial for managing stress and navigating life's challenges, are significant when considering individuals grappling with maladaptive daydreaming tendencies. This study utilizes the COPE and Maladaptive Daydreaming Scales to assess the impact of maladaptive daydreaming on coping skills.

The COPE inventory, developed by Carver, Scheier, and Weintraub, offers a comprehensive assessment of coping strategies, including problem-solving, emotional expression, and avoidance (1989). This inventory becomes a vital tool in unraveling how individuals with maladaptive daydreaming tendencies navigate and cope with the challenges posed by their immersive daydreaming experiences. Understanding the coping mechanisms employed by these individuals is essential for developing targeted interventions and support systems.

The Maladaptive Daydreaming Scale (MDS) serves as a standardized measure to quantify the extent of maladaptive daydreaming (Somer et al., 2016). This scale allows researchers and clinicians to assess the severity of maladaptive daydreaming experiences in individuals, providing a quantitative foundation for investigation. By integrating these measures, this study offers an assessment of how maladaptive daydreaming may intersect with coping strategies, shedding light on potential avenues for intervention and support.

In essence, exploring maladaptive daydreaming in the context of coping skills represents an essential endeavor in the evolving landscape of psychological research. As the field recognizes the impact of maladaptive daydreaming on daily functioning and mental well-being, this study aims to contribute valuable insights that inform future studies, therapeutic approaches, and support mechanisms for individuals experiencing the challenges associated with maladaptive daydreaming.

Maladaptive Daydreaming and Mental Health: Unveiling Complex Associations

The early investigations conducted by Bigelsen and Schupak were groundbreaking in revealing a significant association between maladaptive daydreaming and various mental health issues, particularly anxiety and depression (2011). This pioneering work laid the foundation for subsequent studies that further delved into the relationship between maladaptive daydreaming and mental health. Researchers expanded upon these findings, providing additional insights into the multifaceted nature of maladaptive daydreaming and its impact on mental well-being. Carruthers contributed to this growing body of knowledge and emphasizes the imperative to examine maladaptive daydreaming within the broader context of mental health (2012). By acknowledging the connections between maladaptive daydreaming and mental health challenges, these studies underscore the need for a comprehensive exploration that considers coping skills as potential mediators in understanding and addressing these issues.

Coping Skills as Potential Mediators: Unraveling the Interplay

A fascinating perspective suggests that maladaptive daydreaming might influence mental health outcomes through its impact on coping skills (Somer et al., 2016). Coping skills, as measured by widely used tools like the COPE inventory scale, emerge as crucial components in the complex interplay between maladaptive daydreaming and mental health (Pyszkowska et al., 2023). This perspective highlights the need to not only recognize the association between maladaptive daydreaming and mental health challenges but also to investigate the role of coping skills in mediating or moderating these relationships. By understanding the coping mechanisms individuals employ when faced with maladaptive daydreaming tendencies, researchers gain valuable insights into potential avenues for intervention and support.

Coping Strategies and Maladaptive Daydreaming: Navigating Complex Territories

The COPE inventory assesses various coping strategies, including problem-solving, emotional expression, and avoidance. Preliminary findings suggest that individuals with maladaptive daydreaming tendencies

might resort to specific coping strategies more frequently, potentially impacting their mental health (Demirbas, 2021). This underscores the importance of acknowledging the existence of maladaptive daydreaming and understanding how individuals cope with the associated challenges. Exploring specific coping mechanisms provides a perspective on the ways individuals navigate the complex territories of maladaptive daydreaming and its potential consequences for mental health.

Methodological Considerations: Toward Holistic Understanding

To comprehensively explore the relationships between maladaptive daydreaming, coping skills, and mental health outcomes, researchers commonly use the Maladaptive Daydreaming Scale (MDS) to measure the extent of maladaptive daydreaming (Somer, 2002). In tandem, the Patient Health Questionnaire-4 (PHQ-4) assesses anxious and depressive symptoms, while the COPE inventory comprehensively evaluates coping strategies. These methodological considerations demonstrate the importance of adopting a holistic approach that integrates multiple measures to capture the complexity of maladaptive daydreaming and its potential impact on coping skills and mental health.

Methods

Recruitment:

The study sought to recruit a diverse and representative sample of participants, thus embarking on an extensive recruitment process by utilizing Canvas, Facebook, Twitter, Instagram, and Reddit. A sample of N = 386 individuals was gathered. The eligibility criteria for participation in this study were set with the utmost consideration for inclusivity and adherence to research standards. Potential participants were required to be of age, precisely over 18 years old, and demonstrate fluency in English.

Measures:

Participants completed self-report measures, including the following:

1. The Maladaptive Daydreaming Battery is designed to assess the prevalence and impact of maladaptive daydreaming tendencies in individuals. MDSTOTAL (Total Maladaptive Daydreaming Score) quantifies the overall extent of maladaptive daydreaming experiences.

2. The Brief COPE (Coping Orientation to Problems Experienced) battery is a widely used psychological assessment tool designed to evaluate an individual's coping strategies in response to various stressors and challenges. The battery encompasses a range of coping styles, providing insights into how individuals manage and adapt to stress. The assessed categories within the COPE battery include:

1. **Positive Coping Styles:**

a. **Active Coping:** Involves taking proactive steps to address stressors directly.

b. **Planning:** Refers to the formulation of strategic plans to cope with stressors.

c. **Positive Reframing:** Involves cognitive restructuring to view stressful situations more positively.

d. **Humor:** The use of humor as a coping mechanism to lighten the emotional impact of stressors.

e. **Acceptance:** Embracing and accepting the reality of a stressful situation.

2. **Support-Seeking Coping Styles:**

a. **Use of Emotional Support:** Involves seeking comfort, understanding, and empathy from others.

b. **Use of Instrumental Support:** Encompasses seeking tangible assistance and guidance from others.

3. **Avoidance Coping Styles:**

a. **Behavioral Disengagement:** Involves withdrawing or avoiding dealing with the stressor.

b. **Venting:** Expressing negative emotions and frustration regarding the stressor.

4. **Maladaptive Coping Styles:**

a. **Self-Distraction:** Engaging in activities to divert attention from the stressor.

b. **Substance Use:** Involves using substances such as alcohol or drugs as a means of coping.

c. **Denial:** Refusing to acknowledge or accept the reality of the stressor.

d. **Self-Blame:** Attributing the cause of the stressor to oneself.

The COPE battery provides a comprehensive understanding of an individual's coping repertoire, allowing clinicians and researchers to identify coping behavior patterns that may influence mental health outcomes (Marais-Opperman, Rothmann, & van Eeden, 2021). By assessing these diverse coping styles, the COPE battery contributes valuable information for tailoring intervention strategies and promoting adaptive coping mechanisms in the face of life stressors.

Hypotheses:

1. **Self Distraction:**

Hypothesis: There is a significant positive relationship between Self Distraction and MDSTOTAL. As levels of self-distraction as a coping strategy increase or decrease, maladaptive daydreaming tendencies are expected to change correspondingly.

2. **Active Coping:**

Hypothesis: Active Coping is hypothesized to have a significant positive association with MDSTOTAL. Individuals engaging in higher levels of active coping strategies are expected to exhibit increased

maladaptive daydreaming tendencies.

3. **Denial:**

Hypothesis: Denial is anticipated to be significantly positively related to MDSTOTAL. As individuals employ denial as a coping mechanism, maladaptive daydreaming tendencies are expected to increase.

4. **Substance Use:**

Hypothesis: Substance use is expected to have a positive relationship to MDSTOTAL. Higher levels of substance use as a coping strategy are hypothesized to correspond with elevated maladaptive daydreaming tendencies.

5. **Use of Emotional Support:**

Hypothesis: The Use of emotional support is anticipated to have a significant negative association with MDSTOTAL. Individuals who seek emotional support as a coping strategy are expected to exhibit lower levels of maladaptive daydreaming.

6. **Use of Instrumental Support:**

Hypothesis: The Use of Instrumental Support is expected to have a positive relationship with MDSTOTAL. Higher reliance on instrumental support as a coping strategy is hypothesized to correspond with increased maladaptive daydreaming tendencies.

7. **Behavioral Disengagement:**

Hypothesis: Behavioral Disengagement is anticipated to have a positive relationship with MDSTOTAL. Individuals who frequently engage in behavioral disengagement as a coping strategy are expected to exhibit elevated maladaptive daydreaming tendencies.

8. **Venting:**

Hypothesis: Venting is expected to have a significant positive relationship with MDSTOTAL. Higher levels of venting as a coping strategy are hypothesized to correspond with increased maladaptive daydreaming tendencies.

9. **Positive Reframing:**

Hypothesis: Positive reframing is anticipated to have a positive relationship to MDSTOTAL. As individuals engage in positive reframing as a coping strategy, maladaptive daydreaming tendencies are expected to increase.

10. **Planning:**

Hypothesis: Planning is expected to have a positive relationship with MDSTOTAL. Higher levels of planning as a coping strategy are hypothesized to correspond with increased maladaptive daydreaming tendencies.

11. Humor:

Hypothesis: Humor is anticipated to have a positive relationship with MDSTOTAL. Individuals who use humor as a coping mechanism are expected to exhibit elevated maladaptive daydreaming tendencies.

12. Acceptance:

Hypothesis: Acceptance is expected to have no significant relationship with MDSTOTAL. It is hypothesized that individuals who display acceptance as a coping strategy may not show substantial changes in maladaptive daydreaming tendencies.

13. Religion:

Hypothesis: Religion is expected to have no significant relationship with MDSTOTAL. It is hypothesized that individuals who rely on religious coping strategies may not exhibit substantial changes in maladaptive daydreaming tendencies.

14. Self Blame:

Hypothesis: Self Blame is anticipated to have a significant positive relationship with MDSTOTAL. As individuals engage in self-blame as a coping strategy, maladaptive daydreaming tendencies are expected to increase.

Procedures:

The research described in this paper was conducted under the oversight and approval of the Colorado Multiple Institutional Review Board (COMIRB), an agency facilitating research administration at the University of Colorado - Denver | Anschutz Medical School. The study was assigned the COMIRB identification number 20-2870, demonstrating compliance with ethical guidelines and regulations for human subject research. After providing informed consent, participants completed the online surveys, which included the above measures. The survey took approximately 30 minutes to complete. All responses were anonymous, and participants were told they would be entered into a raffle to win one of three $50 Amazon gift cards.

Data Analysis:

The quantitative data collected through the SPSS export from Qualtrics was systematically analyzed. Initially, the data was recoded in alignment with the scales previously specified in this paper. This recoding facilitated the appropriate categorization and interpretation of the quantitative responses. Next,

the dataset was meticulously cleaned to remove any incomplete or inconsistent responses, ensuring the reliability and validity of the data.

Descriptive statistics were then computed to summarize and present the key characteristics and features of the quantitative data. This included measures such as means, standard deviations, and frequencies, offering a comprehensive overview of the variables under investigation. Furthermore, regression analyses were performed to examine the relationship between variables and identify potential predictors or covariates.

Results

The presented data involve analyses of various dependent variables (Selfblame, Religion, Acceptance, Humor, Planning, Positive Reframing, Venting, Behavioral Disengagement, Use of Instrumental Support, Use of Emotional Support, Substance Use, Denial, Active Coping, and Self Distraction) with Maladaptive Daydreaming (MDSTOTAL) as the predictor variable. Each assessment involves an analysis of variance (ANOVA) to explore the relationship between MDSTOTAL and the respective dependent variable.

1. Self-blame:

The regression model is significant ($F(1, 385) = 17.317$, $p < 0.001$), suggesting that there is a significant relationship between MDSTOTAL and Selfblame.

2. Religion:

The regression model is not significant ($F(1, 385) = 1.301$, $p = 0.255$), indicating that there is no significant relationship between MDSTOTAL and Religious coping.

3. Acceptance:

The regression model is significant ($F(1, 385) = 87.389$, $p < 0.001$), suggesting that MDSTOTAL is significantly related to Acceptance.

4. Humor:

The regression model is significant ($F(1, 385) = 4.392$, $p = 0.037$), indicating a significant relationship between MDSTOTAL and the use of Humor as a coping mechanism.

5. Planning:

The regression model is significant ($F(1, 385) = 20.382$, $p < 0.001$), suggesting a significant relationship between MDSTOTAL and Planning as a coping strategy.

6. Positive Reframing:

The regression model is marginally significant (F(1, 385) = 2.674, p = 0.103), indicating a potential relationship between MDSTOTAL and Positive Reframing.

7. Venting:

The regression model is not significant (F(1, 385) = 2.674, p = 0.103), suggesting no significant relationship between MDSTOTAL and Venting.

8. Behavioral Disengagement:

The regression model is significant (F(1, 385) = 24.201, p < 0.001), indicating a significant relationship between MDSTOTAL and Behavioral Disengagement.

9. Use of Instrumental Support:

The regression model is significant (F(1, 385) = 33.806, p < 0.001), suggesting a significant relationship between MDSTOTAL and the use of Instrumental Support.

10. Use of Emotional Support:

The regression model is not significant (F(1, 385) = 2.249, p = 0.135), indicating no significant relationship between MDSTOTAL and the use of Emotional Support.

11. Substance Use:

The regression model is not significant (F(1, 385) = 0.138, p = 0.710), suggesting no significant relationship between MDSTOTAL and Substance Use.

12. Denial:

The regression model is significant (F(1, 385) = 24.495, p < 0.001), indicating a significant relationship between MDSTOTAL and the use of Denial as a coping mechanism.

13. Active Coping:

The regression model is significant (F(1, 385) = 4.676, p = 0.031), suggesting a significant relationship between MDSTOTAL and Active Coping.

14. Self Distraction:

The regression model is not significant (F(1, 385) = 2.674, p = 0.103), suggesting no significant relationship between MDSTOTAL and Self Distraction.

Discussion

The analyses of various dependent variables about Maladaptive Daydreaming (MDSTOTAL) as the predictor variable, reveals a description of the associations between these variables. These findings contribute to our understanding of how maladaptive daydreaming may be linked to different coping strategies and emotional experiences.

The relationship between MDSTOTAL and Self-blame is marked by statistical significance ($F(1, 385) = 17.317$, $p < 0.001$), indicating a substantial association. This suggests that individuals with higher levels of maladaptive daydreaming tend to exhibit increased tendencies toward self-blame as a coping strategy. The acknowledgment of this link prompts further exploration into the psychological mechanisms that connect maladaptive daydreaming and self-blame, potentially informing therapeutic interventions.

In alignment with the hypothesis, the MDSTOTAL and Religious coping analysis reveals a lack of significance ($F(1, 385) = 1.301$, $p = 0.255$). This implies that maladaptive daydreaming may not play a substantial role in influencing religious coping strategies. This non-significant relationship highlights the need to differentiate between various coping mechanisms and their associations with maladaptive daydreaming.

The significant relationship observed between MDSTOTAL and Acceptance ($F(1, 385) = 87.389$, $p < 0.001$) suggests that individuals with higher levels of maladaptive daydreaming may experience challenges in accepting difficult situations. This finding raises questions about the potential impact of maladaptive daydreaming on adaptive coping strategies and the emotional well-being of individuals.

The connection between MDSTOTAL and the use of Humor as a coping mechanism is noteworthy ($F(1, 385) = 4.392$, $p = 0.037$). This implies that individuals who engage in higher levels of maladaptive daydreaming may also employ humor as a coping strategy. Further exploration into the nature of this relationship can provide insights into the role of humor in mitigating the challenges associated with maladaptive daydreaming.

The significant relationship between MDSTOTAL and Planning ($F(1, 385) = 20.382$, $p < 0.001$) suggests that maladaptive daydreaming may be associated with specific planning-oriented coping strategies. Understanding the nature of this relationship is crucial for tailoring interventions that address both maladaptive daydreaming tendencies and planning-related coping mechanisms.

The marginally significant relationship between MDSTOTAL and Positive Reframing ($F(1, 385) = 2.674$, $p = 0.103$) warrants further investigation. Although not reaching conventional significance levels, this finding suggests a potential connection between maladaptive daydreaming and efforts to reframe positive aspects of challenging situations.

In the case of MDSTOTAL and Venting, the lack of significance ($F(1, 385) = 2.674$, $p = 0.103$) implies that maladaptive daydreaming may not be strongly associated with venting as a coping strategy. This emphasizes the importance of examining a range of coping mechanisms independently to capture the complexity of coping behaviors.

The significant relationship between MDSTOTAL and Behavioral Disengagement ($F(1, 385) = 24.201$, $p < 0.001$) indicates that individuals with higher levels of maladaptive daydreaming are more prone to disengaging behaviorally as a coping strategy. This finding underscores the potential impact of maladaptive daydreaming on maladaptive coping mechanisms and raises questions about the functional role of disengagement in the context of maladaptive daydreaming.

The significant relationship between MDSTOTAL and the Use of Instrumental Support ($F(1, 385) = 33.806$, $p < 0.001$) suggests that individuals with higher levels of maladaptive daydreaming may seek instrumental support less frequently. Understanding the factors contributing to this relationship is essential for developing targeted interventions to enhance social support for individuals with maladaptive daydreaming tendencies.

In contrast, the lack of significance between MDSTOTAL and the Use of Emotional Support ($F(1, 385) = 2.249$, $p = 0.135$) implies that maladaptive daydreaming may not be significantly associated with seeking emotional support as a coping strategy. This finding highlights the need to consider distinct coping mechanisms when exploring the impact of maladaptive daydreaming on social support-seeking behaviors.

The non-significant relationship between MDSTOTAL and Substance Use ($F(1, 385) = 0.138$, $p = 0.710$) suggests that maladaptive daydreaming may not be a significant predictor of substance use. This finding is crucial for dispelling potential misconceptions about the relationship between maladaptive daydreaming and substance use behaviors.

The significant relationship between MDSTOTAL and Denial ($F(1, 385) = 24.495$, $p < 0.001$) indicates that individuals with higher levels of maladaptive daydreaming are more likely to employ denial as a coping mechanism. Understanding the psychological mechanisms underpinning this relationship is essential for designing interventions that target maladaptive coping strategies associated with maladaptive daydreaming.

The significant relationship between MDSTOTAL and Active Coping ($F(1, 385) = 4.676$, $p = 0.031$) suggests that maladaptive daydreaming may influence the adoption of active coping strategies. Further exploration into the nature of this relationship can inform interventions aimed at enhancing adaptive coping mechanisms in individuals with maladaptive daydreaming tendencies.

Lastly, the non-significant relationship between MDSTOTAL and Self Distraction ($F(1, 385) = 2.674$, $p = 0.103$) implies that maladaptive daydreaming may not be strongly associated with self-distraction as a coping strategy. This finding underscores the importance of distinguishing between various coping mechanisms when examining the impact of maladaptive daydreaming on coping behaviors.

Conclusion

This study contributes valuable insights into the intricate relationship between maladaptive daydreaming and coping skills, shedding light on various coping strategies employed by individuals grappling with this phenomenon. The findings offer a nuanced perspective on how maladaptive daydreaming tendencies may be associated with distinct coping mechanisms, influencing emotional experiences and overall well-being.

As we delve into future directions, we must extend our inquiry into sleep patterns and their potential interplay with maladaptive daydreaming. Sleep has long been recognized as a crucial factor in mental well-being, and its connection to maladaptive daydreaming remains a relatively unexplored avenue. Investigating how maladaptive daydreaming tendencies may impact sleep quality and, conversely, how disrupted sleep patterns might influence the frequency and intensity of maladaptive daydreaming episodes could unveil novel dimensions of this phenomenon.

Understanding the bidirectional relationship between maladaptive daydreaming and sleep could provide comprehensive insights into the holistic well-being of individuals grappling with this phenomenon. Sleep disturbances have been linked to various mental health challenges, and exploring this link within the context of maladaptive daydreaming may offer valuable information for developing integrated interventions.

Future research endeavors could employ advanced methodologies, such as longitudinal studies or ecological momentary assessments, to capture real-time fluctuations in maladaptive daydreaming experiences and sleep patterns. Additionally, investigating potential mediating or moderating factors, such as stress or anxiety, could contribute to an understanding of the connections between maladaptive daydreaming, coping skills, and sleep.

In summary, this study advances our understanding of maladaptive daydreaming by exploring its associations with a diverse array of coping strategies. The insights gained from these findings provide a foundation for future research, therapeutic approaches, and support mechanisms tailored to the unique needs of individuals experiencing the challenges associated with maladaptive daydreaming.

Declarations

Author Note:

The research presented in this paper was conducted in accordance with the highest ethical standards and guidelines for psychological research. The study, which focuses on the relationship between maladaptive daydreaming, coping skills, and mental health, involved the participation of 386 individuals. The following ethical considerations and procedures were adhered to throughout the research process:

1. Informed Consent: Prior to participating in the study, all participants were provided with detailed information about the nature and purpose of the research. Informed consent was obtained from each

participant, clearly outlining their voluntary participation and the right to withdraw from the study at any point without consequence.

2. Confidentiality: Participants' confidentiality was rigorously maintained throughout the study. All collected data were anonymized and stored securely, with access restricted to the research team. Identifiable information was carefully handled to ensure the privacy of participants.

3. Debriefing: After completing the study, participants were provided with a debriefing statement, which included additional information about the research objectives, the use of collected data, and contact details for further inquiries. This ensured that participants were fully informed about the study's purpose and had the opportunity to seek clarification.

4. Voluntary Participation: Participation in the study was entirely voluntary, and participants were made aware of their right to withdraw from the study at any stage without facing any negative consequences. This principle was emphasized to uphold the ethical principle of voluntary and informed participation.

5. Approval: The research described in this paper was conducted under the oversight and approval of the Colorado Multiple Institutional Review Board (COMIRB), ensuring compliance with ethical guidelines and regulations for human subject research (COMIRB identification number: 20-2870).

These ethical considerations were central to the design, implementation, and reporting of the study, with the utmost care taken to prioritize the well-being and rights of the participants. The research team is committed to upholding ethical standards in psychological research and acknowledges the valuable contributions of the participants in advancing our understanding of maladaptive daydreaming and coping strategies.

Competing interests: The author declares no competing interests.

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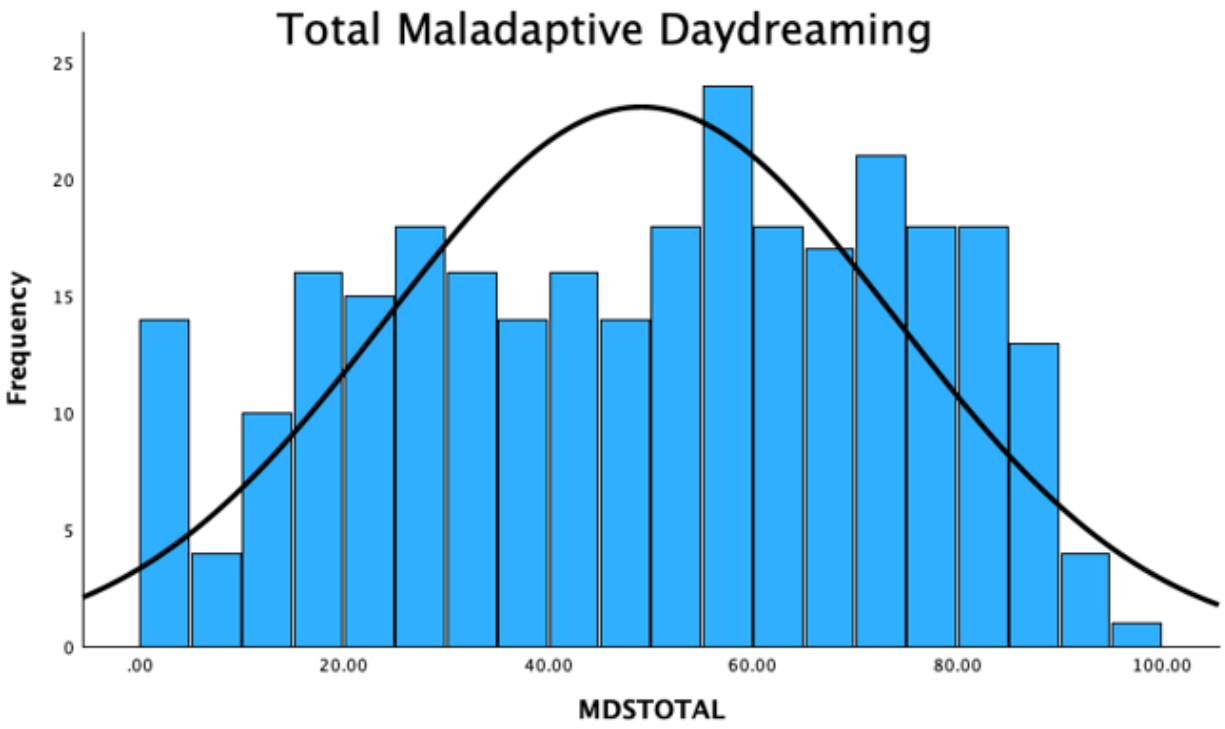
Tables

Tables 1 to 4 are available in the Supplementary Files section

Figures



Note: Frequency of Maladaptive Daydreaming Per Percentage

Figure 1

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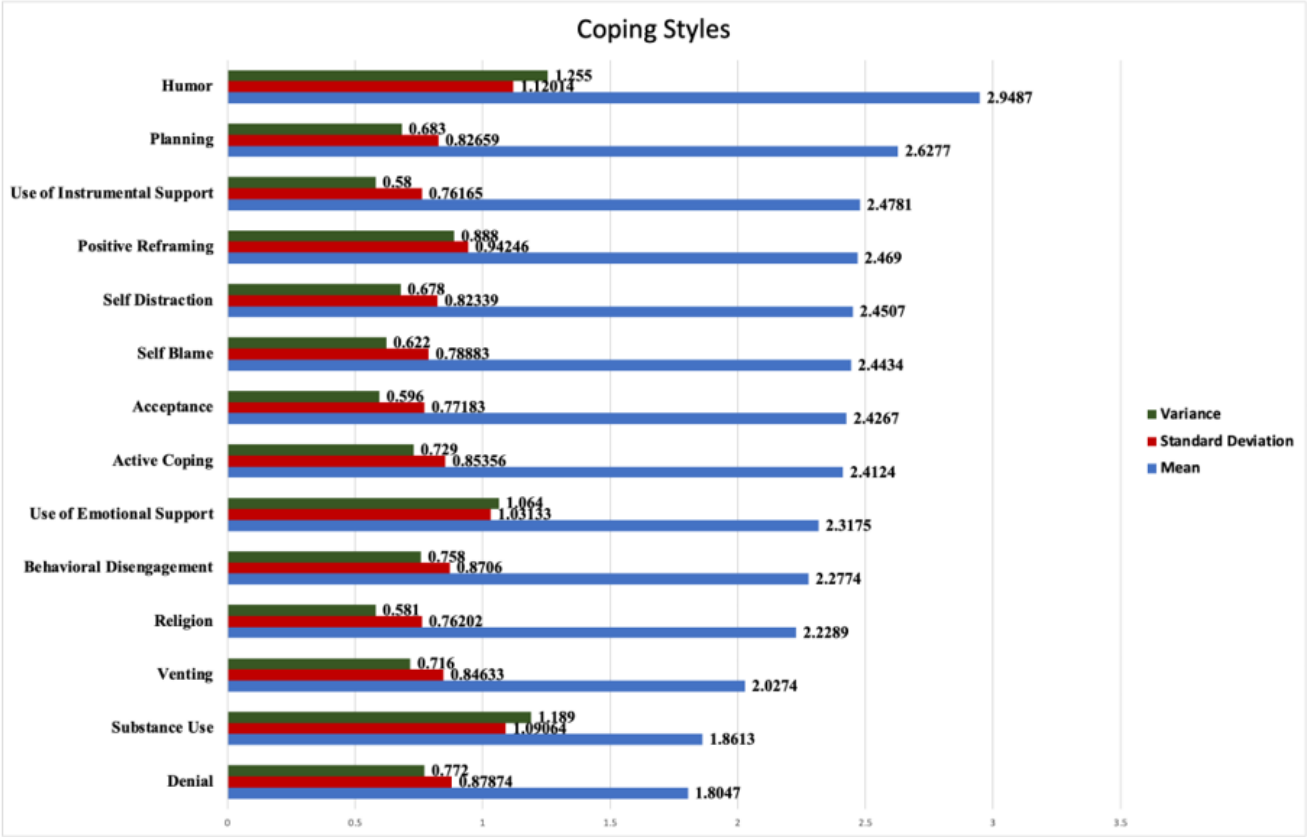

Note: Mean, Standard Deviation, and Variance for Coping Styles.

Figure 2

Legend not included with this version.

Supplementary Files

This is a list of supplementary files associated with this preprint. Click to download.

- RT.LDM.png
- Tables.docx