WANDA FISCHERA, BA Hons MSc

UNDERSTANDING THE INTERPERSONAL EXPERIENCES OF PEOPLE WITH MALADAPTIVE DAYDREAMING

Section A: In the Realm of Relationships: A Systematic Review and Narrative Synthesis on the Interpersonal Experiences of People with Maladaptive Daydreaming

Word Count: 8004

Section B: "Peeling Back Another Layer of Yourself": An Interpretive Phenomenological Analysis of Disclosures about Maladaptive Daydreaming

Word Count: 8004

Overall Word Count: 16008

A thesis submitted in partial fulfilment of the requirements of Canterbury Christ Church University for the degree of Doctor of Clinical Psychology

April 2024

SALOMONS INSTITUTE FOR APPLIED PSYCHOLOGY

CANTERBURY CHRIST CHURCH UNIVERSITY

Acknowledgments

I wish to express my sincere appreciation to the ten participants who shared their private experiences and perspectives. The insightful interviews with them have not only deepened my understanding but also inspire me to continue making contributions to this field.

I would like to express my deepest gratitude to my two supervisors, Maria and Amy, for their invaluable guidance, unwavering support, and insightful feedback throughout this project. Their expertise and encouragement have been instrumental in shaping my research and helping me navigate the challenges along the way.

I also want to extend my heartfelt thanks to my friends and family who have been my pillars of strength and constant source of encouragement and belief in me. Special thanks to Cormac, who has supported me throughout my long journey in Psychology.

Summary of Major Research Project

Section A: Maladaptive daydreaming (MD) is emerging as a distinct mental health condition, which is associated with distress in various life areas such as one's interpersonal relationships. Given the interpersonal challenges reported by people with maladaptive daydreaming (PWMD) such as loneliness and perceived social difficulties, a systematic review with narrative synthesis synthetised all published findings exploring this topic. The review revealed that PWMD face significant interpersonal struggles, such as early relational adversity, attachment difficulties, social difficulties, and the dissonance between daydreaming and reality in terms of their interpersonal experiences, as well as feelings of shame and secrecy efforts.

Section B: Research indicates that people with maladaptive daydreaming (PwMD) often conceal their daydreaming from significant others, living lives veiled in secrecy due to fear of being caught, embarrassment, and shame. This study explored the disclosure experiences of PwMD in the context of their relationships. The interpretative phenomenological analysis identified three superordinate themes: "The Secret Lives of Daydreamers", "Peeling Back Another Layer of Yourself", and "Longing to be Understood", and eight subthemes. As participants recounted feeling dismissed and doubted by both therapists and significant others, there is a need for greater understanding and awareness of this condition.

Contents

List of Tables and Figures

Section A

Section B

List of Appendices

SECTION A: Literature Review

In the Realm of Relationships: A Systematic Review and Narrative Synthesis on the Interpersonal Experiences of People with Maladaptive Daydreaming

Accurate Word Count: 8004

Abstract

Background: Maladaptive Daydreaming (MD) is a recently discovered psychological phenomenon involving excessive absorption in fanciful fantasy worlds and is associated with distress. This absorption for prolonged periods, coupled with a yearning for immersion and the shame experienced in relation to daydreaming, is associated with daily dysfunction, such as interpersonal difficulties. This systematic review explored the interpersonal experiences of people with MD (PwMD).

Method: A systematic search, screening, and selection of relevant literature were conducted following the PRISMA methodology, adhering to predetermined criteria. A systematic search across four databases revealed 11 articles. Critical appraisal tools assessed study quality and findings were narratively synthesized.

Findings: PwMD commonly face early relational adversity and experience attachment difficulties. Most PwMD experience social difficulties, such as loneliness and perceived 'awkwardness'. PwMD also report a gap between their real-life interpersonal experiences and fantasy. Whilst the interpersonal difficulties vary among PwMD, a common thread is the prevalence of secrecy and shame related to daydreaming, intensifying feelings of isolation.

Discussion: This review provides preliminary evidence that PwMD experience various interpersonal difficulties. However, the studies included were exploratory and cross-sectional. Therefore, further longitudinal and qualitative studies on the interpersonal experiences of PwMD, along with investigations into therapeutic approaches, are warranted.

Keywords: maladaptive daydreaming, fantasy, absorption, immersive daydreaming

Introduction

Maladaptive Daydreaming

Maladaptive daydreaming (MD) was first coined by Somer (2002) as a unique form of excessive daydreaming that is characterised by fanciful fantasy and imagination. It was identified as a behaviour distinct from the typical daydreaming universally experienced by humans, also known as private fiction-making (Singer, 1975) and mind wandering, which refers to spontaneous thought. When individuals report spending a significant portion of their waking hours engaging in vivid, fanciful storied daydreams that cause significant distress and interfere with their lives (Soffer-Dudek & Somer, 2018), it is called 'maladaptive daydreaming' (MD). Daydreaming is a highly rewarding experience that evokes emotions (e.g., excitement, confidence) and is often facilitated by kinaesthetic movement (e.g., pacing, rocking), fantasy-provoking conditions such as music, and content such as movies (Bigelsen & Schupak, 2011; Bigelsen et al., 2016; Schimmenti et al., 2019; Somer, Lehrfeld, et al., 2016; Somer, Somer et al., 2016a).

MD is characterised by intense absorption in rewarding imaginary content, which involves a strong sense of presence, however, PwMD can discriminate between reality and fantasy (Bigelsen & Schupak, 2011; West & Somer, 2020). Available qualitative and cross-sectional evidence suggests that to have the capacity to 'immersively daydream', an innate, genetic predisposition to fantasy proneness may be necessary (Schimmenti et al., 2019; Somer, Somer et al., 2016b). Whilst empirical research is needed to confirm this, daydreaming has been positioned on the dissociative spectrum of absorption (Tellegen & Atkinson, 1974), where the immersive capability may then become a 'maladaptive' coping strategy.

Current Understanding

Though the mechanism through which other mental health difficulties link to MD is still

under investigation, PwMD often report difficulties with depression, obsessive-compulsive disorder and social anxiety (Soffer-Dudek & Somer, 2018; Somer, Soffer-Dudek & Ross, 2017). One mechanism that may link MD to mental health difficulties is the use of daydreaming as an emotion regulation strategy, where daydreaming is regularly applied to deal with stressors and difficult emotions in childhood (Bigelsen et al., 2016; Greene et al., 2020; West & Somer, 2020). Thus, PwMD often seek an 'escape' from the stressful reality, which is met through the engagement in fanciful fantasies that function as a safe haven. This was corroborated by a network analysis showing that poorer emotional regulation was linked to a higher degree of MD symptoms (Greene et al., 2020), indicating the reliance of PwMD on daydreaming to regulate emotions. This process depicts a self-directed effort to cope with emotions primarily through fantasising and distraction, characterised by problem avoidance. The latter has been linked to an increased risk of mental health difficulties in the long term, as well as difficulties to cope with life stressors and reduced resilience (Endler & Parker, 1994; Stanisławski, 2019; Wadsworth, 2015; Zimmer-Gembeck & Skinner, 2016).

Research has widely adopted the term 'MD' and there have been attempts to propose MD as a mental health condition to promote its recognition (Somer, Soffer-Dudek, Ross & Halpern, 2017). Studies exploring prevalence rates estimate the incidence rate of MD to be around 4-6% in the population (Mariani et al., 2022; Soffer-Dudek & Theodor-Katz, 2022). Online communities and forums are populated with self-identified 'maladaptive daydreamers' (Soffer-Dudek & Theodor-Katz, 2022), with a Google search producing about 1,360,000 results on the topic (Retrieved 18th August 2023). To self-identify as a person with MD (PwMD), alongside the excessive engagement in fantasy, one would experience impairment, distress, or dysfunction in relation to at least one of the following aspects of life: vocational, social, or educational (Somer, 2002). Distress often stems from the fantasy content itself, the excessive amount of time spent fantasising, the insatiable yearning for daydreaming, and its interference

with daily life (Somer, 2002; Somer, Lehrfeld, et al., 2016).

While currently there is no consensus on its diagnostic classification, as some PwMD report fantasising for about half of their waking hours, and yearning for it when not daydreaming, MD has been suggested to be a form of behavioural addiction (Soffer-Dudek et al., 2021; Somer & Herscu, 2017). This is characterised by the reliance on fantasising to regulate emotions and the urge for the gratifying internal experience which evolves into an irresistible and time-consuming dependency that causes distress and interference with life (Somer, Somer et al., 2016b). However, the impact of MD can vary from person to person, where some feel more in control of their daydreaming activity than others. Thus, caution is needed to avoid pathologising a maladaptive coping strategy (Kardefelt-Winther et al., 2017). However, regardless of whether MD can be classified as a behavioural addiction or a mental health condition in its own right, the time spent fantasising, the effect of daydreaming on life and relationships, and the difficulty to adaptively regulate emotions create a vicious cycle which can cause immense distress for PwMD. This cycle perpetuates difficulties, whereby the unpleasant life experiences further drive PwMD to 'escape' to daydreams.

PwMD and Relationships

The available literature suggests a variety of social difficulties that PwMD face. Loneliness is often experienced by PwMD and is proposed to be an antecedent of MD: engaging in daydreaming is a social isolator, forming a self-perpetuating cycle that can result that increases isolation and frequent daydreaming frequency (Somer, Somer et al., 2016b). Furthermore, several studies propose that PwMD report perceived social difficulties such as social anxiety and attachment difficulties (Costanzo et al., 2021; Somer & Herscu, 2017). The latter difficulties may stem from early unpleasant relational experiences, where the quality of the bond between child and caregiver can shape future relationships and development (Bowlby, 1969). Children who develop an insecure attachment are more inclined to demonstrate

behaviours that further isolate them, who may then become adults with less adaptive social-emotional skills and who experience enduring interpersonal difficulties and less satisfying relationship outcomes (Doyle & Cicchetti, 2017). For PwMD, early relational difficulties may also perpetuate the time spent in the safer imaginary world.

Considering the experiences of PwMD with yearning for daydreaming as well as its accompanying behaviours such as talking, pacing, or rocking, PwMD often report feelings of shame and embarrassment, which result in PwMD concealing their daydreaming from significant others and seeking solitude to daydream (Ferrante et al., 2022; Somer, Somer et al., 2016b). As MD is still largely unknown to mental health professionals and the general public, those PwMD who disclose report difficult experiences when seeking social support and professional help (Bigelsen & Schupak, 2011). Similarly, most PwMD hesitate to disclose their difficulties due to the potential for misunderstanding and misdiagnosis (Somer, Somer et al., 2016b). Generally, PwMD expect to be ridiculed and embarrassed, and thus opt for secrecy in their relationships. These feelings may contribute to a reduction in social support, heightened distress, and a sense of shame (Davis & Tabri, 2023; Slepian et al., 2019).

Aims

There is a lack of research explicitly examining the interpersonal difficulties associated with MD. Exploring the various interpersonal experiences of PwMD could reveal patterns and dynamics that may contribute to the development and maintenance of MD. It could also shed light on the challenges individuals face in forming and maintaining connections with others. Understanding how these patterns evolve could also provide valuable information for therapeutic interventions whereby both individual processes and external, systemic factors could be addressed. Thus, this systematic review and narrative synthesis sought to answer the following question: *How does the available literature on MD contribute to our understanding of the interpersonal experiences of PwMD?*

Methods

Design

This systematic review followed guidelines published by Booth et al. (2016) on the systematic identification, selection, and appraisal of relevant literature. A narrative synthesis followed the critical appraisal to explore the research question. Narrative synthesis is a textual, descriptive approach that can provide a preliminary synthesis of findings of heterogenous studies in a growing research area (Akers et al., 2010). Recommendations and guidelines by Popay et al. (2006) were used to provide a transparent narrative synthesis, which started with developing a theory in the early stages of a review (Stage 1). Whilst the included studies did not clearly identify a theoretical basis, an implicit theory was the notion that PwMD experience various interpersonal difficulties in line with the definition of MD. Throughout the preliminary synthesis (Stage 2), the findings of all studies were extracted in a descriptive, narrative form to allow for an analysis of findings from heterogenous studies via NVivo (v12, QSR International, 2022). The coding was iterative, whereby the same sequence was applied to each paper similarly to published examples using NVivo (Elliott-Mainwaring, 2021). All relevant study findings were coded, which then were developed into themes across the studies. The themes and synthesis were continuously developed until all the relevant findings were coded, which then were pooled together under relevant themes. Lastly, the commonalities and discrepancies in all study findings were synthesised across the dataset.

Literature Search

A systematic electronic search of the literature was carried out in January 2023. A second confirmatory search was also conducted in May 2023 that revealed no new articles for inclusion. Four databases were used: PsycINFO, Google Scholar, PubMed, and The International Consortium for Maladaptive Daydreaming Research (ICMDR) - the latter is a

depository website for all published literature on MD. The search strategy for all databases included: “maladaptive daydream*” or “daydreaming disorder” or “pathological daydream*” or “immersive daydream*” or “pathological fantasy”. Due to the scarcity of the available literature, broad inclusion criteria were established (Table 1). Search restrictions were applied based on the publication date, as the term 'maladaptive daydreaming' originated in Somer's (2002) seminal paper.

Inclusion Criteria

Full text was screened if the title and/or abstract stated results or a conclusion about interpersonal difficulties (e.g., shame, social anxiety). It was decided that due to the scarcity of the literature, any type of interpersonal difficulty would be included if the interpersonal findings are meaningfully reported. ‘Meaningful’ findings were defined as studies that collected, analysed, and discussed relevant data on interpersonal experiences. Studies were included if they provided a discussion of the insights into interpersonal dynamics related to MD and were excluded if they lacked an analysis and discussion of the findings. This criterion ensured the review captured nuanced understandings of the topic.

Table 1

Inclusion Criteria of the Identified Literature

Inclusion Criteria
Participants who self-identify with maladaptive daydreaming were either identified by a screening criterion question that defines MD (Appendix A) and/or completed the Maladaptive Daydreaming Scale-16 (MDS-16) questionnaire (Somer, Lehrfeld, et al., 2016) as part of recruitment. Studies that were published before the publication of the MDS-16 questionnaire were included if they explored excessive daydreaming activity.
Studies reporting explicit, 'meaningful' findings associated with social and relationship experiences of PwMD (e.g., relational trauma, social distress, etc.). Studies reporting on interpersonal experiences related to MD in both the findings and the discussion sections within one study.
Any study that investigated other constructs or comorbidities that refer to social experiences in relatic to MD such as social anxiety, loneliness, attachment, or shame.
Any study design (e.g., qualitative, quantitative, mixed) that recruited participants and applied an analysis, therefore editorials, book chapters, psychiatric case studies, and summaries were excluded.
English language accessible
Studies published in peer-reviewed journals since the first published study on MD in 2002 by Somer

Search Outcome

A Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) chart (Moher et al., 2009) presents the search and selection processes (Figure 1). Articles were discarded if they were duplicates. The search terms retrieved any paper on the topic that investigated MD. A total of 33 papers went through the full-text review. Many that were rejected explored aspects linked to MD that were not related to interpersonal experiences or did not report findings meaningfully to include in the review.

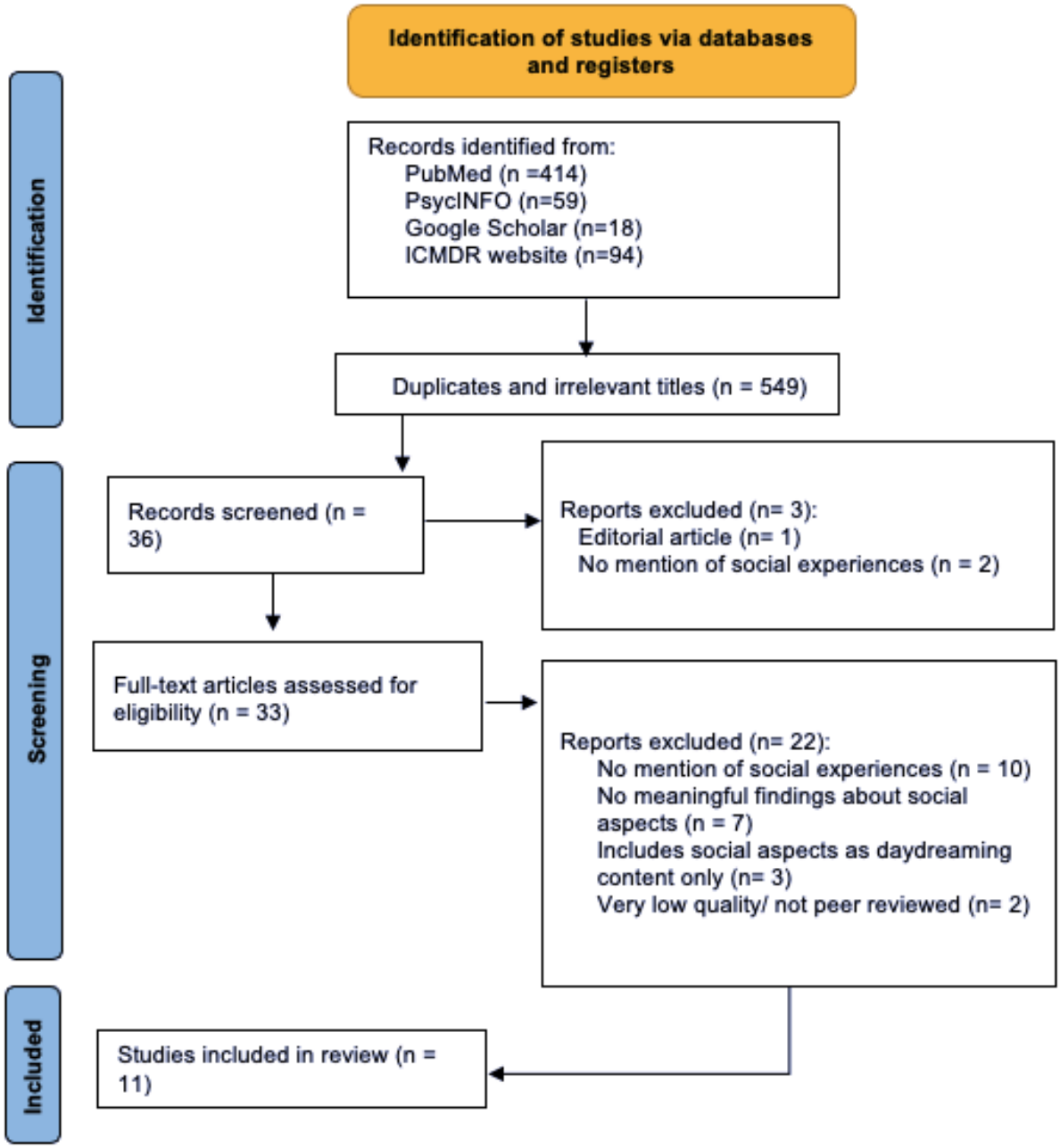
Following the full-text review, two papers were excluded that reported interpersonal experiences meaningfully as they were not peer-reviewed, had poor methodological quality, and provided insufficient information on study design (Anwar et al., 2018; Shafiq & Zafar, 2022). The exclusion of these two studies was to ensure the reliability of the synthesis by including only studies that have passed a robust peer review. Subsequent re-reading of these papers did not indicate that the results of the synthesis would have been altered by their inclusion.

Quality Appraisal

A total of 11 papers were included for the quality appraisal and the synthesis. The included qualitative studies were assessed using the Critical Appraisal Skills Programme Qualitative Studies Checklist (CASP, 2018) (see Appendix B), which is a widely used appraisal tool. For the included cross-sectional studies, the Joanna Brigg's Institute Checklist for Analytical Cross Sectional Studies (JBI, 2017) (see Appendix C) was applied. Lastly, for the standalone mixed-method study, the Mixed Methods Appraisal Tool (MMAT; Hong et al., 2018) (Appendix D) was employed. Utilising critical appraisal tools assigns uniform weight to various factors and can disregard the varying importance of these factors and may lead to misleading conclusions (Dixon-Woods et al., 2005; Shaheen et al., 2023). Thus, to promote contextual understanding and avoid oversimplification, numerical quality ratings were not used in this study.

Figure 1

PRISMA Diagram of the Literature Selection



Review

Overview of Studies

The 11 papers selected were descriptive studies that aimed to explore the nature of MD and the experiences of PwMD. This review included four qualitative, one mixed, and six cross-sectional studies. Studies were published between 2002 and 2022 and were from Israel (*n*=5), Italy (*n*=3), Hungary (*n*=1), Poland (*n*=1), and the US (*n*=1). Key characteristics and results of all studies are outlined in Table 2.

Critique

Research Question and Design

All qualitative and mixed papers clearly stated their research questions, all of which were exploratory. The studies set out to explore how MD is experienced, its developmental course and aetiology, as well as its associated symptoms (Bigelsen & Schupak, 2011; Pietkiewitz et al., 2018; Somer, 2002; Somer, Somer et al., 2016a, 2016b). These studies were well-suited for the context of the under-researched area of MD, as qualitative studies are recommended to explore a novel area to gain nuanced insights and generate rich contextual understanding (Hammarberg et al., 2016).

Among the cross-sectional studies, three explored MD and its relation to attachment styles (Costanzo et al., 2021; Mariani et al., 2022; Sándor et al., 2021). Three studies explored childhood trauma and its relation to MD and psychosocial difficulties (Abu-Rayya et al., 2020; Ferrante et al., 2022; Somer & Herscu, 2017). The cross-sectional design was appropriate due to its suitability for examining associations or relationships between variables to analyse their co-occurrence or correlation (Creswell, 2014). This allows for preliminary investigations for a new phenomenon and any co-occurring psychosocial difficulties such as social anxiety.

Table 2

Overview of Selected Articles for Review

Study	Title	Aim	Design	Procedure	Identifying MD	Analyses	Recruitment	Sample	Country
Abu-Rayya et al. (2020)	"Maladaptive Daydreaming is Associated with Intensified Psychosocial Problems Experienced by Female Survivors of Childhood Sexual Abuse"	To explore the role MD plays in the lives of female survivors of child sexual abuse (CSA)	Cross-sectional	Self-report questionnaires (professionally translated to Arabic)	Self-identification based on the definition of MD presented to participants, MDS-16 (*Arabic, validated version)*	Analysis of Covariance (ANCOVA) and Multivariate analysis of covariance (MANCOVA) to identify differences between Child Sexual Abuse (CSA) and non-CSA groups on psychosocial variables: MD, self-esteem, quality of social relations, social phobia, social isolation, depression, anxiety, and psychological distress; ANCOVA and MANCOVA to identify the same psychosocial variables between MD and non-MD group (identified via score cut-off on the MDS-16)	CSA survivors recruited from specialised centres for the treatment of CSA. The control group was recruited by CSA survivor participants aiming to find control participants with similar demographic characteristics and no known CSA history.	*N*=194 F*; clinical and general population, **CSA group**: *n*=99, mean age=31.72 (*SD*=9.48), Muslim (87%), married (43%), unemployed (47.4%), education in years: *M*=11.4 (*SD*=2.23) / **non-CSA (control) group**: *n*=95, mean age=30.62 (*SD*=10.07), Muslim (75%), married (44.1%), unemployed (31.1%), education in years: *M*=13.02 (*SD*=3.21); 66 participants were classified as PwMD based on their MDS-16 scores; Israeli Arab	Israel

Bigelsen & Schupak (2011)	"Compulsive Fantasy: Proposed Evidence Of an Under-Reported Syndrome Through a Systematic Study of 90 Self-Identified Non-Normative Fantasizers"	To attempt a preliminary definition and investigate common symptoms	Qualitative	Online self-report survey, open-ended answer options	The Questionnaire on Excessive Day- dreaming (*developed for the purpose of the study)*	Thematic Analysis; descriptive statistics	Purposive sampling from an online health website	*N*=90 (75 F/15 M**), general population; age range 18-63 years (90% within 18-39 years), (no relationship status, employment, education, or ethnicity are reported); multi-national	US
Costanzo et al. (2021)	"Attached to Virtual Dreams the Mediating Role of Maladaptive Daydreaming in the Relationship Between Attachment Styles and Problematic Social Media Use"	To investigate whether MD mediates the relationship between attachment styles characterised by a negative view (risk factor) of self and problematic social media use (PSMU) (symptom)	Cross-sectional	Online self-report questionnaires	MDS-16 (*Italian, validated version*)	Descriptive statistics: Pearson's *r* correlations among age, years of education, time spent on social media, attachment styles, MD, and PSMU with sociodemographic characteristics as covariates. Mediation analyses of MD on the relationship between attachment styles and PSMU	Recruited via advertisements from online social media sites (e.g., Facebook)	*N*=877 (522 F (59.5%)/ 355 M), community-dwelling population; age range 18-68 years (*M*=30.08; *SD*=11.02), average number of years of education: 14.87 (*SD*= 2.25). 180 (20.5%) participants were married. (The number of PwMD is not stated); Italian speaking	Italy

Ferrante et al. (2022)	"The Mediating Role of Dissociation and Shame in the Relationship Between Emotional Trauma and Maladaptive Daydreaming."	To investigate the role played by emotional trauma, dissociation, and shame in MD	Cross-sectional	Online self-report questionnaires	MDS-16 (*Italian, validated version*)	Descriptive statistics; Pearson's *r* correlations between psychosocial variables; multiple mediation model to test whether dissociation and shame mediated the relationship between emotional trauma and MD by including sociodemographic variables as covariates	Recruited from an online, Facebook MD self-help group	*N*=162 (135 F(83.3%) /27 M), general population; aged 18 and 54 years (*M*=26.31, *SD*=7.62) average level of education of 14.46 years (*SD*=2.60); 148 participants were identified to be PwMD based on the cut-off score at 51 on the MDS-16; Italian-speaking	Italy
Mariani et al. (2022)	"Maladaptive Daydreaming in Relation to Linguistic Features and Attachment Style"	To explore the interaction between attachment style, reflective functioning, and the narrative dimension of MD	Cross-sectional	Online self-report questionnaires including a short writing task to the question: *"Describe one of the most representative episodes of your fantasy in which you feel emotionally involved in everyday life, including specific details of its content*".	MDS-16 (*Italian, validated version*)	*T*-tests to reveal differences in attachment dimensions, reflective functioning and linguistic measures, referential process, and Linguistic Inquiry Word Count scores between the MD and non-MD groups. PwMD were identified via a score cut-off on the MDS-16. Linear regression model applied to investigate possible predictors of psychopathology (measured by the Symptom Checklist-90-Revised) by using any significant differences as predictor variables.	Snowball sampling	*N*=414 (305 F/110 M); *M*(Age)= 30.36 years (*SD*=12.47); 132 (31.9%) were single /156 (37.7%) were in a stable relationship /114 (27.5%) were married /15 (3.6%) were divorced; highest educational level attained was middle school for 19 participants (4.6%), high school for 182 (44%), bachelor's degree for 116 (28%), master's degree for 84 (20.3%), and Ph.D. or specialization for 13 (3.1%); Italian-speaking	Italy

Pietkiewicz et al. (2018)	"Maladaptive Daydreaming as a New Form of Behavioural Addiction"	To explore the narrative of an individual with MD	Case study	2 assessments (4 hours)	No measures were utilised, but a mental health assessment was performed	Interpretative phenomenological analysis (IPA)	Recruited from a clinic	*N*=1, 25-year-old male, Caucasian, BA qualification, clinical case, Polish	Poland
Sándor et al. (2021)	"Attachment Characteristics and Emotion Regulation Difficulties Among Maladaptive and Normal Daydreamers"	To examine the attachment characteristics and emotional regulation difficulties of 'normal' and maladaptive daydreamers	Cross-sectional	Online self-report questionnaires	Self-identification based on the MD definition presented, MDS-16 (*Hungarian, validated version)*	Mann Whitney-*U* test to compare 'normal' and maladaptive daydreamers on attachment characteristics and emotional regulation. Spearman's *Rho* correlation between the dimensions of the questionnaires	Snowball sampling on Facebook and authors approached university students in lectures	*N*=717(530 F/187 M), two-pronged recruitment from the community and a university (*n*=474 students); overall 106 PwMD identified, the age range was 18-78 for community-dwelling participants (*M*(age)=36.43 years, *SD*=12.45) and for students was 26.06 years (*SD*=8.55). Significant differences were identified between the MD and non-MD groups where the PwMD were younger, had fewer years of education, and more of them were single; Hungarian-speaking	Hungary

Somer (2002)	“Maladaptive Daydreaming: A Qualitative Inquiry.”	To explore the nature and experience of MD	Qualitative	1-3 x 60-minute, open-ended interviews, 1 written account	The author identified fantasy-prone clients in their private clinic and utilised multiple structured clinical interview schedules based on the Diagnostic and Statistical of Mental Disorders – III-R to differentiate the daydreaming phenomenon from other mental health diagnoses.	Cross-case analysis	Recruited from the researcher's private practice	*N*=6 (3 F/3 M), clinical population, age range=24-53 years; all single, all employed or studying; Israeli	Israel

Somer & Herscu (2017)	"Childhood Trauma, Social Anxiety, Absorption, and Fantasy Dependence: Two Potential Mediated Pathways to Maladaptive Daydreaming"	To explore the relationship of childhood trauma, social anxiety, absorption, and fantasy dependence with MD	Cross-sectional	Self-report questionnaires (*translated to Hebrew by a bi-lingual mental health professional, then back-translated into English by a professional translator)*	MDS-14 (earlier version of the MDS-16)	Descriptive statistics: Pearson's *r* correlations between psychosocial variables: childhood trauma, social anxiety, absorption, fantasy addiction, and MD; Linear regression analysis of the relationship between MD and other psychosocial variables	Recruited from a university by visiting lectures and inviting all students present to voluntarily participate in "a daydreaming study"	*N*=315 (223 F/92 M) (70%), university students; *M*(age) was 28 years (*SD*=6.43), 252 (80%) were between the ages of 20- 30; Ethnicity: Jewish (*n*=261, 83%); Christian (7%), Druze (6%) and Muslim (4%). Most participants were social science students (*n*=161, 51%), undergraduates (*n*=228, 71%) and single (*n*=187, 59%), Hebrew-speaking	Israel
Somer, Somer, & Jopp (2016a)	"Parallel Lives: A Phenomenological Study of the Lived Experience of Maladaptive Daydreaming"	To obtain a full account of the MD experience and to gain a further understanding of the uniqueness of MD	Qualitative	1x 45-90-minute-long interview following an interview guide	Self-identification based on the MD definition presented	IPA	Purposive sampling strategy from internet forums and a MD mailing list for people signed up to volunteer in MD studies	*N*=21(16 F/5 M), general population; age range=18-42 years, 17 single; 17 held post-Bachelor of Arts (BA) qualification; 17 in employment or education, multi-national	Israel
Somer, Somer, & Jopp (2016b)	"Childhood Antecedents and Maintaining Factors in Maladaptive Daydreaming"	To explore the aetiology and developmental course of MD	Qualitative	1x 45-90-minute-long interview following an interview guide	Self-identification based on the MD definition presented	Grounded Theory	Purposive sampling from online MD forums	*N*=16 (14 F/2 M), general population, age range= 17-38 years; 13 single, 13 post BA education, 13 employed or pursuing education, multi-national	Israel

Note. *Female (F), **Male (M

Identifying PwMD

At the time of this review, there was one validated questionnaire available to determine whether one's daydreaming can be understood as 'maladaptive'. The original version of the MDS-16 is a validated measure in several languages that has demonstrated adequate reliability, internal consistency, sensitivity, and specificity as well as test-retest reliability (Somer, Lehrfeld, et al., 2016; Somer, Soffer-Dudek et al., 2017) (see Appendix E). The MDS-16 is comprised of 16 items where one rates the relevance of each statement on a 10-point scale ranging from 0% (e.g., never, no distress at all) to 100% (e.g., extremely frequent, extreme distress). PwMD are identified based on the proposed cut-off score of ≥40 (Soffer-Dudek, 2021).

Five studies (Abu-Rayya et al., 2020; Costanzo et al., 2021; Ferrante et al., 2022; Mariani et al., 2022; Sándor et al., 2021) used the validated questionnaires in various languages (Abu-Rayya et al., 2019; Sándor et al., 2020; Schimmenti et al., 2020). Somer and Herscu (2017) used the MDS-14 questionnaire (Somer, Lehrfeld, et al., 2016) that predated the final version of the MDS-16, which currently includes two additional items about the role of music as a trigger (Somer, Soffer-Dudek et al., 2017). Therefore, most included studies used a reliable measure to identify PwMD.

Several studies were conducted before the MDS-16 was published. Somer (2002) aimed to identify PwMD based on their clients' symptoms. This was appropriate as it was the first study to explore and coin the term 'MD'. Pietkiewicz et al. (2018) did not describe the selection of their participant, although it was noted that the participant previously partook in a different project. Somer, Somer et al. (2016a, 2016b) only used a screening criterion question about MD that assesses whether a person self-identifies as a 'maladaptive daydreamer' based on the specification of the phenomenon.

Bigelsen and Schupak (2011) used the Questionnaire of Excessive Daydreaming Scale to

identify excessive fantasisers, which is a 14-item survey that was developed for the purposes of their study. The questionnaire includes questions about aspects related to excessive fantasy such as daydreaming content, time spent fantasising, secrecy and shame, and the self-evaluation of social functioning to capture commonalities and differences among participants. Items such as the nature and extent of participants' distress were scored on a 1-7 Likert scale, where '1' represents 'none,' '4' stands for 'moderate,' and '7' indicates 'very severe.'

Recruitment and Sampling

Except for Abu-Rayya et al. (2020), who provided a clear description of their target sample, none of the studies explicitly specified their inclusion criteria. Several studies used in-person recruitment. Somer (2002) and Pietkiewicz et al. (2018) recruited participants with MD at a private clinic. However, the latter two studies did not describe their recruitment and selection processes. Without adequate detail and reflexivity in both studies, it cannot be inferred whether clients' consent was informed and whether there were demand characteristics present (British Psychological Society, 2018). Somer and Herscu (2017) recruited university students during class attendance on campus. Two studies used a two-pronged recruitment strategy to recruit from universities (Sándor et al., 2021) and a specific trauma centre (Abu-Rayya et al., 2020) alongside recruitment from the general population, aiming to recruit a more representative sample.

Most studies recruited online through social media and online MD forums (Costanzo et al., 2021; Ferrante et al., 2022; Mariani et al., 2022; Somer, Somer et al., 2016b), a health website (Bigelsen & Schupak, 2011), and one recruited from the internet and MD newsletters (Somer, Somer et al., 2016a). Given how PwMD report that discussing MD is difficult (Somer, 2002), online recruitment was appropriate. However, online recruitment introduces selection bias towards an unrepresentative sample of self-selected individuals who have access to internet take part (Greenacre, 2016).

In terms of sampling strategies, purposive sampling which aimed to recruit PwMD was applied by six studies (Bigelsen & Schupak, 2011; Costanzo et al., 2021; Ferrante et al., 2022; Somer, 2002; Somer, Somer et al., 2016a, 2016b). All of these studies explain the sampling strategy in adequate detail. Mariani et al. (2022), and Abu-Rayya et al. (2020) describe their snowball sampling in good detail. Whilst Sándor et al. (2021) described their sampling strategy as snowball sampling, they did not specify how this was achieved. Somer and Herscu (2017) only recruited university students. Whilst three studies recruited from clinical populations whereby participants had diagnosed mental health difficulties, the authors did not discuss the potential confounding effects of these (Abu-Rayya et al., 2020; Pietkiewicz et al., 2018; Somer, 2002).

Overall, the sample of the qualitative studies ranged from 1-21 participants, amassing a total of 44 PwMD. The mixed-methods study of Bigelsen and Schupak (2011) had a sample of 90 of participants who engaged in excessive fantasy, among whom 12% did not report distress related to their fantasising. Thus, it is likely that some participants would not be identified as PwMD if selected with the MDS-16. Additionally, the sample of the quantitative studies ranged from 162-877, amassing a total of 2679 participants. The total number of PwMD cannot be deciphered from the cross-sectional studies as not all studies categorised people into 'MD' and 'non-MD' categories: Costanzo et al. (2021) and Somer and Herscu (2017) used the MDS-16 scores to predict the relationship between different psychological variables via regression analyses instead of categorising participants into 'PwMD' and 'normative daydreamer' groups.

Participant Characteristics

Most studies adequately reported participant characteristics. All but Somer (2002) and Pietkiewicz et al. (2018) recruited a majority female sample. Abu-Rayya et al. (2020) only recruited females, which was appropriate for the purposes of their study on child sexual abuse. In terms of age, most studies recruited young adults. Overall, the age range was between 18-

78 years, with most studies recruiting participants with a mean age between 26-31 years. Somer (2002) reported mental health status and diagnosis whereby participants had diagnoses of 'personality' and 'dissociative disorders'. Pietkiewicz et al. (2018) reported that their participant had 'avoidant personality disorder' and 'gaming addiction'.

Several studies recorded participants' relationship status. Five studies had a majority single sample (Costanzo et al., 2021; Somer 2002; Somer and Herscu (2017); Somer, Somer et al. 2016a, 2016b). Mariani et al. (2022) did not report the figures across the PwMD and 'normative' daydreaming groups, but the majority of their sample was in a relationship or was married. Sándor et al. (2021) reported that their PwMD group compared with the 'normal' daydreaming comparison group amassed more single participants. Abu-Rayya et al. (2020) reported that about half of their sample was single.

Only a handful of studies reported their participants' ethnicity. Abu-Rayya et al. (2020) had an Israeli Arab sample with most of the participants identifying as Muslim, and Somer (2002) had an Israeli sample. The studies conducted in Italy (n=3) and Hungary (n=1) did not report ethnicity and nationality. Somer and Herscu (2017) reported that most of their participants identified as Jewish. Pietkiewicz et al. (2018) referred to their participant as 'Caucasian'. Several studies included multi-national samples (Bigelsen & Schupak, 2011; Somer, Somer et al., 2016a, 2016b) and did not provide data on ethnicity, religion, or nationality, which limits the ability to 'generalise' and infer the external validity of the findings (Heinrich et al., 2010).

In terms of education status, several studies had highly educated samples (Ferrante et al., 2022; Mariani et al., 2022; Sándor et al., 2021; Somer & Herscu, 2017). Some studies included participants who were either employed full-time, employed while studying, or were full-time students (Sándor et al., 2021, Somer, 2002; Somer, Somer et al., 2016a, 2016b). Abu-Rayya et al. (2020) reported that half of their sample was unemployed.

Ethical Considerations

All studies apart from Somer (2002) note that ethical approval was sought from relevant ethics committees. Informed consent was sought in all studies, but Somer (2002) did not report what participants were informed about given that they were recruited from the author's private clinic as therapy clients. Additionally, Somer (2002) did not report how participation may have impacted the therapeutic relationship and care, nor did they discuss the potential biases such as social desirability or demand characteristics.

Data Collection

In the qualitative studies, data collection and interview procedures were described in adequate detail. Only Somer, Somer et al. (2016a, 2016b) provided examples of the semi-structured interview questions. In the quantitative and mixed studies, questionnaires were used to assess psychosocial variables. The description of the procedures was clearly reported by all studies apart from one (Ferrante et al., 2022), which improves the validity and reliability of the included studies. Ferrante et al.'s (2022) data were collected as part of another project which was referred to in the publication (Schimmenti & Sar, 2019), however, the cited original study did not describe the data collection in sufficient detail either, increasing the possibility of confounding effects.

Data Analysis and Quality Assurance

All qualitative studies included appropriate quotations from participants to illustrate the themes and provided clear statements of findings. Somer, Somer et al. (2016a, 2016b) and Pietkiewicz et al. (2018) refer to guidelines for how their analyses were conducted for Grounded Theory and Interpretative Phenomenological Analysis, respectively. The descriptions of the data analyses included the explanation of the coding, theme development as well as the saturation and triangulation processes (see Appendix B). These three studies included a discussion of the comparison of notes and findings among researchers and how inconsistencies were resolved. Respondent validation, which can enhance the credibility and

trustworthiness of the findings, was applied by Somer, Somer et al. (2016a, 2016b) in the form of contacting participants after the interviews. Pietkiewicz et al. (2018) discussed philosophical positioning and included interpretive comments about content and language as well as offered some reflexivity in terms of the potential impact of the researcher on the participant. Somer (2002) did not describe how the cross-case analysis was conducted and there was no reference to any guidelines on how the sole author developed the themes. As Somer's participants were also patients, the author discusses the benefits of the therapeutic relationship in the interviews, however, the author did not consider the disadvantages of their dual role as a therapist and researcher.

Regarding quantitative studies, Mariani et al. (2022) and Costanzo et al. (2021) found significant differences among participants' demographic characteristics, which were entered as predictors in the regression model to account for their potential confounding effects. Sándor et al. (2021) found significant differences in demographic characteristics in terms of age, years of education, and the relationship between the PwMD and normal daydreamer groups, but did not account for these in their analyses. Not exploring these potential confounding factors risks the internal validity of their findings (Skelly et al., 2012).

Somer and Herscu (2017) found that the independent variables (i.e., childhood trauma and social anxiety; fantasy addiction and absorption) highly correlated with each other, and therefore, the statistical analyses were utilised with and without these variables, both producing similar results. Abu-Rayya et al. (2020) did not report potential confounding factors, but socio-demographic variables were entered as covariates in the statistical analysis; thus, it is unclear whether these characteristics were different between the groups. Ferrante et al. (2022) reported no confounding factors but determined age and years of education as covariates in their analysis. As they did not collect sufficient demographic information, there is a possibility that confounding factors were present.

In terms of the validity and reliability of the measured outcomes, all of the mixed-method and quantitative studies used self-report questionnaires. Relying solely on self-report data limits the reliability and validity of findings due to several possible confounding factors such as over- and under-reporting, selective memory, and attribution bias (i.e., attributing negative events to external forces) (Shaheen et al., 2023). However, the included questionnaires were all validated measures for the language they were used in apart from Abu-Rayya et al. (2020) and Somer and Herscu (2017), who translated the original questionnaires from English to Arabic or Hebrew, respectively. Both studies describe the translation process and the quality assurance in detail. However, the translation process may not ensure linguistic equivalence between the original and translated versions and can introduce measurement biases leading to inaccurate responses (Borsa et al., 2012). Additionally, Bigelsen and Schupak (2011) used a questionnaire for the purposes of their study. Overall, as no validation studies are available for the translated or piloted measures, the validity and reliability of the findings may be compromised.

Literature Summary

A narrative synthesis was applied to identify common themes, patterns, or concepts across studies to present an overview of the findings of the 11 included studies (see Appendix F for an example), which were developed into five overarching themes (Table 3) that are narratively presented below.

Table 3
Table of Themes

Developed Themes
1. Early Relational Adversity
2. Attachment Difficulties
3. Social Difficulties
4. The Dissonance Between Real World and Fantasy Relationships
5. Secrecy and Shame

Early Relational Adversity

Three of the included studies identified a link between early relational trauma and MD. The seminal paper of Somer (2002) found that all of his participants (*N*=6) encountered severe relational traumatic experiences as children. Abu-Rayya et al. (2020) found that women who experienced child sexual abuse (CSA) were three times more likely to self-identify as PwMD compared to those who did not experience CSA. Ferrante et al. (2022) reported that when given the option to report childhood adversity out of six endorsable categories, PwMD reported an average of 2.67 emotionally traumatic experiences. Their sample reported high levels of shame and found gender differences whereby women displayed higher levels of emotional trauma and shame compared with men. They found that shame and dissociation fully mediated the relationship between trauma and MD, and proposed that MD may develop when one avoids feeling shame. On the other hand, Bigelsen and Schupak (2011) found that only 27% of their sample reported having experienced abuse or trauma, although they did not use the validated MDS-16 measure, thus it may be that the daydreaming populations differ.

Three studies found that PwMD felt lonely as children, with all of Somer's (2002) participants perceiving themselves as 'loners' as children, who then became 'lonely adults'. The author hypothesised that these painful relational experiences early on may have altered PwMD's assumptions about the world and they then sought safety in an imaginary world.

Similarly, Pietkiewicz et al. (2018) reported that the behaviours that their participant engaged in, including MD, may be linked to his history of being bullied and feeling neglected by his parents which created his social withdrawal later in life. Somer, Somer et al. (2016b) found that PwMD often experienced a mixture of fascination with the discovery of their inner fantasy worlds as children alongside a sense of isolation from others. Many of their participants reported feeling lonely, friendless, and isolated as children. Somer and Herscu (2017) showed the trauma-MD link to be mediated by absorption and fantasy development as necessary conditions for one to experience MD. Overall, the included studies suggest that whilst childhood adverse experiences, loneliness or trauma were not necessary to the development of MD (Bigelsen & Schupak, 2011; Somer, Somer et al., 2016b), they were risk factors in developing MD.

Attachment Difficulties

Somer (2002) initially found that MD was associated with poor interpersonal involvement and anxious avoidance of intimacy in all his participants. Similarly, three studies explored attachment styles and showed that the attachment characteristics of PwMD are likely to be 'insecure' (Constanzo et al., 2021), with two papers showing that the attachment styles of PwMD are best described as 'ambivalent-fearful' (i.e., anxious)[1] (Mariani et al., 2022; Sándor et al., 2021). Constanzo et al. (2021) found that PwMD with a secure attachment style were less likely to spend time daydreaming, and conversely, those with 'avoidant' and 'anxious' attachment styles reported higher levels of MD. Sándor et al. (2021) showed that compared with 'normal daydreamers', PwMD reported feeling less secure and trusting in relationships, and experienced uncomfortable feelings when being too close to others. When looking at

[1] For clarity, 'secure' and 'insecure' will be used to describe attachment styles, with 'insecure' being further divided into 'avoidant' and 'anxious' attachment categories hereafter.

possible relationship dynamics compared with 'normative' daydreamers, some PwMD are less likely to understand why other people seek to be with them and would rather invest less energy in relationships, resulting in superficial relationships and reduced help-seeking behaviours. Alternatively, some PwMD might need to feel closer to others and are preoccupied with relationships, and may seek the approval of others more than 'normal daydreamers'. The findings also indicated that PwMD may feel lonelier, left out, disappointed with others, and feeling they are not valuable enough compared with 'normal daydreamers'.

Five studies found evidence to suggest that PwMD may use daydreams to regulate their relational distress, such as feelings of abandonment and rejection (Mariani et al., 2022), shame (Ferrante et al., 2022), and social anxiety (Somer & Herscu, 2017). Additionally, Sándor et al. (2021) and Constanzo et al. (2021) linked the distress experienced in relationships such as confrontation and unpleasant relational experiences to emotion regulation difficulties, which may further discourage PwMD from seeking closeness.

Social Difficulties

Five studies reported findings about self-perceived 'social dysfunction' that were reported by PwMD. Pietkiewicz et al. (2018) reported that Peter was preoccupied with perceiving himself as "socially inept" (p. 839), and one of Somer's (2002) participants reported that they were uncomfortable and felt awkward around people. Somer, Somer et al. (2016b) also confirmed these findings as their participants reported 'social dysfunction', 'awkwardness', and having experienced bullying due to 'unpopularity'.

Three studies explored social anxiety and related psychosocial variables. Abu-Rayya et al. (2020) found that those who were CSA survivors with MD displayed higher social anxiety and social isolation compared with the control group without MD. However, the authors also found that the two groups did not differ significantly in terms of their self-perceived quality of social relations, indicating the perceptions of positive relational experiences and the enjoyment of

relationships by PwMD. Somer and Herscu (2017) found that social anxiety was a possible independent risk factor for developing MD, but only if fantasy addiction was present. On the other hand, Bigelsen and Schupak (2011) reported that only 24% of their sample reported 'social impairment' in terms of social awkwardness and social anxiety.

MD often requires solitude due to the kinaesthetic movement (e.g., pacing, talking aloud) and absorption, which lends itself to voluntary social withdrawal (Bigelsen & Schupak, 2011, Somer, 2002, Somer, Somer et al., 2016a). Consequently, participants in two studies (Somer, Somer et al., 2016a, 2016b) referred to social interaction as an obstacle to absorption, which may encourage PwMD to seek solitude to daydream, which in turn may interfere with relationships. Somer, Somer et al. (2016b) proposed that the social isolation and MD link is perhaps a "two-way street" (p. 473) with MD acting as a powerful social isolator itself, whereby the time spent fantasising translates to less time spent with others and may in turn impact one's availability to maintain relationships. Taken together, findings suggest that whilst not all PwMD perceive to have interpersonal difficulties, the time spent alone daydreaming and the dependency on fantasy are likely to have some impact on relationships.

The Dissonance Between Real World and Fantasy Relationships

Four studies reported that the function of daydreaming may relate to the notion that PwMD often sought intimacy, soothing and companionship from daydreams, whereby the fantasy worlds often compensate for the pain of loneliness, distress, and adverse circumstances in real life (Bigelsen & Schupak, 2011; Somer, 2002; Somer, Somer et al., 2016a, 2016b). Somer, Somer et al. (2016b) also added that it was plausible that the more severe emotional distress PwMD experienced, the more intense compensatory daydreaming was applied.

The fantasies are often rooted in PwMD's yearning for closeness with others. These fantasies are interlaced with relational themes (e.g., love, family, relationships), and typically feature a main character reflecting traits that are endorsed by society (e.g., social status, authority,

heroism, adoration), who also mirrors the individual themselves (i.e., 'alter') (Somer, Somer et al., 2016a). Some report that the characters are from the real world such as family members, friends, or love interests, whilst others are characters adapted from creative media such as movies or created by themselves (Bigelsen & Schupak, 2011; Somer, 2002). PwMD report that reality cannot compete with fantasy, whereby the characters, the story and even the 'alter' (as in 'alternate self') are more interesting and satisfying (Bigelsen & Schupak, 2011; Somer, 2002). Bigelsen and Schupak (2011) added that whilst the time away from real-life relationships creates guilt and remorse, the majority of daydreamers prefer daydreaming over spending time with individuals in the real world.

Secrecy and Shame

All papers that included an exploration on disclosure about MD reported that PwMD tended to keep their daydreaming a secret, and the first time PwMD disclosed their MD at length was upon their participation in the included studies. Bigelsen and Schupak (2011) found that 82% of their participants kept fantasising concealed from everyone with "extreme measures" (p. 1642) which they found distressing, with only a few confiding in one close person. It appeared that turning to fantasy provides solace for PwMD; however, their daydreaming and tendency toward secrecy often contribute to increased isolation. Relatedly, both Ferrante et al. (2022) and Somer, Somer et al. (2016b) found that behind the secrecy, PwMD grappled with shame. The latter found that participants reported shame due to the fear of being labelled 'crazy' and being diagnosed with a severe mental health difficulty that carries stigma in society such as schizophrenia. Some PwMD also report the fear of others minimising their concerns and being ridiculed when talking about how daydreaming impacts them. Thus, the feelings of self-consciousness, perceived stigma and shame are aspects that perpetuate secrecy, and when PwMD disclose their daydreaming habits, they do so only tentatively and partially (Somer, Somer et al., 2016b).

Three studies explored the experiences of PwMD with mental health professionals: PwMD

report feeling unable to talk to mental health professionals such as therapists about MD and keeping it a "guarded secret" (Somer, Somer et al., 2016b, p. 475). 23% of Bigelsen and Schupak's (2011) participants sought therapy, and similarly to Somer, Somer et al.'s (2016b) findings, participants reported that when they disclosed their distress related to their daydreaming in therapy, they often had negative experiences. On the other hand, Somer (2002) reported that PwMD found therapy helpful in understanding the role MD played in their lives and reducing their daydreaming, but the paper only included participants from the author's private clinic.

Discussion

This review presented the findings of 11 papers on the interpersonal experiences of PwMD through a systematic review and narrative synthesis. Overarching findings were the influence of early relational adversity, social and attachment difficulties, the dissonance between relationships in real-life and fantasy, and secrecy and shame. These themes will be discussed in relation to the relevant literature below.

All of the included studies reported adverse experiences in relation to interpersonal relationships, which confirms previous research indicating that a significant portion of PwMD experience early childhood adversity in the form of relational trauma (i.e., cumulative adverse effects of stressful circumstances and interpersonal dynamics; Schore, 2001). It was initially posited that the development of MD may be influenced by early experiences of trauma in the form of childhood loneliness, abuse, parental conflict, or neglect (Somer, 2002). However, similarly to other mental health difficulties (Hogg et al., 2023; Isobel et al., 2019; Sahle et al., 2021), trauma is not necessary for MD to develop (Bigelsen et al., 2016), but is a risk factor (Somer & Herscu, 2017).

This review found that PwMD are more likely to have 'insecure'/'anxious' attachment compared to 'normative' daydreamers: PwMD may yearn for close relationships but find it difficult to create and maintain these. Included studies suggest that dependent on one's attachment style, daydreaming serves various functions. For example, those with an 'anxious' attachment style may seek intimacy and meaningful relationships through their daydreams, as they are more likely to have a negative view of self and expect to be rejected and treated poorly (Sándor et al., 2021). Research has confirmed that insecurely attached individuals are less likely to have satisfying and stable relationships (Bartholomew & Horowitcz, 1991; Candel & Turliuc, 2019). Insecure attachment has also been linked as a preceding difficulty for mental health conditions such as depression and anxiety (Palitsky et al., 2013; Jinyao et al., 2012), and

thus attachment difficulties may be a risk factor for MD.

Whilst no investigation to date has explored the link between early negative relational experiences and attachment for PwMD, robust research shows that attachment insecurity is rooted in difficult relational experiences with caregivers (Fraley et al., 2013). Neurobiological evidence indicates that attachments influence emotion regulation (Gunnar & Quevedo, 2007; Schore, 2001), where emotionally unavailable and inaccessible caregivers provide minimal or unpredictable co-regulation, leaving children to self-regulate emotions. Interdisciplinary evidence suggests that the two response patterns of severe interpersonal stress are dissociation and hyperarousal (Perry et al., 1995). Subsequently, absorption in fantasy, which is proposed to be on the dissociative spectrum (Tellegen & Atkinson, 1974), may persist as an emotion regulation mechanism, and thus could be argued to be adaptive in some ways in childhood (Boyer et al., 2022). This can be applied to MD, where the primary use of daydreaming to regulate emotions and its subsequent interference with daily life has been proposed to become 'maladaptive' over time (Greene et al., 2020; Metin et al., 2021; Pyszkowska et al., 2023).

Regarding the interpersonal difficulties of PwMD, this review found that PwMD reported pervasive feelings of loneliness throughout their lives. Despite the lack of longitudinal and empirical evidence, it has been proposed that MD and loneliness may have a bi-directional relationship (Somer, Somer et al., 2016b). Similarly to MD, loneliness has been identified as both an antecedent and outcome for video gaming addiction (Lemmens et al., 2011). Loneliness may also relate to negative interpersonal experiences such as self-perceived 'awkwardness', which were also reported by the included studies. Findings were inconclusive in relation to social anxiety, where Somer and Herscu (2017) found it to be an independent risk factor. Hawkley and Cacioppo's (2010) loneliness model may explain the mechanisms through which social anxiety and loneliness interlink. Their model proposes that lonely individuals, driven by unconscious social threat detection, tend to perceive the social world as more threatening, and

anticipate and recall more negative social interactions compared to non-lonely individuals. This feeds the self-reinforcing loop of social withdrawal where the expectations of negative social encounters often prompt behaviours from others that confirm negative beliefs, perpetuating anxiety about social interactions.

Findings revealed that daydreaming themes reflect a dissonance between fantasy and reality, where content is relational. Daydreams often feature people from real life, and themes revolve around close relationships, filling the void of connection and affection. Similarly, fantasies revolving around relationships have been linked to loneliness and reduced social support (Mar et al., 2012). Brenner et al.'s (2022) investigation proposed that fantasy reflects PwMD's desires such as an idealised version of family or a relationship, especially for those who experienced separation insecurity, which likely stems from their early adverse relationships. The notion that fantasy reflects one's desires is recognised in both psychotherapy practice and research, and is often viewed as central to attachment difficulties and addictions (Bromberg, 2008; Firestone, 1993; Ornstein & Ornstein, 2008).

Lastly, this review highlights that PwMD may experience shame and secrecy throughout their lives. Shame contributes to loneliness and withdrawal from social interactions (Black et al., 2013; Gao et al., 2024). Linked with shame is a propensity towards secrecy, whereby individuals fear others' evaluations of them, which may lead to concealing parts of themselves (Leeming & Boyle, 2013) and reduced help-seeking (Horch & Hodgins, 2015). In turn, self-concealment is experienced as a barrier to being transparent with others (Davis, 2024). Similarly, this review found that participants kept their 'maladaptive daydreamer' identity a secret and identified stigma as a barrier to disclose. Whilst this was not explored further by the included studies, stigma can be divided into 'self-stigma' (i.e., internalised attitudes) and 'public stigma' (i.e., discrimination and prejudice directed at a group), both of which are inherent experiences for individuals with mental health difficulties (Corrigan & Rao, 2012).

When public stigma is internalised, it can contribute to self-stigma, which is associated with low self-esteem, lower quality of life, loneliness and disrupted social relationships (Park et al., 2019; Prizeman et al., 2023; Rüsch et al., 2010). However, not all people experience, and subsequently internalise, public stigma; feeling empowered to resist negative evaluations towards a stigmatised identity is protective (Corrigan & Watson, 2002). Disclosure of the stigmatised identity is proposed to be the initial step individuals can take to feel empowered to resist stigma (Corrigan & Rao, 2012). However, findings indicated that PwMD perceived disclosures as unhelpful (Somer, Somer et al., 2016b), which may further increase their secrecy feelings of shame (Wahl, 1999).

Strengths and Limitations

The present review included a robust quality appraisal of the included studies and offered a balanced synthesis of heterogeneous studies. Overall, it offers the first systematic review in an under-researched area and provides an account of the interpersonal experiences of PwMD. However, this review is not without its limitations. The qualitative and cross-sectional designs do not provide an account of the social experiences of PwMD across the lifespan, nor do they sufficiently explain whether interpersonal difficulties precede or stem from MD. Additionally, as findings from all studies were extracted in a narrative form, it may be that existing research biases could interplay with the author's own biases. The awareness of interpersonal dynamics, being subjective and intricate, can vary widely among individuals: PwMD may not always accurately self-report or fully grasp the nuances of how daydreaming impacts their relationships, leading to an incomplete understanding of their challenges (Nasby, 1989).

Whilst the studies often recruited internationally, there are various limitations to the representativeness of participants. Most studies predominantly included female participants, potentially skewing the results since men and women may have differing social experiences (Morgan et al., 2002; Murray & Murray, 2013). Similarly, a large proportion of the studies

recruited PwMD who were single, and thus it was not possible to explore different kinds of relationship experiences. Additionally, the studies were published in the English language and primarily drew from Western samples with a high proportion of university-educated participants with internet access (Heinrich et al., 2010). Finally, due to several studies being conducted by the same research group in Israel, some of the included participants may have taken part in multiple included studies. These aspects all impact the 'generalisability' of the findings and reduces the range of perspectives represented in this review.

Clinical and Research Implications

This review provides further evidence for the notion that the emotional regulation difficulties and the use of daydreaming interlink with PwMD's interpersonal difficulties. Therefore, a clear therapeutic need is warranted to support PwMD to learn more adaptive ways of coping with distress. Despite the lack of research on therapeutic interventions for MD, interventions such as dialectical behaviour therapy, which aims to foster interpersonal effectiveness, distress tolerance, mindfulness, and emotional regulation through both individual and group modules (Delaquis et al., 2023; Heath et al., 2021; Neacsiu et al., 2014), may be helpful for PwMD. This type of therapy may be more suited to individuals who struggle to identify and sit with emotions, and seek therapy that provides psychoeducation, guidance, and strategies.

Additionally, when considering MD as a behavioural addiction, literature posits that a crucial factor for recovery and potential mediator of behavioural addictions is social support (Constantini et al., 1992; Moge & Romano, 2020; O'Farrell & Freehan, 1999). Taken together, it is possible that MD could be reduced to immersive daydreaming – fantasising that is not associated with dysfunction and distress – via facilitating close and secure relationships that not only help with reducing daydreaming (Somer, Somer et al., 2016a), but also decrease the daydream-reality gap and the need to seek intimacy through daydreams. Thus, therapeutic

interventions could consider assisting PwMD in building and maintaining close and meaningful relationships. Psychodynamic therapy may be applied to facilitate this, wherein the therapeutic relationship is the vehicle that drives the healing process to cultivate self-awareness. Psychodynamic therapy also explores developmental antecedents, which relate to relevant aspects of MD such as early relationships, self-regulation and current interpersonal experiences (Bauer, 2021). Psychodynamic therapy has been shown to be an effective therapeutic modality (Schedler, 2010; Yakely, 2018), and has also been successfully applied for addictions (Khantzian, 2021; Zucoon et al., 2023). This type of therapy may be more suited to PwMD who seek support to understand themselves and their relationships, and who may also aim to reduce their daydreaming.

Additionally, supporting PwMD to engage in activities to feel connected may help them reduce fantasising (Venuelo et al., 2016), which may include encouraging PwMD to connect with others in their community. It is important to note however, that a significant barrier to accessing support is the secrecy and stigma that accompanies MD. As disclosure is identified to be a key step in combatting self-stigma (Corrigan & Roe, 2012), mental health professionals have an important role in supporting PwMD in their attempts to disclose and discuss their daydreaming-related difficulties. In relation to public stigma, general stigma reduction interventions can be applied to MD such as education (e.g., correct myths about MD, raise the awareness of clinicians), contact (e.g., representing the voices of PwMD, featuring stories of recovery), and advocacy (e.g., evidencing the legitimacy of the MD) (Corrigan & Penn, 1999).

This review found inconsistent evidence for perceived social difficulties and insufficient evidence for social anxiety. Due to the limited, solely cross-sectional and qualitative evidence available, longitudinal and empirical studies with an even gender split are needed to better understand the interpersonal experiences of PwMD. Additionally, specific qualitative explorations in relation to how various relationships (e.g., marital) are experienced by PwMD

would provide a better understanding of PwMD's challenges. In particular, research explorations into PwMD's secrecy and isolation as well as their disclosure experiences and related outcomes could offer novel valuable perspectives about the lived experience of MD.

Conclusion

To the knowledge of the researcher, this is the first systematic review to date on MD. The findings align with the original MD definition from Somer (2002) and subsequent literature, emphasising the association between MD and interpersonal difficulties. This comprehensive review synthesized evidence from a diverse array of MD studies. It revealed that PwMD often encounter lifelong challenges, such as early relational adversity, attachment difficulties, as well as various social difficulties such as isolation and perceived social awkwardness. The dissatisfaction with and longing for close relationships may lead PwMD to seek intimacy and belonging in daydreams. While the social difficulties experienced by PwMD are varied and not ubiquitous, PwMD frequently grapple with secrecy and shame regarding their daydreaming, intensifying feelings of loneliness. MD itself is an isolating behaviour that can amplify pre-existing social challenges, creating a self-perpetuating cycle. Longitudinal and qualitative studies focusing on the interpersonal experiences of PwMD, and the explorations of therapeutic approaches are warranted.

References

Akers, J., Aguiar-Ibáñez, R., & Baba-Akbari, A. (2010). *Systematic reviews: CRD's guidance for undertaking reviews in health care.* Centre for Reviews and Dissemination, University of York. https://doi.org/10.1016/s1473-3099(10)70065-7

Abu-Rayya, H. M., Somer, E., & Meari-Amir, S. (2019). The psychometric properties of the Arabic 16-item Maladaptive Daydreaming Scale (MDS-16-AR) in a multi-country Arab sample. *Psychology of Consciousness: Theory, Research, and Practice, 6*(2), 171. https://doi.org/10.1037/cns0000183

Abu-Rayya, H. M., Somer, E., & Knane, H. (2020). Maladaptive daydreaming is associated with intensified psychosocial problems experienced by female survivors of childhood sexual abuse. *Violence Against Women, 26*(8), 825–837. https://doi.org/10.1177/1077801219845532

Anwar, M., Aqeel, M., & Shuja, K. H. (2018). Linking social support, social anxiety, and maladaptive daydreaming. *Foundation University Journal of Psychology, 2*(2), 140-180. https://fui.edu.pk/fjs/index.php/fujp/article/download/40/19

Bartholomew, K., & Horowitz, L. M. (1991). Attachment styles among young adults: A test of a four-category model. *Journal of Personality and Social Psychology, 61*(2), 226–244. https://doi.org/10.1037/0022-3514.61.2.226

Bauer, F. M. (2021). Psychodynamic treatment with the addicted person. *Psychodynamic Psychiatry*, *49*(3), 404-424. https://doi.org/10.1521/pdps.2021.49.3.404

Bigelsen, J., Lehrfeld, J. M., Jopp, D. S., & Somer, E. (2016). Maladaptive daydreaming: Evidence for an under-researched mental health disorder. *Consciousness and Cognition, 42*, 254–266. https://doi.org/10.1016/j.concog.2016.03.017

Bigelsen, J., & Schupak, C. (2011). Compulsive fantasy: Proposed evidence of an under-reported syndrome through a systematic study of 90 self-identified non-normative fantasizers. *Consciousness and Cognition, 20*(4),1634–1648. https://doi.org/10.1016/j.concog.2011.08.013

Black, R. S., Curran, D., & Dyer, K. F. (2013). The impact of shame on the therapeutic alliance and intimate relationships. *Journal of Clinical Psychology, 69*(6), 646-654. https://doi.org/10.1002/jclp.21959

Borsa, J. C., Damásio, B. F., & Bandeira, D. R. (2012). Cross-cultural adaptation and validation of psychological instruments: Some considerations. *Paidéia (Ribeirão Preto), 22*, 423-432. https://doi.org/10.1590/S0103-863X2012000300014

Booth, A., Sutton, A., & Papaioannou, D. (2016). *Systematic approaches to a successful literature review*. Sage Publications.

Boyer, S. M., Caplan, J. E., & Edwards, L. K. (2022). Trauma-related dissociation and the dissociative disorders: neglected symptoms with severe public health consequences. *Delaware Journal of Public Health*, *8*(2), 78–84. https://doi.org/10.32481/djph.2022.05.010

Bowlby, J. (1969). *Attachment and Loss: Vol. 1 Attachment*. Basic Books.

Brenner, R., Somer, E., & Abu-Rayya, H. M. (2022). Personality traits and maladaptive daydreaming: Fantasy functions and themes in a multi-country sample. *Personality and Individual Differences*, *184*, Article 111194. https://doi.org/10.1016/j.paid.2021.111194

British Psychological Society. (2018). *Code of Ethics and Conduct*. Retrieved from https://www.bps.org.uk/guideline/code-ethics-and-conduct

Bromberg, P. M. (2008). “Grown-up” words: An interpersonal/relational perspective on unconscious fantasy. *Psychoanalytic Inquiry, 28*(2), 131-150. https://psycnet.apa.org/doi/10.1080/07351690701856864

Candel, O. S., & Turliuc, M. N. (2019). Insecure attachment and relationship satisfaction: A meta-analysis of actor and partner associations. *Personality and Individual Differences*, *147*, 190-199. https://doi.org/10.1016/j.paid.2019.04.037

Corrigan, P. W., & Penn, D. L. (1999). Lessons from social psychology on discrediting psychiatric stigma. *American Psychologist, 54*(9), 765–776. https://doi.org/10.1037/0003-066X.54.9.765

Corrigan, P. W., & Rao, D. (2012). On the self-stigma of mental illness: Stages, disclosure, and strategies for change. *The Canadian Journal of Psychiatry*, *57*(8), 464-469. https://doi.org/10.1177/070674371205700804

Corrigan, P. W., & Watson, A. C. (2002). The paradox of self-stigma and mental illness. *Clinical psychology: Science and Practice*, *9*(1), 35. https://doi.org/10.1093/clipsy.9.1.35

Costantini, M. F., Wermuth, L., Sorensen, J. L., & Lyons, J. S. (1992). Family functioning as a predictor of progress in substance abuse treatment. *Journal of Substance Abuse Treatment*, *9*(4), 331-335. https://doi.org/10.1016/0740-5472(92)90027-L

Costanzo, A., Santoro, G., Russo, S., Cassarà, M. S., Midolo, L. R., Billieux, J., & Schimmenti, A. (2021). Attached to virtual dreams the mediating role of maladaptive daydreaming in the relationship between attachment styles and problematic social media use. *Journal of Nervous and Mental Disease, 209*(9), 656–664. https://doi.org/10.1097/NMD.0000000000001356

Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). SAGE Publications.

Critical Appraisal Skills Programme. (2018). *CASP qualitative checklist*. https://casp-uk.net/wp-content/uploads/2018/01/CASP-Qualitative-Checklist-2018.pdf

Davis, C. G. (2024). Self-concealment, secrecy, and guilt. *Journal of Personality*, *92*(2), 421-435. https://doi.org/10.1111/jopy.12832

Davis, C. G., & Tabri, N. (2023). The secrets that you keep: Secrets and relationship quality. *Personal Relationships*, *30*(2), 620–635. https://doi.org/10.1111/pere.12472

Delaquis, C. P., Joyce, K. M., Zalewski, M., Katz, L. Y., Sulymka, J., Agostinho, T., & Roos, L. E. (2022). Dialectical behaviour therapy skills training groups for common mental health disorders: A systematic review and meta-analysis. *Journal of Affective Disorders*, *300*, 305-313. http://dx.doi.org/10.1016/j.jad.2021.12.062

Doyle, C., & Cicchetti, D. (2017). From the cradle to the grave: The effect of adverse caregiving environments on attachment and relationships throughout the lifespan. *Clinical Psychology: Science and Practice*, *24*(2), 203–217. https://doi.org/10.1111/cpsp.12192

Dixon-Woods, M., Agarwal, S., Jones, D., Young, B., & Sutton, A. (2005). Synthesising qualitative and quantitative evidence: a review of possible methods. *Journal of Health Services Research & Policy*, *10*(1), 45-53. https://doi.org/10.1258/1355819052801804

Endler, N. S., & Parker, J. D. (1994). Assessment of multidimensional coping: Task, emotion, and avoidance strategies. *Psychological Assessment*, *6*(1), 56-60. https://doi.org/10.1037/1040-3590.6.1.50

Elliott-Mainwaring, H. (2021). Exploring using NVivo software to facilitate inductive coding

for thematic narrative synthesis. *British Journal of Midwifery*, *29*(11), 628-632. https://doi.org/10.12968/bjom.2021.29.11.628

Ferrante, E., Marino, A., Guglielmucci, F., & Schimmenti, A. (2022). The mediating role of dissociation and shame in the relationship between emotional trauma and maladaptive daydreaming. *Psychology of Consciousness: Theory Research, and Practice, 9*(1), 27–39. https://doi.org/10.1037/cns0000253

Firestone, R. W. (1993). The psychodynamics of fantasy, addiction, and addictive attachments. *American Journal of Psychoanalysis*, *53*(4), 335–352. https://doi.org/10.1007/BF01248800

Fraley, R. C., Roisman, G. I., Booth-LaForce, C., Owen, M. T., & Holland, A. S. (2013). Interpersonal and genetic origins of adult attachment styles: a longitudinal study from infancy to early adulthood. *Journal of Personality and Social Psychology*, *104*(5), 817. https://doi.org/10.1037/a0031435

Gao, B., Cai, Y., Zhao, C., Qian, Y., Zheng, R., & Liu, C. (2024). Longitudinal associations between loneliness and online game addiction among undergraduates: A moderated mediation model. *Acta Psychologica*, *243*, 104134. https://doi.org/10.1016/j.actpsy.2024.104134

Greenacre, Z. A. (2016). The importance of selection bias in internet surveys. *Open Journal of Statistics*, *6*(03), 397-404. http://dx.doi.org/10.4236/ojs.2016.63035

Greene, T., West, M., & Somer, E. (2020). Maladaptive daydreaming and emotional regulation difficulties: A network analysis. *Psychiatry Research*, *285*. https://doi.org/10.1016/j.psychres.2020.112799

Gunnar, M. R., & Quevedo, K. M. (2007). Early care experiences and HPA axis regulation in children: A mechanism for later trauma vulnerability. *Progress in Brain Research,*

167, 137–149. https://doi.org/10.1016/S0079-6123(07)67010-1

Hammarberg, K., Kirkman, M., & De Lacey, S. (2016). Qualitative research methods: when to use them and how to judge them. *Human Reproduction*, *31*(3), 498-501. https://doi.org/10.1093/humrep/dev334

Hawkley, L. C., & Cacioppo, J. T. (2010). Loneliness matters: A theoretical and empirical review of consequences and mechanisms. *Annals of Behavioral Medicine*, *40*(2), 218-227. https://doi.org/10.1007/s12160-010-9210-8

Heath, N., Midkiff, M. F., Gerhart, J., & Turow, R. G. (2021). Group-based DBT skills training modules are linked to independent and additive improvements in emotion regulation in a heterogeneous outpatient sample. *Psychotherapy Research*, *31*(8), 1001-1011. https://10.1080/10503307.2021.1878306

Heinrich, J., Heine, S. J., & Norenzayan, A. (2010). The weirdest people in the world?. *Behavioral and Brain Sciences*, *33*(2-3), 61-83. https://doi.org/10.1017/s0140525x0999152x

Hogg, B., Gardoki-Souto, I., Valiente-Gómez, A., Rosa, A. R., Fortea, L., Radua, J., ... & Moreno-Alcázar, A. (2023). Psychological trauma as a transdiagnostic risk factor for mental disorder: an umbrella meta-analysis. *European Archives of Psychiatry and Clinical Neuroscience*, *273*(2), 397-410. https://doi.org/10.1007/s00406-022-01495-5

Holubova, M., Prasko, J., Ociskova, M., Marackova, M., Grambal, A., & Slepecky, M. (2016). Self-stigma and quality of life in patients with depressive disorder: a cross-sectional study. *Neuropsychiatric Disease and Treatment*, *12*, 2677-2687. https://doi.org/10.2147/NDT.S118593

Hong, Q. N., Pluye, P., Fàbregues, S., Bartlett, G., Boardman, F., Cargo, M., ... & V edel, I. (2018). *Mixed methods appraisal tool (MMA T)*, version 2018.

http://mixedmethodsappraisaltoolpublic.pbworks.com/w/file/fetch/127916259/MMAT_2018_criteria-manual_2018-08-01_ENG.pdf

Horch, J. D., & Hodgins, D. C. (2015). Self-stigma coping and treatment-seeking in problem gambling. *International Gambling Studies*, *15*(3), 470–488. https://doi.org/10.1080/14459795.2015.1078392

Isobel, S., Goodyear, M., & Foster, K. (2019). Psychological trauma in the context of familial relationships: A concept analysis. *Trauma, Violence, & Abuse*, *20*(4), 549-559. https://doi.org/10.1177/1524838017726424

Jinyao, Y., Xiongzhao, Z., Auerbach, R. P., Gardiner, C. K., Lin, C., Yuping, W., & Shuqiao, Y. (2012). Insecure attachment as a predictor of depressive and anxious symptomology. *Depression and Anxiety*, *29*(9), 789-796. https://doi.org/10.1002/da.21953

Joanna Briggs Institute. (2017). *JBI: Critical appraisal checklist for case reports*. https://jbi.global/sites/default/files/2019-05/JBI_Critical_Appraisal-Checklist_for_Case_Reports2017_0.pdf

Kardefelt-Winther, D., Heeren, A., Schimmenti, A., Van Rooij, A., Maurage, P., Carras, M., ... & Billieux, J. (2017). How can we conceptualize behavioural addiction without pathologizing common behaviours?. *Addiction*, *112*(10), 1709-1715. https://doi.org/10.1111/add.13763open_in_new

Khantzian, E.J. (2021). Psychodynamic Psychotherapy for the Treatment of Substance Use Disorders. In: N. el-Guebaly, G. Carrà, M. Galanter, & A. M. Baldacchino (Eds.) *Textbook of addiction treatment* (pp. 481- 496). Springer. https://doi.org/10.1007/978-3-030-36391-8_26

Leeming, D., & Boyle, M. (2013). Managing shame: An interpersonal perspective. *British Journal of Social Psychology*, *52*(1), 140-160. https://doi.org/10.1111/j.2044-8309.2011.02061.x

Lemmens, J. S., Valkenburg, P. M., & Peter, J. (2011). Psychosocial causes and consequences of pathological gaming. *Computers in Human Behavior*, *27*(1), 144-152. https://doi.org/10.1016/j.chb.2010.07.015

Mar, R. A., Mason, M. F., & Litvack, A. (2012). How daydreaming relates to life satisfaction, loneliness, and social support: The importance of gender and daydream content. *Consciousness and Cognition: An International Journal*, *21*(1), 401–407. https://doi.org/10.1016/j.concog.2011.08.001

Mariani, R., Musetti, A., Di Monte, C., Danskin, K., Franceschini, C., Christian, C., Monte, C. Di, Danskin, K., Franceschini, C., & Christian, C. (2022). Maladaptive daydreaming in relation to linguistic features and attachment style. *International Journal of Environmental Research and Public Health*, *19*(1), 386. https://doi.org/10.3390/ijerph19010386

Metin, B., Somer, E., Abu-Rayya, H. M., Schimmenti, A., & Göçmen, B. (2021). Perceived stress during the COVID-19 pandemic mediates the association between self-quarantine factors and psychological characteristics and elevated maladaptive daydreaming. *International Journal of Mental Health and Addiction*, *21*(3), 1570-1582. https://doi.org/10.1007/s11469-021-00678-w

Moge, C. E., & Romano, D. M. (2020). Contextualising video game engagement and addiction in mental health: the mediating roles of coping and social support. *Heliyon*, *6*(11). https://doi.org/10.1016%2Fj.heliyon.2020.e05340

Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G., The PRISMA Group. (2009). Preferred

reporting items for systematic reviews and meta-analyses: The PRISMA statement. *PLoS Med*, *339*(10), 264-269. https://doi.org/10.1136/bmj.b2535

Morgan, D. L., Johnson, J. H., & Fetzer, D. W. (2002). Men's friend networks: Implications for social support and psychological well-being. *Psychological Bulletin, 78*(6), 1174-1199. Https://doi,org/10.1037/0033-2909.78.6.1174

Murray, S. L., & Murray, D. R. (2013). Gender differences in romantic relationships: A review of the literature. *Personal Relationships, 20*(1), 36-55. https://doi.org/10.1111/j.1475-6811.2012.01420.x

Nasby, W. (1989). Private self-consciousness, self-awareness, and the reliability of self-reports. *Journal of Personality and Social Psychology, 56*(6), 950–957. https://doi.org/10.1037/0022-3514.56.6.950

Neacsiu, A. D., Bohus, M., & Linehan, M. M. (2014). Dialectical behavior therapy: An intervention for emotion dysregulation (pp. 491-507). (2nd ed). In J. J. Gross (2014). *Handbook of Emotion Regulation*. Guilford Publications.

O'Farrell, T. J., & Feehan, M. (1999). Alcoholism treatment and the family: do family and individual treatments for alcoholic adults have preventive effects for children?. *Journal of Studies on Alcohol, Supplement*, (13), 125-129. https://doi.org/10.15288/jsas.1999.s13.125

Ornstein, P. H., & Ornstein, A. (2008). The structure and function of unconscious fantasy in the psychoanalytic treatment process. *Psychoanalytic Inquiry, 28*(2), 206-230. https://doi.org/10.1080/07351690701857029

Palitsky, D., Mota, N., Afifi, T. O., Downs, A. C., & Sareen, J. (2013). The association between adult attachment style, mental disorders, and suicidality: findings from a population-based study. *The Journal of Nervous and Mental Disease, 201*(7), 579-

586. https://doi.org/10.1097/nmd.0b013e31829829ab

Park, K., MinHwa, L., & Seo, M. (2019). The impact of self-stigma on self-esteem among persons with different mental disorders. *International Journal of Social Psychiatry*, *65*(7-8), 558-565. https://doi.org/10.1177/0020764019867352

Perry, B. D., Pollard, R. A., Blakley, T. L., Baker, W. L., & Vigilante, D. (1995). Childhood trauma, the neurobiology of adaptation, and "use-dependent" development of the brain: How "states" become "traits". *Infant Mental Health Journal*, *16*(4), 271–291. https://doi.org/10.1002/1097-0355(199524)16:4<271::AID-IMHJ2280160404>3.0.CO;2-B

Pietkiewicz, I. J., Nęcki, S., Bańbura, A., & Tomalski, R. (2018). Maladaptive daydreaming as a new form of behavioral addiction. *Journal of Behavioral Addictions*, *7*(3), 838–843. https://doi.org/10.1556/2006.7.2018.95

Popay, J., Roberts, H., Sowden, A., Petticrew, M., Arai, L., Rodgers, M., ... & Duffy, S. (2006). *Guidance on the conduct of narrative synthesis in systematic reviews*. Retrieved from (15 January 2024): https://www.lancaster.ac.uk/media/lancaster-university/content-assets/documents/fhm/dhr/chir/NSsynthesisguidanceVersion1-April2006.pdf

Prizeman, K., Weinstein, N., & McCabe, C. (2023). Effects of mental health stigma on loneliness, social isolation, and relationships in young people with depression symptoms. *BMC Psychiatry*, *23*(1), 527. https://doi.org/10.1186/s12888-023-04991-7

Pyszkowska, A., Celban, J., Nowacki, A., & Dubiel, I. (2023). Maladaptive daydreaming, emotional dysregulation, affect and internalized stigma in persons with borderline personality disorder and depression disorder: A network analysis. *Clinical Psychology and Psychotherapy*, *30*(6), 1246–1255. https://doi.org/10.1002/cpp.2923

QSR International. (2022). NVivo (Version 12) [Computer software]. https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software/home

Rüsch, N., Corrigan, P. W., Todd, A. R., & Bodenhausen, G. V. (2010). Implicit self-stigma in people with mental illness. *The Journal of Nervous and Mental Disease*, *198*(2), 150-153. https://doi.org/10.1097/NMD.0b013e3181cc43b5

Sahle, B. W., Reavley, N. J., Li, W., Morgan, A. J., Yap, M. B. H., Reupert, A., & Jorm, A. F. (2021). The association between adverse childhood experiences and common mental disorders and suicidality: an umbrella review of systematic reviews and meta-analyses. *European Child & Adolescent Psychiatry*, *31*, 1489–1499. https://doi.org/10.1007/s00787-021-01745-2

Sándor, A., Münnich, Á., & Molnár, J. (2020). Psychometric properties of the Maladaptive Daydreaming Scale in a sample of Hungarian daydreaming-prone individuals. *Journal of Behavioral Addictions*, *9*(3), 853-862. https://doi.org/10.1556/2006.2020.00050

Sándor, A., Bugán, A., Nagy, A., Bogdán, L. S., & Molnár, J. (2021). Attachment characteristics and emotion regulation difficulties among maladaptive and normal daydreamers. *Current Psychology*. *42*, 1617–1634. https://doi.org/10.1007/s12144-021-01546-5

Schimmenti, A., & Sar, V. (2019). A correlation network analysis of dissociative experiences, *Journal of Trauma & Dissociation*, *20*(4), 402–419. https://doi.org/10.1080/15299732.2019.1572045

Schimmenti, A., Somer, E., & Regis, M. (2019). Maladaptive daydreaming: Towards a nosological definition. *Annales Medico-Psychologiques, 177*(9), 865–874. https://doi.org/10.1016/j.amp.2019.08.014

Schore, A. N. (2001). The effects of early relational trauma on right brain development, affect

regulation, and infant mental health. *Infant Mental Health Journal*, *22*(1–2), 201–269. https://doi.org/10.1002/1097-0355(200101/04)22:1<201::AID-IMHJ8>3.0.CO;2-9

Shaheen, N., Shaheen, A., Ramadan, A., Hefnawy, M. T., Ramadan, A., Ibrahim, I. A., Hassanein, M. E., Ashour, M. E. and Flouty, O., Shaheen, N., Shaheen, A., Ramadan, A., Hefnawy, M. T., Ramadan, A., Ibrahim, I. A., … Flouty, O. (2023). Appraising systematic reviews: a comprehensive guide to ensuring validity and reliability. *Frontiers in Research Metrics and Analytics*, *8*, https://www.ncbi.nlm.nih.gov/pmc/articles

Shafiq, S. & Zafar, H. (2022). Social Anxiety as Predictor of Depression in Adolescents: Mediating Role of Dysfunctional Daydreaming. *Journal of Liaquat University of Medical and Health Sciences*, *21*(04), 301-305. https://www.lumhs.edu.pk/jlumhs/Online-First/nov222.pdf

Sharma, P., & Mahapatra, A. (2021). Phenomenological analysis of maladaptive daydreaming associated with internet gaming addiction: A case report. *General Psychiatry*, *34*(2). http://doi.org/10.1136/gpsych-2020-100419

Schedler, J. (2010). The efficacy of psychodynamic psychotherapy. *American Psychologist*, *65*(2), 98. https://doi.org/10.1037/a0018378

Singer, J. L. (1975). Navigating the stream of consciousness: Research in daydreaming and related inner experience. *American Psychologist*, *30*(7), 727–738. https://doi.org/10.1037/h0076928

Skelly, A. C., Dettori, J. R., & Brodt, E. D. (2012). Assessing bias: the importance of considering confounding. *Evidence-Based Spine-Care Journal*, *3*(01), 9-12. https://doi.org/10.1055/s-0031-1298595

Slepian, M. L., Halevy, N., & Galinsky, A. D. (2019). The solitude of secrecy: thinking about secrets evokes goal conflict and feelings of fatigue. *Personality and Social*

Psychology Bulletin, *45*(7), 1129–1151. https://doi.org/10.1177/0146167218810770

Soffer-Dudek, N (2021). Corrigendum for the MDS-16 (English version) cutoff score. Retrieved from: https://fac0c99d-218c-46be-b5c9-06d8b9d5ddbf.usrfiles.com/ugd/fac0c9_0791d1bce773444d8a2ba10d9c2d35f1.pdf

Soffer-Dudek, N., & Somer, E. (2018). Trapped in a daydream: Daily elevations in maladaptive daydreaming are associated with daily psychopathological symptoms. *Frontiers in Psychiatry*, *9*. https://doi.org/10.3389/fpsyt.2018.00194

Soffer-Dudek, N., Somer, E., Abu-Rayya, H. M., Metin, B., & Schimmenti, A. (2021). Different cultures, similar daydream addiction? An examination of the cross-cultural measurement equivalence of the Maladaptive Daydreaming Scale. *Journal of Behavioral Addictions, 9*(4), 1056–1067. https://doi.org/10.1556/2006.2020.00080

Soffer-Dudek, N., & Theodor-Katz, N. (2022). Maladaptive daydreaming: epidemiological data on a newly identified syndrome. *Frontiers in Psychiatry, 13*, 1-10. https://doi.org/10.3389/fpsyt.2022.871041

Somer, E. (2002). Maladaptive daydreaming: A qualitative inquiry. *Journal of Contemporary Psychotherapy*, *32*(2–3), 197–212. https://doi.org/10.1023/A:1020597026919

Somer, E. (2018). Maladaptive daydreaming: Ontological analysis, treatment rationale; a pilot case report. *Frontiers in the Psychotherapy of Trauma and Dissociation, 1*(2), 1-22. https://doi.org/10.XXXX/ftpd.2017.0006

Somer, E., Abu-Rayya, H. M., & Brenner, R. (2021). Childhood trauma and maladaptive daydreaming: fantasy functions and themes in a multi-country sample. *Journal of Trauma and Dissociation, 22*(3),288–303. https://doi.org.10.1080/15299732.2020.1809599

Somer, E., Bigelsen, J., Lehrfeld, J., & Jopp, D. S. (2016). The 16-item Maladaptive Daydreaming Scale (MDS-16). *Consciousness and Cognition*, *39*, 77–91. https://doi.org/10.1016/j.concog.2015.12.00

Somer, E., Herscu, O. (2017). Childhood trauma, social anxiety, absorption, and fantasy dependence: two potential mediated pathways to maladaptive daydreaming. *Journal of Addictive Behaviors, Therapy & Rehabilitation, 6*(04). https://doi.org.10.4172/2324-9005.1000170

Somer, E., Lehrfeld, J., Bigelsen, J., & Jopp, D. S. (2016). Development and validation of the Maladaptive Daydreaming Scale (MDS). *Consciousness and Cognition*, *39*, 77–91. https://doi.org/10.1016/j.concog.2015.12.001

Somer, E., Soffer-Dudek, N., Ross, C. A. (2017). The comorbidity of daydreaming disorder (maladaptive daydreaming). *Journal of Nervous and Mental Disease, 205*(7), 525–530. https://doi.org.10.1097/NMD.0000000000000685

Somer, E., Soffer-Dudek, N., Ross, C. A., & Halpern, N. (2017). Maladaptive daydreaming: proposed diagnostic criteria and their assessment with a structured clinical interview. *Psychology of Consciousness: Theory, Research, and Practice*, *4*(2), 176–189. https://doi.org.10.1037/cns0000114

Somer, E., Somer, L., & Jopp, D. S. (2016a). Parallel lives: A phenomenological study of the lived experience of maladaptive daydreaming. *Journal of Trauma and Dissociation, 17*(5), 561–576. https://doi.org.10.1080/15299732.2016.1160463

Somer, E., Somer, L., & Jopp, D. S. (2016b). Childhood antecedents and maintaining factors in maladaptive daydreaming. *Journal of Nervous and Mental Disease, 204*(6), 471–478. https://doi.org.10.1097/NMD.0000000000000507

Stanisławski, K. (2019). The Coping Circumplex Model: An integrative model of the structure of coping with stress. *Frontiers in Psychology, 10,* Article 694. https://doi.org/10.3389/fpsyg.2019.00694

Tellegen, A., & Atkinson, G. (1974). Openness to absorbing and self-altering experiences ('absorption'), a trait related to hypnotic susceptibility. *Journal of Abnormal Psychology*, *83*(3), 268–277. https://doi.org/10.1037/h0036681

Venuleo, C., Rollo, S., Marinaci, T., & Calogiuri, S. (2016). Towards a cultural understanding of addictive behaviours. The image of the social environment among problem gamblers, drinkers, internet users and smokers. *Addiction Research & Theory*, *24*(4), 274-287. https://doi.org/10.3109/16066359.2015.1126257

Wadsworth M. E. (2015). Development of maladaptive coping: A functional adaptation to chronic, uncontrollable stress. *Child Development Perspectives*, *9*(2), 96–100. https://doi.org/10.1111/cdep.12112

Wahl, O. F. (1999). Mental health consumers' experience of stigma. *Schizophrenia Bulletin*, *25*(3), 467-478. https://doi.org/10.1093/oxfordjournals.schbul.a033394

West, M. J., & Somer, E. (2020). Empathy, emotion regulation, and creativity in immersive and maladaptive daydreaming. *Imagination, Cognition and Personality*, *39*(4), 358–373. https://doi.org/10.1177/0276236619864277

Yakeley, J. (2014). Psychodynamic psychotherapy: developing the evidence base. *Advances in Psychiatric Treatment*, *20*(4), 269-279. https://doi.org/10.1192/apt.bp.113.012054

Zimmer-Gembeck, M. J., & Skinner, E. A. (2016). The development of coping: Implications for psychopathology and resilience. In D. Cicchetti (Ed.), *Developmental psychopathology: Risk, resilience, and intervention* (3rd ed., pp. 485–545). John Wiley & Sons, Inc.. https://doi.org/10.1002/9781119125556.devpsy410

Zuccon, M., Topino, E., Musetti, A., & Gori, A. (2023). Psychodynamic Therapies for the Treatment of Substance Addictions: A PRISMA Meta-Analysis. *Journal of Personalized Medicine*, *13*(10), 1469. https://doi.org/10.3390/jpm13101469

SECTION B: Empirical Paper

"Peeling Back Another Layer of Yourself": An Interpretive Phenomenological Analysis of Disclosures about Maladaptive Daydreaming

Word Count: 8004

For submission to the Journal of Dissociation & Trauma– Taylor & Francis Online Journal

Abstract

This study reports an interpretative phenomenological analysis (IPA) of disclosure experiences of people with maladaptive daydreaming (PwMD). Maladaptive daydreaming (MD) is characterised by distress and dysfunction due to long periods of immersive fantasies that are fanciful and compulsive. MD has been shown to be a highly isolating experience whereby PwMD often feel lonely and secretive about their fantasising. Little is known about how PwMD decide to disclose their daydreaming and the associated outcomes of the disclosures. 10 PwMD (2 male, 7 female, 1 non-binary), who were recruited online, participated in semi-structured interviews with were analysed using IPA. This inductive approach investigated participants' subjective experiences of disclosure to significant others and therapists about MD. Three analytic themes were identified with eight subthemes: 1) The Secret Lives of Daydreamers, 2) "Peeling Back Another Layer of Yourself", and 3) Longing to Be Understood. Findings highlight the importance of understanding the shame and ambivalence felt by PwMD when disclosing, including when accessing therapy. It is recommended that the individual experience of MD is explored in therapy through a person-centred and non-judgmental therapeutic approach. The results are discussed in relation to wider literature and future recommendations are included.

Keywords: Maladaptive Daydreaming, MD, Fantasising, Immersive Daydreaming, Absorption

Introduction

Maladaptive daydreaming (MD), a term first coined in Somer's (2002) seminal paper, is defined as an excessive and immersive fantasy activity. MD is distinct from normative daydreaming, which is a universal form of mind wandering (Smallwood & Schooler, 2006), and is characterised by particularly absorptive, fanciful storylines (e.g., heroism, power) (Somer, 2002). People with MD (PwMD) experience distress and interference with daily life (e.g., vocation, interpersonal relationships, domestic tasks), due to prolonged hours of fantasising daily (Bigelsen et al., 2016; Soffer-Dudek & Somer, 2018), aided by repetitive kinaesthetic movement (e.g., pacing, rocking) and music (Soffer-Dudek & Somer, 2018; Somer, Somer, et al., 2016b).

PwMD often report loneliness and reduced social interactions (Abu-Rayya et al., 2020), both proposed to be the drivers and maintaining factors of MD (Somer, Somer, et al., 2016a). Studies have shown that MD is linked to various mental health difficulties such as depression, social anxiety and obsessive-compulsive disorder (Soffer-Dudek & Somer, 2018). Whilst currently not an officially recognised mental health condition (Bershtling & Somer, 2018), research has affirmed its validity and reliability as a standalone condition (Schimmenti et al., 2019; Somer, 2018; Somer et al., 2017; Vyas et al., 2023). Additionally, MD has been proposed as a form of behavioural addiction, whereby PwMD experience yearning, urges and difficulties with controlling their fantasising (Somer, 2018), with most reporting failed attempts to curtail it (Bigelsen & Schupak, 2011; Pietkiewicz et al., 2018).

The Mechanisms of MD

Research is ongoing to identify the complex mechanisms of MD. Somer et al.'s (2016a) qualitative investigation of the antecedents of MD proposed the innate capacity of PwMD to 'immersively daydream'. This type of absorption allows the disconnection from surroundings

by self-absorption into an internal fantasy world, fostering a sense of detachment (Holmes et al., 2005). Therefore, immersive daydreaming may be a form of non-pathological dissociation (Tellegen & Atkinson, 1974), which is recognised as an innate trait along the dissociative continuum (Irwin, 1999). Studies proposed that immersive daydreaming progresses to 'maladaptive' daydreaming, which is more excessive, as a means to cope with difficult experiences (Ferrante et al., 2022; Somer & Herscu, 2017), applying it as an emotional regulation strategy (Greene et al., 2020; Schimmenti & Sar, 2019; Somer, 2018; West & Somer, 2020).

Drawing from the Transactional Model of Stress (Lazarus & Folkman, 1987), which distinguishes between primary (i.e., stress perceived as threatening) and secondary appraisal (i.e., evaluation of coping resources), PwMD who perceive stressors surpassing their coping abilities are likely to experience heightened MD symptoms. Metin et al. (2021) supported the notion of MD as a coping strategy by their cross-sectional study highlighting MD symptom exacerbation correlation with perceived stress levels. Recent investigations have corroborated previous findings that the highly rewarding nature of daydreaming, alongside the difficulty coping with stressful challenges, fosters reliance on daydreaming (Musetti et al., 2021; Soffer-Dudek & Somer, 2018). Whilst this finding is robust, its underlying mechanisms remain unclear. Pyszkwska et al.'s (2023) recent investigation in a clinical sample showed MD to be an avoidance-focused, escapism-oriented strategy that facilitates detachment from emotions and experiences. Their findings are in line with various coping theories that refer to daydreaming and fantasising as forms of emotion-orientated coping associated with problem-avoidance through distraction and self-preoccupation (Stanisławski, 2019).

Secrecy and Disclosure

Existing research suggests that PwMD conceal their daydreaming. For instance, in Bigelsen and Schupak's (2011) cross-sectional exploration, 82% of participants kept their fantasising a

secret. PwMD fear being found out and ridiculed; a fear which is proposed to be driven by feelings of shame and embarrassment (Ferrante et al., 2022; Somer, Somer, et al., 2016a). Larson et al. (2015) propose that individuals with stigmatised mental health conditions are motivated to conceal through secrecy. The authors highlight that individuals with insecure attachment orientations, common among PwMD (Costanzo et al., 2021; Sándor et al., 2021), may view disclosure as a risk to relationships. Concealment, therefore, becomes a coping strategy characterised by shame, inauthenticity, and sensitivity to rejection, leading to an approach-avoidance conflict between the desire for transparency and the fear of vulnerability (Larson et al., 2015).

PwMD report pervasive feelings of loneliness and social difficulties (Abu-Rayya et al., 2020; Somer, 2002), with Somer, Somer et al. (2016a) suggesting loneliness to be in a reciprocal relationship with daydreaming, whereby loneliness precedes MD, and MD increases loneliness in turn. This reciprocal relationship may also be further explained by the concealment of daydreaming. Empirical research shows that concealment creates a paradoxical cycle: individuals attempt to prevent rejection, so they inadvertently isolate themselves through secrecy and withholding a part of themselves from others that they fear exposing. The impact of secrecy then leaves individuals feeling more isolated and disconnected (Slepian et al., 2019), stressed (Smart & Wegner, 1999), and feeling guilty (Derlega et al., 1993). Similarly, secrecy impacts relationship satisfaction and authenticity (Slepian et al., 2017), and has been identified as an obstacle to seeking professional support (Cepeda-Benito & Short, 1998; Cramer, 1999; Nam et al., 2013).

In contrast, confiding in others can alleviate the burden of secrecy fostering relief, intimacy and closeness (Reis & Shaver, 1988; Stiles, 1987), but only when the confidant's response is supportive and positive (Beals et al., 2009; Lepore et al., 2000). This aligns with the two studies reporting that PwMD's help-seeking and therapeutic encounters often result in

misunderstanding, misdiagnosis and ineffective treatment, exacerbating their challenges (Bigelsen & Schupak, 2011; Somer, Somer, et al., 2016a). The Disclosure Processes Model (Chaudoir & Fisher, 2010) can be applied to understand the disclosures of PwMD, whereby it proposes disclosures to be characterised by approach-avoidance motivations of people with stigmatised identities, highlighting both the desire and fear of disclosure. The Disclosure Processes Model also suggests a two-fold response process where, firstly, the response to revealing personal information varies in helpfulness, from social support to stigmatisation. Secondly, it indicates that disclosures fundamentally alter interpersonal dynamics between those disclosing and their confidants. Thus, significant disclosures impact long-term psychological wellbeing and can shape attitudes towards future disclosures (Chaudoir & Quinn, 2010).

To date, several studies found that PwMD often report secrecy and difficult disclosure experiences (Bigelsen & Schupak, 2011; Somer, Somer, et al., 2016a). This suggests that PwMD lead secretive lives without discussing their daydreaming despite their distress and isolation. However, little is understood about the complex emotional and interpersonal experiences associated with disclosure. These experiences likely involve both beneficial and unhelpful outcomes for the wellbeing, relationships, and therapeutic experiences of PwMD. Given the secrecy and distress reported, it is imperative to understand how to enable PwMD to seek both social and professional support. However, it remains unclear what facilitates disclosure and the decision-making process that precedes it.

Aims

The primary aim of the study was to explore the decision-making around disclosing MD and the individual experience of the disclosure itself in the context of relationships. Therefore, the research questions were the following:

a. How do PwMD experience, and make sense of, the period leading up to a disclosure?

b. How do PwMD experience talking about their daydreaming with others?

c. How do PwMD make sense of their experiences of disclosure with respect to their relationships?

Methods

Design

To explore the subjective experience of disclosures, a qualitative design was applied. This aimed to capture the nuances through a tentative, but critical lens, which explored the spoken, untold and inferred experiences through semi-structured interviews.

Recruitment and Procedure

The sampling strategy was two-fold. Firstly, purposive sampling was applied, recruiting from online forums (e.g., Reddit, Discord servers for self-identified PwMD) via an online post with an advertisement containing the survey link (Appendix G). Individuals accessed the online survey through Gorilla Experiment Builder (www.gorilla.sc), which included the participant information form (Appendix H). The survey presented the description of MD (Somer, Somer, et al., 2016a), and asked several questions against the inclusion criteria, adapted based on previous studies (Somer, 2018) (Appendix I) (see Table 1). Participants were eligible if they had made at least one significant disclosure to someone (e.g., friends) who, to the knowledge of the participant, did not identify as a PwMD. Disclosure was defined as confiding in someone about MD, and thus, an act of interpersonal expression of self-relevant information of thoughts, feelings, and experiences of a stigmatised identity (Chaudoir & Fisher, 2010). People with co-morbid mental health difficulties were included as MD is understood to likely co-occur alongside other difficulties (Soffer-Dudek & Somer, 2018), however, people with acute severe mental health difficulties were excluded to ensure that participants were able to cope with any potential emotional demands of the interview for their own wellbeing. Individuals filled out the Maladaptive Daydreaming Scale-16 (MDS-16), which is a validated questionnaire with demonstrated specificity and sensitivity to identify MD based on the score of ≥40 (Soffer-

Dudek, 2021; Somer, Lehrfeld, et al., 2016). Secondly, eligible volunteers identified via the survey were invited to a one-to-one screening call via email, which served as an opportunity to discuss any concerns and questions around participation (Pietkiewicz & Smith, 2014). Thereafter, participants signed the consent form before participation (Appendix J).

Table 1

Inclusion Criteria

Adults (18+ years old)
Self-identify as a person with maladaptive daydreaming
Scored 40 or above on the validated Maladaptive Daydreaming Questionnaire-16 (Somer, Lehrfeld, et al., 2016)
Speak English fluently
Have previously disclosed their maladaptive daydreaming at least once to someone who does not experience MD. Anonymous disclosures to other people who may or may not experience maladaptive daydreaming (e.g., online forum) were excluded.
People who were not currently in treatment for mental health difficulties that could impact their participation (e.g., acute psychosis) were included.

Data Collection and Materials

Ten video interviews were conducted, ranging between 57-116 minutes. Recruitment was ongoing until 10 participants were interviewed, which is within the recommended number for using Interpretative Phenomenological Analysis (IPA) to explore patterns among participants whilst maintaining an in-depth analysis of individual experiences (Smith & Pietkiewicz, 2014). Audio recordings were transcribed verbatim. A semi-structured interview schedule was developed to explore participants' experiences, interpretations, thoughts and fantasies. This

format allowed for flexibility for a free discussion with introductory, main, and summary questions (Pietkiewicz & Smith, 2014) (Appendix K). Participants were provided a debrief sheet (Appendix L) and were offered a summary document of the project (Appendix M) along with a £10 online voucher.

Participants

The study recruited 10 participants (2 male, 7 female, 1 non-binary) ($Mean_{Age}$=33 years, Standard Deviation=11.73). Participants were recruited internationally, with the majority being of White ethnicity and single, with highest education of Bachelor of Arts (6) or high school (4) (Table 2).

.

Table 2

Participants and Demographics

Pseudonym	Gender	Age	MDS-16 score	Nationality	Ethnicity	Confidants	Employment status	Interview length	Marital status	Additional diagnoses	Accessed therapy?
Manon	Female	22	81.88	French	White French	Friends, psychologist, mother	Full-time	87 minutes	Single	-	Yes
Derek	Male	31	63.75	British	White British	Therapist, mother, aunt	Full-time	82 minutes	Single	ADHD*	Yes
Anna	Female	24	68.75	US American	White American	Mother, sister, grandmother, best friend, 3 therapists, teacher	Student	80 minutes	Single	Tourette's syndrome	Yes
Jane	Female	50	51.88	British	White British	Husband, friend, 2 therapists	Unemployed	89 minutes	Married	Depression	Yes
Kelly	Female	37	67.5	US American	White American	Partner, sibling, 2 friends	Unemployed	80 minutes	Married	-	Yes

Pseudonym	Gender	Age	MDS-16 score	Nationality	Ethnicity	Confidants	Employment status	Interview length	Marital status	Additional diagnoses	Accessed therapy?
Mary	Female	58	48.13	US American	White American	3 friends, pastor	Self-employed architect	83 minutes	Single	ADHD	No
Alex	Non-binary	29	73.13	British	White British	Parents, friends, doctor	Actor Contract, temporary	101 minutes	Single	-	No
Ella	Female	24	62.5	US American	White American	Parents, sister, 3 therapists, church, several friends	English Language Teacher	116 minutes	Single	Irritable Bowel syndrome, tics	Yes
Tom	Male	21	53.75	Turkish	Turkish	Friend, father, sister	University student	57 minutes	Single	-	No
Charlotte	Female	34	72.5	US American	White American/ Puerto Rican	Husband, mother, 2 therapists	Self-employed writer	110 minutes	Married	Obsessive-compulsive disorder	Yes

Note. * Attention-Deficit/Hyperactivity Disorder (ADHD)

Data Analysis

The data analysis took an idiographic approach following Smith et al.'s (2022) guidance for IPA, as it provides a detailed examination and interpretation of the unique lived experience of individuals based on the meaning they ascribe to their experiences. The IPA method allows for a two-stage interpretation process whereby a double hermeneutic is utilised. This relates to the dual interpretation process of how participants make sense of their world, and subsequently, the researcher's interpretation of the participants' sense-making process (Pietkiewicz & Smith, 2014). Additionally, IPA allowed for the interpretation of other elements present in the interviews such as the participants' feelings and cognition, and their language.

Each transcript followed a process that included the familiarisation with the interview twice before the initial noting and analysis by hand. The transcripts were read line-by-line in-depth, through which descriptive, linguistic, and conceptual notes were developed. On re-reading, these initial notes were further developed into 'personal experiential statements' that aimed to grasp the nuanced experiences of participants (see Appendix N for example). Thereafter, a theme structure was developed from the statements, which produced "personal experiential themes" (PET) (see Appendix O for example). This process was applied to each interview individually and was recorded in table form on a computer. The process was iterative, whereby each case was revisited for further exploration during the analysis, taking care to preserve the connection between participants' own words and the researcher's interpretations. Upon the completed analysis of all transcripts, patterns were synthesised through the identification of commonalities and differences across the dataset via NVivo (v12, QSR International, 2022) due to the volume of data. The changes to the theme structures were noted throughout the process to ensure a transparent trail for the analysis.

Quality Assurance and Reflexivity

The researcher acknowledges that their ability to 'immersively daydream' affords a deeper, but not a complete, understanding of the experience studied, positioning them in an 'insider-outsider' position (Dwyer & Buckle, 2009). Occupying the space 'between' positions requires reflexivity and the identification of biases, and thus a bracketing interview based on Barrett-Rodger et al.'s (2023) guidance was conducted and supervision was utilised throughout. To ensure a transparent analysis, the researcher kept a reflexive journal that documented thoughts, feelings that arose in the process to record possible influences and any preconceptions based on theory, personal experiences and knowledge (Creswell & Miller, 2000) (Appendix P).

Ethics

Ethics approval was granted by the Salomons Institute for Applied Psychology (Appendix Q), and research was conducted in line with the British Psychological Society Code of Ethics (BPS, 2021). In accordance with the National Health Service (NHS) Constitution for England (UK Department of Health and Social Care, 2021), the research was intended to embody the values of Compassion (i.e., recognising individual experiences), Respect and Dignity (i.e., valuing perspectives, reducing stigma) and Improving Lives (i.e., providing insights and recommendations).

In line with guidelines for patient and public involvement (University of Oxford (2017), a self-identifying PwMD was consulted during the initial stages of the study and interview schedule development. All participants were invited to a screening call, where the nature of the interview was collaboratively considered and participants' capacity to engage and the support around them was assessed (Appendix R). This call was not recorded, nor did it form a part of the data. To give an opportunity for volunteers to re-consider their participation, a one-week period was provided between the discussion and the interview. Participants were informed that they could terminate the interview and withdraw their participation at any point. At the end of

the interviews, time was reserved to attend to any difficulties experienced and to feed back. Pseudonyms are used throughout and any identifying information from the data was removed, which was stored on a password-protected computer.

Findings

Three super-ordinate and eight sub-themes were developed from the interviews (Table 3). These themes depict a coherent picture and provide an understanding of participants' experiences of disclosures about MD. The number of participants contributing to each sub-theme, and an overview of themes is available in the Appendices (Appendices S-T).

Table 3

Overview of Themes

Superordinate themes	Sub-themes
The Secret Lives of Daydreamers	From Solitude to a Shared Experience
	Secrecy and Concealment
"Peeling Back Another Layer of Yourself"	Bracing for Vulnerability
	Disclosure: A "Relief" or a "Shameful Dismissal"
	Selectively Unveiling the Unknown
	Navigating the Consequences of Disclosure
Longing to Be Understood	Mixed Experiences of Therapy
	Interview: An Opportunity to Be Understood

The Secret Lives of Daydreamers

Participants' narratives revealed a pervasive sense of difference and isolation stemming from their daydreaming habit. However, the discovery of the MD phenomenon prompted changes in participants' perceptions, either leading them to view daydreaming as a mental health condition shared by others or to recognise the detrimental effects of daydreaming. All participants described a life lived with concealment of daydreaming, often rooted in fear of

discovery and shame. This concealment often intertwined with feelings of guilt about the secrecy.

From Solitude to a Shared Experience

All participants expressed a sense of being different, where they shared their experience that "something was not right" (Manon) and referred to themselves with words such as "weird" (Mary) or "unusual" (Jane). The peculiarity of having an inner fantasy world often surfaced initially in comparison to peers, attributed to their penchant for immersive make-believe play others grew out of, leading to feelings of loneliness. At the same time, participants shared their preference to daydream instead of interacting with peers, which intensified their isolation and sense of difference. From the perception that they were unlike others grew feelings of shame and a sense of "wrongness" (Mary). Jane reflected that throughout her life, she thought she was the "only crazy person that did this*",* highlighting her internalised shame regarding daydreaming.

Most participants found the discovery of the MD phenomenon monumental. All participants echoed that the words "maladaptive daydreaming" instantly "made sense" (Manon) to them and fit their experience, and hence provided validation. The discovery offered a fitting description of the lived experience of MD, which was experienced as "shocking" given how carefully guarded it has been, as Charlotte reflected.

> My whole world changed. Like that was a huge, huge moment, just finding... I'm getting emotional now [tearful]. So, it was like... it was finding words to describe myself the first time in 30 years of living, so I was having words for it (...) so many years of like thinking I can **never ever** say anything about this. Like I'll take it to my grave! To just suddenly see something that so perfectly fits like my own description that I had for, it (...) was shocking! *(Charlotte)*

The discovery unveiled aspects of daydreaming that were unknown or unexplored beforehand, and consequently re-shaped participants' perceptions of daydreaming from a "quirk" (Alex) to a maladaptive coping mechanism. It served as a wake-up call to curb daydreaming for Mary, and "it showed the monster for what it was" for Alex. Most participants referred to MD as an "escape" and shared their recognition of the function of daydreaming as a "reaction to a problem" (Jane), a way of not being "present" (Anna), or as "not coping" (Mary). Additionally, Jane identified the discovery as crucial in enabling her to overcome shame and thoughts of being "defective" by providing a shared experience of a mental health difficulty at long last.

> ...for me, personally, finding out it [maladaptive daydreaming] was a 'thing' was the catalyst that allowed me to start moving past the shame. I'm not claiming I've moved past it completely. But that was the start, because suddenly it wasn't about me. It didn't mean I was defective as a person. I just had a mental health condition. (Jane)

Secrecy and Concealment

Participants unanimously identified the deliberate and effortful concealment of daydreaming. Some participants devised cover stories and expressed a strong desire for secrecy; for instance, Alex referred to daydreaming as "dancing" to others and used their acting profession as a pretext to conceal it, stating that "no one is allowed to know". All participants shaped their lives around their daydreaming in their own ways, for example, choosing not to live together with a partner or "training" (Jane) themselves to be productive while daydreaming, to aid concealment. Consequently, some participants shared regret for opportunities lost to daydreaming.

For some, secrecy was rooted in the fear of discovery due to embarrassment and shame. For others, concealment was a natural part of their lives, or as Derek reflected, concealment

equalled “just going as normal”. Some identified feelings of guilt over the secrecy, which intensified following the discovery of MD, as reflected in Jane's narrative.

> ...before I knew that maladaptive daydreaming was a thing, when I didn't have a word for it, I never felt I was hiding anything because I had not got a concept for it. But once I knew what it was, then it feels like I'm hiding it even though nothing has changed! (Jane)

“Peeling Back Another Layer of Yourself”

Reasons to disclose included seeking therapy or advice, enlisting help with the uncontrollability of daydreaming or wanting to share their hidden part. Participants discussed multiple disclosure stories, and their accounts revealed that significant disclosures followed periods of deliberation by weighing up risks and benefits. Disclosures were often difficult experiences, where participants navigated a complex array of emotions during the process.

Participants appeared to be selective whereby the admission of the daydreaming habit was revealed, but usually its content was not. The latter appeared to be more difficult to share, possibly underpinned by feeling ashamed and the meaning of the content. Disclosures had varying outcomes: while some noted increased openness in their relationships, others encountered further avoidance and relationship difficulties.

Bracing for Vulnerability

Most participants deliberated carefully before disclosing, assessing costs and benefits. Reasons for disclosure varied: some sought support due to secrecy acting as a barrier to access therapy during distress or seeking advice (Kelly, Jane, Manon, Tom), while others disclosed to receive help battling the professed daydreaming addiction (Alex, Ella). In the latter cases, despite experiencing shame and embarrassment, disclosures were made to parents to seek support and accountability, with varying success.

For Mary, Charlotte, and Derek, disclosures were an "attempt to get closer" (Mary) to others following the discovery of MD, whereby the disclosure was driven by their desire to be understood or reveal the hidden part of themselves. The decision to disclose highlighted the value of authenticity for Charlotte, who reflected "...it is a big part of me that I never shared with him [husband]. And I denied him the opportunity to know me fully by not telling him about it."

For most, the deliberation period was marked with an amalgamation of feelings and worries, whereby they navigated the tension between the imperative to reveal their hidden self and the apprehension to expose. Participants revealed worries about being dismissed, ridiculed, and minimised upon disclosure, with some anticipating the denial of their experiences. It appeared that shame and embarrassment fed participants' secrecy due to fears of rejection, which in turn led to guilt and shame around the secrecy itself. This seemed to perpetuate a cycle further reinforcing their reluctance to disclose MD.

Some participants emphasised the risk to relationships. Kelly initially avoided disclosing and then carefully planned it by "planting the seeds" over months to prevent "losing" her marriage. Charlotte recalled "testing the waters" by attributing difficulties to her already disclosed obsessive-compulsive disorder to assess her husband's acceptance. Similarly, Jane reflected on the possibility of the disclosure causing change with unknown outcomes.

> ...I discovered this massive thing about myself! And he had no idea! And we've been married for 20 years. We've got three kids it's like, is this gonna change things… him learning something fundamental about me that he never knew? (Jane)

Disclosure: A "Burden Lifted" or a "Shameful Dismissal"

It seemed that the more deliberation and uncertainty surrounded the disclosure, the more impactful was the act of revealing the secret, which often brought a sense of "relief" (Alex, Mary). Using an analogy, Kelly likened the disclosure experience to unclenching tense muscles

to illustrate how sharing a secret can alleviate an emotional burden that was previously unnoticed.

> ...a burden lifted that you didn't, you didn't know you were carrying. You know, like when your muscles tense up that you don't know they're tensed up, and then you like unclench them. (Kelly)

All participants sought acceptance and understanding, envisioning curiosity from confidants as a sign of support. However, many found that there was no "inquiring further" (Alex) and confidants lacked interest, leaving participants feeling as though the disclosure had been disregarded. Participants encountered instances where their disclosures about daydreaming were not fully comprehended by confidants, highlighting the barrier posed by loved ones' limited imaginative capacity in grasping the act of losing oneself in a daydream. Some disclosures were evaluated as confidants not making "a big deal out of it" (Derek), which hinted at Derek's disappointment about the lack of exploration. Most participants recounted the disclosures as exposing and revealing conversations, with Mary using the metaphor of "peeling back another layer of yourself", which indicated the unveiling of a hidden part to be finally seen as a "whole" by others.

All participants had at least one meaningful experience where they felt their disclosure was unexplored, dismissed, doubted, minimised, or met with scepticism and confusion by a significant person. Participants' recollections of these disclosures seemed to be interlaced with detachment. They brought forth feeling "spacey" (Ella), "heavy" (Alex), "ashamed" (Anna, Charlotte), "frustrated" (Manon), and "weird" (Mary). Alex's narrative underscored the profound visceral reaction to a dismissal, which felt like a "punch in the gut". This experience left Alex feeling unhappy and burdened by the weight of vulnerability.

> ...dismissal is the best word but in a very negative sense. And I just remember feeling so unhappy after that, because (...) I've just told them something so incredibly terrifying. (...) it was so heavy on me and then... and then he just dismissed it. And it was (...) like a shameful dismissal. (Alex)

In contrast, some participants persisted in the face of resistance: Anna's account reflected her "rebellion" and determination despite her mother's dismissal of daydreaming as something "everybody" does. Others felt subjected to an inquiry about the legitimacy of the self-diagnosis, which was gleaned from the questions asked. Ella viewed her disclosure as a failed confession, and she expressed that her keenness to share was followed by disappointment about the scepticism and "pushback" she received.

> Because like, here, I was eager to, like, make a confession. And, and yet, like, if she, she doesn't really believe that I am like this, then, like, it's almost like I haven't really made a confession at all! I mean, for me, it might be that, but, like, you know, if she doesn't understand that it's a serious problem, then kind of, it undermines that! (Ella)

Despite having endured some painful disclosure experiences, most participants had at least one disclosure whereby it was met with "fascination" (Anna), "kindness" (Ella), and "curiosity" (Tom). Some participants noted that individuals who offered the most helpful responses were often those less closely connected to them, suggesting a lower perceived risk in these relationships. This decreased personal significance to the confidant potentially lessened their investment in the individual's daydreaming and its impact on the relationship.

Most participants who described their daydreaming as an "addiction" and/or discussed their distress tended to perceive their disclosures as more monumental compared with those who had a relaxed approach to disclosures and regarded these as everyday conversations. This

highlights that the weight of disclosures is impacted by the reciprocal relationship between the framing of MD in disclosures and the subsequent responses elicited.

Selectively Unveiling the Unknown

It seemed there were two layers to each disclosure: revealing the act of daydreaming itself and the unveiling of its content. In terms of the first 'layer', some participants developed a "script", while others described a careful approach to disclosures, as explained by Tom.

> I kind of soften the blow when I open up the conversation by saying things like, "you know how people dream like daydream, they doze off and think of stuff?" "Yeah, I kind of do that! But you know, a little bit more intense. I listen to music while I do it, and then I walk around in my room. And I do that for hours." Kind of you know, increasing... increasing from like, normal understandable stuff, [to] the more you know, the more outlandish variations. (Tom)

Disclosures were depicted as a balancing act of their own and confidants' emotions and expectations throughout the disclosure. Alex identified this as a reason for a "surface-level" disclosure by "sugar-coating" and "skimming" to make it "palatable", fearing that sharing too much would be too overwhelming for both parties. Similarly, Charlotte shared the main difference between her unhelpful and helpful significant disclosures was that her mother did not view daydreaming to be a reflection on their relationship as opposed to how her husband interpreted it.

The second, more intimate layer of the disclosure delved into the unveiling of daydreaming content. About half of the participants set a boundary about not sharing the content with anyone up until the interview where they were invited to discuss fantasy themes. Sharing the content was "way harder than" discussing her addiction to daydreaming for Ella, who experienced disturbing fantasies. There was a sense of ambivalence echoed by all participants where there

was a tension between wanting to be “fully open” (Jane), whilst feeling reluctant to share the content due to their fear of being misunderstood, as reflected by Alex.

> Tsk, it’s a... that's like a step too far. [laughs] I don't know why... it's something, it's something so uniquely personal that I feel like I'd only feel comfortable talking about that with someone who truly understands. (Alex)

Kelly perceived her husband being comfortable with revisiting the topic and joining her on the journey of learning together about MD. This seemed to enable her to share her daydream content, yet her reflections were laced with regret as her husband’s light-hearted criticism revealed his difficulty grasping the intricacies of her daydreaming.

Participants' lack of disclosures of fantasies also appeared to be influenced by their potential meaning, which they interpreted at varying depths, often drawing explicit parallels between reality and fantasy during interviews. For instance, Manon used daydreams to show discontent to others in her fantasy, highlighting her difficulty to express herself in reality. She shared content with several friends, whilst she could not share it with her mother, who was often the target of her discontent in daydreams. Conversely, Derek saw himself as a creator as opposed to a character. This separation seemed to enable him to share the content in the interview, where Derek was more open and excited to share it compared with other participants.

In terms of the meaning of the daydreams, Charlotte discovered through therapy that her daydreaming served to embrace all aspects of herself. She grappled with certain themes, the interpretation of which could imply a deeper meaning about her unconscious feelings about her marriage. This highlighted the complexity of the disclosure that was not only about the daydreaming and its content, but also about the potential hidden meaning of fantasies. For Charlotte, this indicated a sense of corruption by unwanted desires and guilt over the potential meaning of themes.

> I think in some ways, like my real life with him is like special and sacred to me. And I don't want to turn that into a fantasy world. Uhm, because then it… then I think I might feel disappointed about our real life if I create some fantasy world where our real life is different. (Charlotte)

Navigating the Consequences of Disclosure

Disclosures were regarded as significant milestones associated with a mix of outcomes for all. For some, disclosures unveiled the hidden imaginary world of others among their friends and family members, which led to fascinating discussions about the experience of daydreaming and created a sense of openness that they could not foster with those who lacked the imaginative capacity.

For all participants, some disclosures were not followed up, leading to both a sense of disappointment and relief, varying with the disclosure's significance. This ambivalence was characterised by the desire to share their persistent daydreaming struggles, whilst avoiding conversations. For most participants, there seemed to be a difficulty to initiate revisiting disclosures, which was often characterised by avoidance due to the discomfort felt by all parties. Although not explicitly discussed by all participants, their ambivalence appeared to be marked by feeling the burden of disclosure lay with them, while they expected their confidants to take the responsibility of initiating discussions.

By revealing daydreaming, participants granted confidants an unnerving glimpse into their activities. For Kelly, while the disclosure provided the support she had hoped for, it also meant that she could not retract it, becoming a palpable issue in her marriage where she felt her husband “weaponised” MD against her in arguments. Initially feeling accepted and supported by her husband, Charlotte articulated that the disclosure did not result in the desired openness about daydreaming and created further secrecy and avoidance.

> ...going back to the question about how I imagined life would be after disclosing, I, I think I hoped that we might be able to talk more openly about it. That I could just say, you know, easily, like, "I spent two hours daydreaming this afternoon and I feel bad about it". Or like, "I got a really good idea to write about from a daydream" like that... but that hasn't been the case. Instead, I think it's more like I told him once, and he was...acted supportive, but he was still kind of uncomfortable about it. And so, we just try and avoid it at the moment. (Charlotte)

Participants came across as forgiving towards people close to them, and there seemed to be a tendency to downplay their own emotions despite the painful disclosure experiences. These were most prominent when participants talked about the most significant people in their lives, which seemed to relate to the perceived risks to the relationship by feeling unpleasant emotions towards them. For example, Ella felt "frustrated" with her parents, and she appeared to downplay and avoid difficult emotions that were perhaps present in relation to the idea of her parents wanting to "fix" her because "they were uncomfortable with" her daydreaming.

Overall, all participants felt that they made at least one disclosure that was worth it. For those who were initially dismissed, confidants' stance often changed over time to an accepting one for all but Manon. Most of them reflected on the notion that with each disclosure, it became easier to articulate their experiences. Previous disclosure experiences seemed to impact the view of possible future disclosures. However, the apparent stigma around MD and its misrepresentation on social media and confidants' perceived understanding of mental health difficulties were identified by participants as factors determining future disclosures.

Longing to Be Understood

Seven participants reflected on disclosures in therapy which resulted in various outcomes such as feeling invalidated or perceiving therapists to be disinterested, which led to the

avoidance of discussing their daydreaming post-disclosure. All participants were invited to reflect on the interview experience, whereby they valued the non-judgmental space to discuss their experiences. At the same time, participants often seemed to struggle with articulating their experiences and to identify and stay with unpleasant emotions.

Mixed Experiences of Therapy

For the seven participants who accessed therapy, there was an awareness of the MD phenomenon being unknown to mental health professionals, which seemed to lower their expectations about therapy. Some accessed therapy to reduce their daydreaming, whilst others sought therapy for other difficulties. For most, there seemed to be a desire to inform therapists about MD and share resources regardless of the therapy goal, which was met with a perceived disinterest from the therapists for all except from one of Anna's therapists.

> I do kind of wish that like someone [therapist] would have read something, just to know that we have a baseline to go up on, or just to feel more supportive, [that] they're actually interested in like knowing about it. (Charlotte)

All participants shared their ambivalence as to whether discussing their daydreaming and its content should form a part of therapy. Their reluctance to discuss the experience of daydreaming came from a place of distrust: It seemed that the general perception was that therapists would want participants to reduce daydreaming. This seemed to feed into participants' avoidance of talking about daydreaming in case therapists would initiate stopping, which would have seemed intrusive. This created a dilemma whereby participants could not be fully open with therapists which in turn had a perceived impact on the therapeutic relationship and the effectiveness of therapy, as Jane reflected.

> ...daydreaming is not ever going to be the main focus of what I'm seeing her about. It's not supposed to be... that's not her role. And yet, there's that thing of she's not going to fully understand me, if she doesn't know that. (Jane)

Whether participants were willing to talk about their daydreaming and consider curbing their habit seemed to depend on whether it was perceived as a problem and important at the time, as both Kelly and Jane deemed their immersive daydreaming as something not needing to be reduced. Anna found that there were periods of her life when discussions of daydreaming seemed to be essential in therapy, and she found therapists who did not allow this were "judgmental" and resulting in her "shutting down".

Charlotte reflected on the fine balance between therapists' acceptance of daydreaming as something "great" and minimisation, where Charlotte's shame felt in relation to daydreaming was not appreciated. Similarly, Ella felt her desire to work on her addiction to daydreaming was dismissed and her struggle to stop seemed to be invalidated.

> I told her, you know, like daydreaming is my... my main concern. But all she wanted to talk about was my depression. That was all she knew about. (...) I told her, you know, it's my daydreams that produce my negative feelings, my depression. She was like "Well, OK then, like, stop! Stop daydreaming!" And I'm like, "But I can't! That's my problem." (...) it just kind of boiled down to "try harder" (Ella).

Interview: An Opportunity to Be Understood

Despite the private nature of daydreaming and difficult disclosures, participants seemed to value the opportunity to discuss their daydreaming in the interview. There seemed to be an assumption that the researcher would understand not only MD as a condition, but how MD occurs and its impact on wellbeing.

> When you asked the question, and I've got to think, “why is it so easy to talk to you about it?” It is because you already understand what this is. I'm not having to explain it from scratch. I think that's really important. (Jane)

When invited to reflect on the interview experience, the vast majority of the participants experienced the interview as a rare “non-judgmental” and “understanding” (Alex) space where they could share more than usual. Mary discussed that the interview felt as a pleasant experience that made her feel more “normal” and provided her with an opportunity to reflect on how far she had come in reducing daydreaming.

While participants echoed their ability to share their experiences in the interview, some identified that at times they felt it was difficult to articulate their feelings and thoughts. For Manon, there was a feeling of being “lighter” after “letting it all out”. However, she hinted that she “can't talk about everything” and perhaps there were aspects of her daydreaming that she did not share. Participants frequently sought the researcher's understanding by adding phrases like "you know", "if that makes sense” indicating a struggle to articulate their experiences. These common phrases appeared to serve as a means to gauge the adequacy of the depth of their recollections, perhaps reflecting a desire to keep painful and complex emotions at a manageable level during the interview.

The frequent hesitancy and rushed utterances of participants to provide an explanation also may have signalled a struggle to stay with unpleasant emotions that could have been anger, disappointment, or sadness. This was palpable when participants were invited to reflect on feelings, whereby the absence of naming and participants’ struggle to identify feelings appeared to indicate avoidance. This difficulty was highlighted by the use of emotionally detached words such as “important” (Alex), “funny” and “interesting” (Anna) about painful disclosure experiences. There was a sense that participants were tentative in their description of confidants’ unhelpful responses to disclosures, which created a barrier to perhaps speak

openly. Additionally, participants often used humour that indicated possible discomfort during the interview, which created a sense of deflection and a way to perhaps downplay the gravity of their experiences.

Discussion

This study explored 1) how the decision-making process about the disclosure of MD and 2) the disclosures are experienced by PwMD, and 3) how these experiences link to their relationships. This was an important area to explore given what is currently known about the secrecy that accompanies MD and its apparent interaction with loneliness.

The first theme of solitude highlighted feelings of loneliness and being different, attributed to the isolating nature of daydreaming and its peculiarity, confirming previous studies (Bigelsen & Schupak, 2011; Somer, 2002; Somer, Somer, et al., 2016a). Participants disclosed feelings of shame and embarrassment, contributing to deliberate concealment throughout their lives, which is a well-documented finding (Ferrante et al., 2022; Somer, Somer, et al., 2016a). Additionally, most participants discussed their awareness of the use of daydreaming as an 'escape', aligning with existing cross-sectional research on the function of MD as an emotional regulation mechanism (Metin et al., 2021; Pyszkowska et al., 2023).

A novel finding was the transformative impact of the discovery of the MD phenomenon, enabling participants to embrace a collective identity and offering a frame of understanding. The impact of this newfound belonging can be observed in the anecdotal evidence of online MD community discussions and PwMD's efforts to legitimise the condition (Bershtling & Somer, 2018; Bigelsen et al., 2016). This finding aligns with the Self-categorisation Theory (SCT) (Turner et al., 1994), which emphasises the positive impact of group identification on wellbeing through a sense of belonging. This highlights the usefulness of self-diagnosis for PwMD and its impact on reducing internalised stigma such as shame (Haslam et al., 2009). On the other hand, several participants indicated that the discovery shifted their perceptions of daydreaming from a peculiar habit to maladaptive coping, resulting in identification with a mental health condition that is stigmatised (Crabtree et al., 2010; Cruwys & Gunaseelan, 2016). Findings thus reveal a paradox wherein diagnoses can be both beneficial and unhelpful, often

experienced by people with mental health conditions (Perkins et al., 2018). This dilemma may pose an internal conflict that is difficult to resolve, in turn contributing to the avoidance of disclosure (Chaudoir & Quinn, 2010; Livingston & Boyd, 2010).

The second theme revealed that individuals with MD often felt dismissed and doubted by confidants, supporting earlier findings (Bigelsen & Schupak, 2011; Somer, Somer, et al., 2016a). However, despite the challenging disclosure experiences, participants experienced relief which is corroborated by disclosure theories (Stiles, 1987). Findings offer a preliminary view into how PwMD make decisions to disclose, highlighting their approach-avoidance dilemma during the deliberation period. Participants' reasons to disclose revolved around seeking to be understood, or enlisting help, whilst they feared negative consequences (e.g., rejection, misunderstanding) and risk to relationships. These findings align with Larson et al.'s (2015) understanding of self-concealment and the experience of people with mental health difficulties (Chaudoir & Quinn, 2010; Clement et al., 2015; Livingston & Boyd, 2010). The findings also align with the Disclosure Process Model (Chaudoir & Fisher, 2010), where the impact of disclosures on individuals is influenced by mediating processes such as the relational dynamics following disclosures or the perceived helpfulness of responses (Beals et al., 2009; Chaudoir & Quinn, 2010; Lepore et al., 2000). A noteworthy finding was the discovery that disclosures were made up of two layers; participants disclosed daydreaming activity, but often withheld its content. This is often referred to as 'selective disclosure', which is applied to counter mental health stigma and feared outcomes (Clement et al., 2015).

The third theme revealed that participants accessed therapy, but encountered dismissal, minimisation, doubt, and perceived disinterest from therapists, reflecting the impact of the lack of recognition of MD in therapeutic settings, as noted in prior studies (Bigelsen & Schupak, 2011; Somer, Somer, et al., 2016a). This seemed to lead to reluctance to discuss daydreaming post-disclosure, perpetuating self-concealment and hindering openness in therapy, which may

affect therapy effectiveness and help-seeking (Larson et al., 2015). Throughout the interviews, participants welcomed opportunities to talk about daydreaming, but seemed to struggle to identify, feel and articulate emotions, and often downplayed their emotions. These observations support previous research on the emotional regulation difficulties that underpin the use of daydreaming as a means of 'escape' from unpleasant experiences (Greene et al., 2020; Pyszkowska et al., 2023; Sándor et al., 2021).

Clinical Implications

Therapist responses to disclosures were perceived to be dismissive, disinterested and judgmental, likely stemming from the lack of clinical recognition of MD. Findings thus highlight the importance of recognising MD as a clinical condition in enabling PwMD to seek professional support, and also in facilitating mental health professionals' awareness and understanding of MD. This could prompt routine practices, like using validated questionnaires such as the MDS-16, or training on therapeutic approaches to support individuals with MD, thereby enhancing care.

Participants felt ashamed and ambivalent about daydreaming due to its pleasurable and addictive nature, and thus findings underscore the importance of a person-centred and sensitive therapeutic approach that is non-judgmental and curious. This entails respecting the readiness of individuals seeking therapy, prioritising their goals, and understanding the ambivalence and shame that PwMD may experience. In the NHS in the UK, time-limited and evidence-based interventions are usually recommended (National Institute for Health and Care Excellence (NICE), 2011a). A flexible and short-term therapeutic approach that can be effectively incorporated into various therapy modalities, including cognitive behavioural therapy (Randall & McNeil, 2017), is motivational interviewing (MI) (Miller & Rollnick, 1991). MI is a collaborative approach that explores and resolves ambivalence and resistance, whilst maintaining an empathetic and non-judgmental stance (Jones et al., 2016). MI is commonly

used in therapy for addictions and as an adjunct to behaviour change interventions (DiClemente et al., 2017; Lundahl & Burke, 2009; Yakovenko et al., 2015). A case study pilot by Somer (2018) and the only randomised controlled trial available for MD (Herscu et al., 2023) have shown that MI can be successfully incorporated into a self-monitoring and mindfulness intervention to reduce MD.

Given the social difficulties PwMD report, it is important to attend to PwMD's social context such as supporting PwMD to build and maintain significant relationships and engage in meaningful activities to reduce isolation and detachment. This can be facilitated through therapy, or employment support and social prescribing link workers in primary care services to access community resources (NHS England, 2019). PwMD may be supported with disclosures by involving significant others in therapy to facilitate mutual understanding and identify barriers to change (Belmontes, 2018; Lloyd-Hazlett et al., 2016). This aligns with mental health guidelines recommending involving significant others in therapy (NICE, 2011b). Additionally, given the shame that PwMD frequently experience regarding their daydreaming, psychoeducational resources to normalise and encourage help-seeking are warranted.

Limitations and Future Directions

Strengths of this study include the international sample, as well as the novel contribution to the limited evidence-base. However, as with other studies on MD, the present study is bound by the limitations of a predominantly female sample. This may bias results as Ferrante et al. (2022) found that women with MD are more likely to experience higher levels of shame than men, and therefore, further investigations with an even gender split are warranted. Given the purposive recruitment through online MD forums, the self-selection of participants may bias the results towards individuals who had particular experiences and disclosures compared to the general MD population. This may impact the representativeness of the sample and its (Bethlehem, 2010; Couper, 2000).

An additional potential limitation of this study, common in qualitative research, is the challenge of fully disclosing personal, emotive information during a single interview with an unfamiliar interviewer, especially given the preceding difficult disclosure experiences. The consideration of this is especially important for PwMD, who often have emotional regulation difficulties. Future research could consider strategies to address these challenges and further explore the nuances of disclosure experiences, for example, analysing qualitative data through a psychodynamic lens by identifying defense styles (Cramer, 1998; Musetti et al., 2022).

Participants' approach-avoidance dilemma emphasised the perceived risks to relationships that may hinder disclosures, therefore, future investigations on relationship security and how this relates to the decision to disclose are indicated. Shame and perceived stigma are associated with distress and appeared to be factors that led to instinctive self-concealment, and thus future studies exploring the impact of secrecy on PwMD's wellbeing and their relationships are recommended.

Conclusion

This study provided the first investigation of what it is like to disclose MD, and how people make sense of these experiences. Three themes were derived from the interviews, enabling the construction of a thorough understanding of the experience of the disclosure process within the individualised context of daydreaming. Findings revealed that daydreaming is associated with loneliness and a sense of difference, and the discovery of the MD phenomenon and self-identification brings forth both a shared experience and challenges in re-evaluating daydreaming. PwMD actively conceal their daydreaming and keep their habit a secret. Disclosures were depicted as a process characterised by a conflict between unmet hopes and confirmed worries, often involving selective information sharing whereby the content often remained hidden. Disclosures were often painful due to the perceived dismissal, rejection and

doubt received from confidants and therapists. Outcomes varied whereby support was often received, but participants felt that their lived experience of MD remained misunderstood by confidants and therapists. Therapeutic experiences were mixed, whereby participants often felt their daydreaming was misunderstood and minimised, and perceived therapists to be disinterested. Interviews offered a rare, non-judgmental space to discuss daydreaming but posed a challenge to participants in articulating difficult experiences.

The decision-making process and the success of disclosures emerged as complex, seemingly influenced by aspects such as shame, MD group identification and its associated stigma, perceived risks to relationships, and the helpfulness of confidants' responses. Future studies are needed to explore these aspects to provide a more in-depth understanding of these preliminary findings. Given the misunderstanding and dismissal experienced by participants from both significant others and therapists, the findings provide support for the recognition of MD as a clinical condition to enable participants to discuss their experiences and receive appropriate mental health support.

References

Abu-Rayya, H. M., Somer, E., & Knane, H. (2020). Maladaptive daydreaming is associated with intensified psychosocial problems experienced by female survivors of childhood sexual abuse. *Violence Against Women*, *26*(8), 825–837. https://doi.org/10.1177/1077801219845532

Barrett-Rodger, L., Goldspink, S., & Engward, H. (2023). Being in the wood: Using a presuppositional interview in hermeneutic phenomenological research. *Qualitative Research*, *23*(4), 1062–1077. https://doi.org/10.1177/14687941211061055

Beals, K. P., Peplau, L. A., & Gable, S. L. (2009). Stigma management and well-being: the role of perceived social support, emotional processing, and suppression. *Personality and Social Psychology Bulletin*, *35*(7), 867–879. https://doi.org/10.1177/0146167209334783

Bershtling, O., & Somer, E. (2018). The micro-politics of a new mental condition: legitimization in maladaptive daydreamers' discourse. *The Qualitative Report*, *23*(8). https://doi.org/10.46743/2160-3715/2018.3466

Bethlehem, J. (2010). Selection bias in web surveys. I*nternational Statistical Review*, *78*(2), 161-188. https://doi.org/10.1111/j.1751-5823.2010.00112.xopen_in_new

Bigelsen, J., Lehrfeld, J. M., Jopp, D. S., & Somer, E. (2016). Maladaptive daydreaming: Evidence for an under-researched mental health disorder. *Consciousness and Cognition*, *42*, 254–266. https://doi.org/10.1016/j.concog.2016.03.017

Bigelsen, J., & Schupak, C. (2011). Compulsive fantasy: Proposed evidence of an under-reported syndrome through a systematic study of 90 self-identified non-normative

fantasizers. *Consciousness and Cognition*, *20*(4), 1634–1648. https://doi.org/10.1016/j.concog.2011.08.013

British Psychological Society. (2021). *Code of Ethics and Conduct.* Retrieved from (02/04/2024) https://www.bps.org.uk/news-and-policy/bps-code-ethics-and-conduct

Chaudoir, S. R., & Fisher, J. D. (2010). The Disclosure Processes Model: Understanding disclosure decision making and postdisclosure outcomes among people living with a concealable stigmatized identity. *Psychological Bulletin*, *136*(2), 236–256. https://doi.org/10.1037/A0018193

Chaudoir, S. R., & Quinn, D. M. (2010). Revealing concealable stigmatized identities: The Impact of disclosure motivations and positive first-disclosure experiences on fear of disclosure and well-being. *Journal of Social Issues*, *66*(3), 570–584. https://doi.org/10.1111/j.1540-4560.2010.01663.x

Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., Morgan, C., Rüsch, N., Brown, J. S. L., & Thornicroft, G. (2015). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychological Medicine*, *45*(1), 11–27. https://doi.org/10.1017/S0033291714000129

Costanzo, A., Santoro, G., Russo, S., Cassarà, M. S., Midolo, L. R., Billieux, J., & Schimmenti, A. (2021). Attached to virtual dreams the mediating role of maladaptive daydreaming in the relationship between attachment styles and problematic social media use. *Journal of Nervous and Mental Disease*, *209*(9), 656–664. https://doi.org/10.1097/NMD.0000000000001356

Couper, M. P. (2000). Web surveys: A review of issues and approaches. *The Public Opinion Quarterly*, *64*(4), 464-494. http://dx.doi.org/10.1086/318641

Crabtree, J. W., Haslam, S. A., Postmes, T., & Haslam, C. (2010). Mental health support groups, stigma, and self-esteem: Positive and negative implications of group identification. *Journal of Social Issues*, *66*(3), 553–569. https://doi.org/10.1111/j.1540-4560.2010.01662.x

Cramer, K. M. (1999). Psychological antecedents to help-seeking behavior: A reanalysis using path modeling structures. *Journal of Counseling Psychology*, *46*(3), 381–387. https://doi.org/10.1037/0022-0167.46.3.381

Cramer, P. (1998). Coping and defense mechanisms: What's the difference? *Journal of Personality*, *66*(6), 919–946. https://doi.org/10.1111/1467-6494.00037

Creswell, J. W., & Miller, D. L. (2000). Determining Validity in Qualitative Inquiry. *Theory Into Practice*, *39*(3), 124–130. https://doi.org/10.1207/s15430421tip3903_2

Cruwys, T., & Gunaseelan, S. (2016). "Depression is who I am": Mental illness identity, stigma and wellbeing. *Journal of Affective Disorders*, *189*, 36–42. https://doi.org/10.1016/j.jad.2015.09.012

Derlega, V. J., Metts, S., Petronio, S., & Margulis, S. T. (1993). *Self-disclosure*. Sage Publications, Inc.

Ferrante, E., Marino, A., Guglielmucci, F., & Schimmenti, A. (2022). The mediating role of dissociation and shame in the relationship between emotional trauma and maladaptive daydreaming. *Psychology of Consciousness: Theory Research, and Practice*, *9*(1), 27–39. https://doi.org/10.1037/cns0000253

Greene, T., West, M., & Somer, E. (2020). Maladaptive daydreaming and emotional regulation difficulties: A network analysis. *Psychiatry Research*, *285*. Article 112799. https://doi.org/10.1016/j.psychres.2020.112799

Haslam, S. A., Jetten, J., Postmes, T., & Haslam, C. (2009). Social identity, health and well-being: An emerging agenda for applied psychology. *Applied Psychology: An International Review*, *58*(1), 1–23. https://doi.org/10.1111/j.1464-0597.2008.00379.x

Herscu, O., Somer, E., Federman, A., & Soffer-Dudek, N. (2023). Mindfulness meditation and self-monitoring reduced maladaptive daydreaming symptoms: A randomized controlled trial of a brief self-guided web-based program. *Journal of Consulting and Clinical Psychology*, *91*(5), 285–300. https://doi.org/10.1037/ccp0000790

Holmes, E., Brown, R., Mansell, W., Fearon, R., Hunter, E., Frasquilho, F., & Oakley, D. (2005). Are there two qualitatively distinct forms of dissociation? A review and some clinical implications. *Clinical Psychology Review*, *25*(1). https://doi.org/10.1016/j.cpr.2004.08.006

Irwin, H. J. (1999). Pathological and nonpathological dissociation: The relevance of childhood trauma. *Journal of Psychology: Interdisciplinary and Applied*, *133*(2), 157–164. https://doi.org/10.1080/00223989909599730

Larson, D. G., Chastain, R. L., Hoyt, W. T., & Ayzenberg, R. (2015). Self-concealment: Integrative review and working model. *Journal of Social and Clinical Psychology*, *34*(8), 705–774. https://doi.org/10.1521/jscp.2015.34.8.705

Lazarus, R. S., & Folkman, S. (1987). Transactional theory and research on emotions and coping. *European Journal of Personality*, *1*(3, Special Issue), 141–169. https://doi.org/10.1002/per.2410010304

Lepore, S. J., Ragan, J. D., & Jones, S. (2000). Talking facilitates cognitive-emotional processes of adaptation to an acute stressor. *Journal of Personality and Social Psychology*, *78*(3), 499–508. https://doi.org/10.1037//0022-3514.78.3.499

Livingston, J. D., & Boyd, J. E. (2010). Correlates and consequences of internalized stigma for people living with mental illness: A systematic review and meta-analysis. *Social Science & Medicine*, *71*(12), 2150–2161. https://doi.org/10.1016/j.socscimed.2010.09.030

Metin, B., Somer, E., Abu-Rayya, H. M., Schimmenti, A., & Göçmen, B. (2021). Perceived stress during the COVID-19 pandemic mediates the association between self-quarantine factors and psychological characteristics and elevated maladaptive daydreaming. *International Journal of Mental Health and Addiction*, *21,* 1570–1582. https://doi.org/10.1007/s11469-021-00678-w

Musetti, A., Franceschini, C., Pingani, L., Freda, M. F., Saita, E., Vegni, E., Zenesini, C., Quattropani, M. C., Lenzo, V., Margherita, G., Lemmo, D., Corsano, P., Borghi, L., Cattivelli, R., Plazzi, G., Castelnuovo, G., Somer, E., & Schimmenti, A. (2021). Maladaptive daydreaming in an adult Italian population during the COVID-19 lockdown. *Frontiers in Psychology*, *12*, Article 631979. https://doi.org/10.3389/fpsyg.2021.631979

Musetti, A., Gori, A., Michelini, G., Di Monte, C., Franceschini, C., & Mariani, R. (2022). Are defense styles mediators between traumatic experiences and maladaptive daydreaming? *Current Psychology*. *42,* 26683–26691. https://doi.org/10.1007/s12144-022-03708-5

Nam, S. K., Choi, S. I., Lee, J. H., Lee, M. K., Kim, A. R., & Lee, S. M. (2013). Psychological factors in college students' attitudes toward seeking professional psychological help: A meta-analysis. *Professional Psychology: Research and Practice*, *44*(1), 37–45. https://doi.org/10.1037/a0029562

Pietkiewicz, I., & Smith, J. A. (2014). A practical guide to using interpretative phenomenological analysis in qualitative research psychology. *Psychological Journal*, *20*(1), 7–14.

Pyszkowska, A., Celban, J., Nowacki, A., & Dubiel, I. (2023). Maladaptive daydreaming, emotional dysregulation, affect and internalized stigma in persons with borderline personality disorder and depression disorder: A network analysis. *Clinical Psychology and Psychotherapy*, *30*(6), 1246–1255. https://doi.org/10.1002/cpp.2923

QSR International. (2022). NVivo (Version 12) [Computer software]. https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software/home

Reis, H. T., & Shaver, P. (1988). Intimacy as an interpersonal process. In *Handbook of Personal Relationships: Theory, Research and Interventions* (pp. 367–389). John Wiley & Sons.

Sándor, A., Bugán, A., Nagy, A., Bogdán, L. S., & Molnár, J. (2021). Attachment characteristics and emotion regulation difficulties among maladaptive and normal daydreamers. *Current Psychology*. *42*, 1617–1634. https://doi.org/10.1007/s12144-021-01546-5

Schimmenti, A., & Sar, V. (2019). A correlation network analysis of dissociative experiences. *Journal of Trauma & Dissociation*, *20*(4), 402–419. https://doi.org/10.1080/15299732.2019.1572045

Schimmenti, A., Somer, E., & Regis, M. (2019). Maladaptive daydreaming: Towards a nosological definition. *Annales Medico-Psychologiques*, *177*(9), 865–874. https://doi.org/10.1016/j.amp.2019.08.014

Smallwood, J., & Schooler, J. W. (2006). The restless mind. *Psychological Bulletin*, *132*(6), 946–958. https://doi.org/10.1037/0033-2909.132.6.946

Smart, L., & Wegner, D. M. (1999). Covering up what can't be seen: Concealable stigma and mental control. *Journal of Personality and Social Psychology*, *77*(3), 474–486. https://doi.org/10.1037/0022-3514.77.3.474

Smith, J. A., Flowers, P., & Larkin, M. (2022). *Interpretative Phenomenological Analysis: Theory, Method and Research*. SAGE Publications Ltd.

Soffer-Dudek, N (2021). *Corrigendum for the MDS-16 (English version) cutoff score*. Retrieved from: https://fac0c99d-218c-46be-b5c9-06d8b9d5ddbf.usrfiles.com/ugd/fac0c9_0791d1bce773444d8a2ba10d9c2d35f1.pdf

Soffer-Dudek, N., & Somer, E. (2018). Trapped in a daydream: Daily elevations in maladaptive daydreaming are associated with daily psychopathological symptoms. *Frontiers in Psychiatry, 9,* Article 194. https://doi.org/10.3389/fpsyt.2018.00194

Somer, E. (2002). Maladaptive daydreaming: A qualitative inquiry. *Journal of Contemporary Psychotherapy*, *32*(2–3), 197–212. https://doi.org/10.1023/A:1020597026919

Somer, E. (2018). Maladaptive daydreaming: ontological analysis, treatment rationale; A pilot case report the objectification of abnormal daydreaming by suffering subjects: On a post-Foucauldian development of a new mental disorder. *Frontiers in the Psychotherapy of Trauma and Dissociation*, *1*(2), 1–22. https://doi.org/10.XXXX/ftpd.2017.0006

Somer, E., & Herscu, O. (2017). Childhood trauma, social anxiety, absorption and fantasy dependence: two potential mediated pathways to maladaptive daydreaming. *Journal of Addictive Behaviors,Therapy & Rehabilitation*, *6*(4). https://doi.org/10.4172/2324-9005.1000170

Somer, E., Lehrfeld, J., Bigelsen, J., & Jopp, D. S. (2016). Development and validation of the Maladaptive Daydreaming Scale (MDS). *Consciousness and Cognition*, *39*, 77–91. https://doi.org/10.1016/j.concog.2015.12.001

Somer, E., Soffer-Dudek, N., Ross, C. A., & Halpern, N. (2017). Maladaptive daydreaming: Proposed diagnostic criteria and their assessment with a structured clinical interview. *Psychology of Consciousness: Theory, Research, and Practice, 4*(2), 176–189. https://doi.org/10.1037/cns0000114

Somer, E., Somer, L., & Jopp, D. S. (2016a). Childhood antecedents and maintaining factors in maladaptive daydreaming. *Journal of Nervous and Mental Disease*, *204*(6), 471–478. https://doi.org/10.1097/NMD.0000000000000507

Somer, E., Somer, L., & Jopp, D. S. (2016b). Parallel lives: A phenomenological study of the lived experience of maladaptive daydreaming. *Journal of Trauma and Dissociation*, *17*(5), 561–576. https://doi.org/10.1080/15299732.2016.1160463

Stanisławski, K. (2019). The Coping Circumplex Model: An Integrative model of the structure of coping with stress. *Frontiers in Psychology, 10,* 694. https://doi.org/10.3389/fpsyg.2019.00694

Stiles, W. B. (1987). 'I have to talk to somebody': A fever model of disclosure. In *Self-disclosure: Theory, Research, and Therapy* (pp. 257–282). Plenum Press.

Tellegen, A., & Atkinson, G. (1974). Openness to absorbing and self-altering experiences ('absorption'), a trait related to hypnotic susceptibility. *Journal of Abnormal Psychology*, *83*(3), 268–277. https://doi.org/10.1037/h0036681

Turner, J. C., Oakes, P. J., Haslam, S. A., & McGarty, C. (1994). Self and collective: Cognition and social context. *Personality and Social Psychology Bulletin*, *20*(5), 454–463. https://doi.org/10.1177/0146167294205002

UK Department of Health and Social Care. (2021). *The NHS Constitution for England*. (2021). Retrieved from https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england

Vyas, M., Shaikh, M., Rana, S., & Pendyala, A. G. (2023). Is this the real life? Or just a fantasy? A closer look at maladaptive daydreaming. *Mental Health and Social Inclusion*. [Advance online publication] https://doi.org/10.1108/mhsi-01-2023-0014

West, M. J., & Somer, E. (2020). Empathy, emotion regulation, and creativity in immersive and maladaptive daydreaming. *Imagination, Cognition and Personality*, *39*(4), 358–373. https://doi.org/10.1177/0276236619864277

SECTION C: Appendices of Supporting Information

Appendix A – Definition of Maladaptive Daydreaming

Screening: Maladaptive Daydreaming Description (from Somer, Somer & Jopp, 2016a)

"Daydreaming is a universal human phenomenon that a majority of individuals engage in on a daily basis. We are interested in learning more about people's experience with what they regard as excessive or maladaptive daydreaming experiences, and we thank you for agreeing to participate in our research interview. For the purposes of the study, we define daydreaming as fantastical mental images and visual stories/narratives that are not currently part of your life. Therefore, we are not referring to such acts such as reminiscing over past events, planning for future activities such as mentally preparing for a meeting with your boss, or thinking about your mental "to do" list. We also do not include sexual fantasies in this study. Examples of daydreams that can be included would be hanging out with a favourite celebrity, winning a gold medal in the Olympics (unless you are an Olympic level athlete), telling off your boss after winning the lottery or having an affair with an attractive co-worker who isn't the slightest bit interested in you, living in a parallel fantasy world, engaging in heroic or rescue actions, speaking with historical figures, etc. Any day- dreams involving fictional characters or plots should also be included. Maladaptive daydreaming is defined as extensive (in terms of duration and/or frequency) daydreaming that can be experienced as addictive; re- places human interaction and/or interferes with academic, interpersonal, or vocational functioning; and/or creates emotional distress (for example: guilt, shame, frustration, sadness, anxiety). "

<u>According to this definition, your daydreaming is</u>

*(a) "**normal**" or (b) "**maladaptive**"*

Appendix B – Critical Appraisal Skills Programme (CASP) – Qualitative Checklist

CASP Question	Somer (2002)	Somer, Somer, & Jopp (2016a).	Pietkiewicz et al. (2018)	Somer, Somer, & Jopp (2016b)
1. **Was there a clear statement of the aims of the research?**	YES- Clear description of aims.	YES- Clear description of aims.	UNCLEAR- Statement of aims is unclear.	YES- Clear description of aims.
2. **Is a qualitative methodology appropriate?**	YES- Interviews are appropriate for the exploration of the experience of daydreaming	YES- Interviews are appropriate.	YES- A qualitative methodology is appropriate for the case study.	YES- Interviews are appropriate
3. **Was the research design appropriate to address the aims of the research?**	YES- The qualitative and phenomenological design is appropriate. (Cross-case analysis)	YES- Research design is appropriate. (IPA)	YES- Research design is appropriate (IPA)	YES- Research design is appropriate. (Grounded Theory)
4. **Was the recruitment strategy appropriate to the aims of the research?**	YES- Appropriate given that it is a seminal paper. No other ways were available to identify PwMD at the time.	YES- Recruitment is appropriate.	UNCLEAR- It is unclear how the selection of the participant was made in the clinic setting.	YES- Recruitment is appropriate
5. **Was the data collected in a way**	MAYBE- The author justified and	YES- There is a detailed description of	YES- There is a detailed account of how the	YES- There is a detailed description

	that addressed the research issue?	explained the procedures (e.g., interviews). The process of transcription and whether quality measures were applied such as saturation are not discussed. Interview schedule is not provided.	how interviews were conducted, and example questions are provided from the interview guide. Interviews were transcribed verbatim.	assessments were conducted, transcribed, and coded.	of how interviews were conducted following a guide and example items are provided, methods were justified, and triangulation applied.
6.	**Has the relationship between researcher and participants been adequately considered?**	NO- The relationship between researcher and participants was not discussed in terms of the therapist and client relationship and how this could have impacted the interviews. It was also not discussed how the number of interviews were decided on per participant, nor are potential biases and influences discussed.	YES- Authors state no previous relationship and issues are not raised.	UNLCEAR- The relationship between researcher and participant was not discussed. Given that the study took place in a clinical setting, this could introduce biases.	UNCLEAR- The relationship between researcher and participants was not discussed.

7. **Have ethical issues been taken into consideration?**	NO- Ethical considerations were not included	YES- Informed consent was sought and ethics approval was granted.	UNCLEAR- Ethical approval and informed consent were sought, but there are no details around ethical considerations regarding future and prior care decisions in relation to participation.	YES- Informed consent was sought and ethics approval was granted.
8. **Was the data analysis sufficiently rigorous?**	NO- No measures to ensure a sufficiently rigorous data analysis were described.	YES- Authors report a rigorous coding process and how findings were extracted from the data. Discrepancies were resolved through discussion between researchers, and comparative analysis was employed, thus a triangulation process was applied. To verify some	YES- The authors describe a rigorous process based on IPA recommendations that explains the coding and theme generation processes.	YES- The data analysis is rigorous, but the role of the researchers was not discussed.

		findings, participants were contacted to provide further clarification and validation (i.e., respondent validation).		
9. Is there a clear statement of findings?	YES- There is a clear statement of findings and themes.	YES- There is a clear statement of findings and themes.	YES- There is a clear statement of findings and themes.	YES- There is a clear statement of findings and themes.
10. How valuable is the research?	YES- Very valuable; first research paper in the field.	YES- Very valuable – it is a valuable account of the lived experience of MD.	YES- This was one of the first studies that detailed the experiences on a single individual with MD.	YES- Very valuable research paper; the first study to investigate the aetiology of MD.

Appendix C – Joanna Briggs Institute Checklist for Analytical Cross-Sectional Studies

	Sándor et al. (2021)	**Mariani et al. (2022)**	**Abu-Rayya et al. (2020)**	**Ferrante et al. (2022)**	**Costanzo et al. (2021)**	**Somer & Herscu (2017)**
1. Were the criteria for inclusion in the sample clearly defined?	UNCLEAR – not explicitly stated	NO - not states	YES – the target sample is clearly defined	UNCLEAR- not explicitly stated	UNCLEAR- not explicitly stated	UNCLEAR- not explicitly stated
2. Were the study subjects and the setting described in detail?	YES	YES	YES	UNCLEAR- reference is made to another study	YES	YES
3. Was the exposure measured in a valid and reliable way?	YES	YES	YES	YES	YES	YES
4. Were objective, standard criteria used for measurement of the condition?	YES - MDS-16	YES- MDS-16	YES - MDS-16 and criterion question	YES- MDS-16	YES- MDS-16	YES – MDS-16
5. We're confounding factors identified?	YES	YES	UNCLEAR – socio-demographic variables	YES	YES	YES – highly correlate independe

			were entered as covariates			nt variables
6. Were strategies to deal with confounding factors stated?	NO - significant differences between 'normal' and 'maladaptive' groups not accounted for	YES	UNCLEAR – yes, but unsure whether differences were identified between groups	YES	YES	YES
7. Were the outcomes measured in a valid and reliable way?	YES	YES	YES	YES	YES	YES
8. Was appropriate statistical analysis used?	YES	YES	YES	YES	YES	YES
Include?	YES	YES	YES	YES	YES	YES

Appendix D – Mixed Methods Appraisal Tool (MMAT)

	Bigelsen & Schupak (2011)
Are there clear research questions?	NO- There is no clear research question or hypothesis.
Do the collected data allow to address the research questions?	The aim was to provide a descriptive and qualitative exploration of a sample of individuals through a systematic delineation of symptoms reported. The data collected is appropriate to the aims.
Is there an adequate rationale for using a mixed methods design to address the research question?	YES - Quantitative analysis was used to assess frequencies and descriptive statistics, whereas thematic analysis was used to assess participants' written answers.
Are the different components of the study effectively integrated to answer the research question?	YES - Descriptive statistics and frequencies are provided and they are linked to the qualitative findings. Tables are provided to show quantitative findings.
Are the outputs of the integration of qualitative and quantitative components adequately interpreted?	YES
Are divergences and inconsistencies between quantitative and qualitative results adequately addressed	YES - Inconsistencies are explored in terms of discrepancies in findings (e.g., social functioning). However, not all aspects of the quantitative and qualitative findings overlap, and they provide different information.
Do the different components of the study adhere to the quality criteria of each tradition of the methods involved? (Using items for the relevant qualitative and quantitative descriptive studies)	**4.1. Is the sampling strategy relevant to address the research question?** YES- It was appropriate to recruit online, but participants may have self-selected as the advertisement was a on a health website. Therefore, age, lifestyle and other unknown factors may impact results and the sample is not necessarily representative despite the international recruitment. **4.5. Is the statistical analysis appropriate to**
	1.1. Is the qualitative approach appropriate to answer the research question? YES - it is appropriate to conduct a qualitative investigation on this topic. At the time, there was a scarcity of research papers on this topic. **1.5 Is there coherence between**

	answer the research question? YES - As the aim was to describe certain symptoms it was appropriate. However, participants were categorised into three groups based on items on an unvalidated Likert scale for 'distress and impairment'. Distress is and perception of impairment are highly subjective experiences and quantifying it and sorting it into categories is questionable.	**qualitative data sources, collection, analysis and interpretation?** YES - Thematic analysis was used following Braun and Clarke's (2006) method and the procedure is described. Quotes are used to illustrate themes and interpretation is grounded in the data.

Appendix E – The 16-item Maladaptive Daydreaming Scale (MDS-16)

Accessible from Somer, Bigelsen, Lehrfeld, & Jopp, 2016, https://www.somer.co.il/images/MD/Eng-MDS-16.pdf)

Appendix F – Example of Theme Development

Theme	Codes	Example quotes
Early Relational Adversity	Aetiology	"Because of lack of attention and my invisibility I need all sorts of means to experience myself as a hero" (CD). "…when I was a child I was sick a lot and left to my own devices so I used to daydream that I have this kind of superpower or something" (OP) *(Somer, Somer et al., 2016b)*
	Early Life Distress	"I grew up with some physically but mostly emotionally abusive people. I was always the scapegoat… there were fights between the parents and they would blame their problems on me… screaming at the top of their lungs at me for hours and hours every night" (MN). *(Somer, Somer et al., 2016b)* "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. *(Somer, 2002)* "When I felt this pain as a child, I started imagining how things could be different. I created stories which never happened. To suppress that pain I would hug my pillow or quilt, thinking I was being comforted by someone else." *(Pietkiewicz et al., 2018)*
	Isolation and Loneliness	"I felt so lonely that I just got myself into this and it felt real… I remember myself riding in the family car as a little girl creating all sorts of wishful situations in my head" (DF). "I am an only child and I didn't really have any friends. This was my most desperate desire" (NO)." *(Somer, Somer et al., 2016b)*

Appendix G – Study Advertisement

Understanding the disclosure experiences of people with maladaptive daydreaming

I would like to invite you to apply to take part in a research study. My name is Wanda Fischera (wf44@canterbury.ac.uk) and I am a Trainee Clinical Psychologist at Canterbury Christ Church University, supervised by Dr Maria Griffiths and Dr Amy Lucas from The Salomons Institute of Applied Psychology. Before you decide whether to take part, it is important that you understand why the research is being done and what it would involve for you.

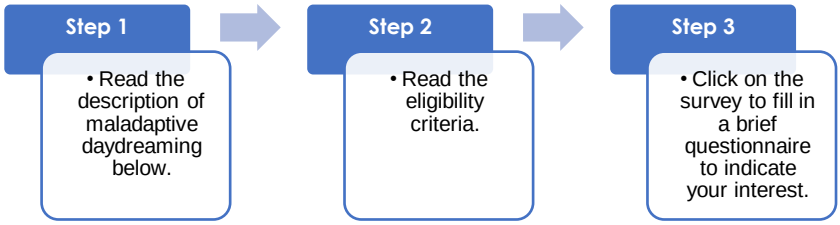
What is the purpose of the study?

This study aims to explore the experiences of disclosure of maladaptive daydreaming to others. This is to help to develop an understanding about what it is like for someone with maladaptive daydreaming to disclose and confide in someone about their daydreaming and the subsequent impact of disclosure on their lives. This may help to improve awareness and understanding for individuals with maladaptive daydreaming, researchers, and mental health clinicians.

What does it involve?

If you are selected, you will be asked to take part in an interview with me in which I will ask questions relating to your disclosure experiences about maladaptive daydreaming.

I'm interested, how do I apply?



Maladaptive daydreaming in this study can be described as excessive daydreaming (in terms of duration and/or frequency) that can be experienced as addictive, and/or interferes with daily living (e.g., social/interpersonal, academic/vocational functioning). It may also create emotional distress (e.g., shame, sadness, frustration).

It may not be part of your real life. Examples may be hanging out with a favourite celebrity, winning the Nobel Prize, living in a parallel fantasy world, engaging in heroic or rescue actions, etc. The study does not include "universal daydreaming", a human phenomenon that a majority of people engage in on a daily basis (e.g., reminiscing over part events, planning for future activities).

Eligibility criteria to determine whether you are able to take part:

You must

- Be aged 18 years or older
- Speak English fluently
- Self-identify as currently experiencing "Maladaptive Daydreaming"
- Have previously disclosed your maladaptive daydreaming at least once to someone who does not experience maladaptive daydreaming (MD). We ask people to participate who consider their disclosure experience to be meaningful and impactful to their life and/or relationships.

Disclosure is defined as an act of confiding in someone close to you about MD which was not previously known by the confidant. Disclosures to others may include anyone who is/was a significant person in your life, such as a family member, friend, partner, therapist or health professional.

It may not be possible to take part if you:

- Have been diagnosed with a learning disability (excluding learning difficulties such as dyslexia or dyspraxia).
- Are currently in treatment for mental health difficulties that could impact your participation (e.g., acute psychosis).
- Anonymous disclosures to other people who may or may not experience maladaptive daydreaming.
-

3. **Click on this link to fill in a brief questionnaire (5-10 minutes). LINK**

What will happen to me if I take part?

Once you have filled in the online questionnaire, I will be in touch with you to let you know whether or not we can proceed to the next stage. If you are selected, you will be asked to take part in a short (about 10-15 minutes) screening video call with me to check your eligibility, to clarify your wish to participate, to consider the support available to you and to provide you with an opportunity to ask any questions about the study.

If you are eligible, a one-to-one video or phone call interview will be arranged with me in which I will ask questions in relation to your experiences of disclosure of maladaptive daydreaming to others. This interview will likely last about 45-60 minutes, depending on how much you wish to share with me. You will be able to take breaks whenever you wish. If you are not selected on this occasion, please know that your experiences are valuable. You will be offered a summary of the final report should you wish to receive it.

You will be provided with a £10 Amazon voucher for your participation in the study as a “thank-you”.

Thank you for your interest!

Appendix H – Participant Information Sheet

Salomons Institute for Applied Psychology
One Meadow Road, Tunbridge Wells, Kent TN1 2YG

www.canterbury.ac.uk/appliedpsychology

Participation Information Sheet

A qualitative investigation into the disclosure experiences of people with maladaptive daydreaming

Hello. My name is Wanda Fischera (wf44@canterbury.ac.uk) and I am a Trainee Clinical Psychologist at Canterbury Christ Church University, supervised by Dr Maria Griffiths and Dr Amy Lucas from The Salomons Institute of Applied Psychology. I would like to invite you to take part in a research study. Before you decide whether to take part, it is important that you understand why the research is being done and what it would involve for you. Talk to others about the study if you wish.

Part 1 tells you the purpose of this study and what will happen to you if you take part. Part 2 gives you more detailed information about the conduct of the study.

What is the purpose of the study?

This study aims to explore the experiences of disclosure of maladaptive daydreaming to others. This is to help to develop an understanding about what it is like for someone with maladaptive daydreaming to disclose and confide in someone about their daydreaming and the subsequent impact of disclosure on their lives. This may help to improve awareness and understanding for individuals with maladaptive daydreaming, researchers, and mental health clinicians.

Why have I been invited?

You have been invited because you indicated you may be a person with maladaptive daydreaming, and you have had at least one disclosure experience when you talked about your maladaptive daydreaming to someone. We hope to have about 10-12 participants in this study.

Do I have to take part?

Taking part in this study is entirely voluntary. It is up to you to decide whether to join the study. If you agree to take part, I will then ask you to sign a consent form. You are free to withdraw at any time, without giving a reason up until data transcription.

What will happen to me if I take part?

If you are selected, you will be asked to take part in a short (about 10-15 minutes) screening video call with me to check your eligibility, to clarify your wish to participate and to provide you with an opportunity to ask any questions about the study.

If you are eligible, a one-to-one video or phone call interview will be arranged with me in which I will ask questions in relation to your experiences of disclosure of maladaptive daydreaming to others. This interview will likely last about 45-60 minutes, depending on how much you wish to share with me. You will be able to take breaks whenever you wish. I will also ask you some basic demographic information (e.g., age, gender, nationality). The interview will be audio- or video-recorded. All information collected from or about you during the study will be kept confidential and anonymised.

Expenses and payments

You will be provided with a £10 Amazon voucher for your participation in the study as a "thank- you".

What will I be asked to do?

If you are eligible to participate, I will ask you several questions about your disclosure experiences during the interview. You will be able to share as much as you are comfortable with. If you have any questions or concerns about your participation, we will discuss these in the screening interview.

What are the possible disadvantages and risks of taking part?

You might experience some distress during or after the interview if discussions have stirred up any difficult feelings. I will check in with you to see how you are and if you need a break during the interview. You can also raise concerns with me (or stop) at any point during the interview. In the debriefing sheet after your interview, I will provide the contact details of several organisations in the UK that may be able to provide support if you are in distress.

If you do not live in the UK, I will think with you in the screening interview where you might be able to access support in your country of residence. Participants can only take part if in the screening interview we can discuss how you might access support in the country of their residence.

What are the possible benefits of taking part?

There is no intended benefit of this study for you. It is possible that you will benefit from having space to share and reflect on your experiences in an open and non-judgemental space. You may find that this provides an opportunity to gain some personal insight. We cannot promise the study will help you but the information we get from this study might help improve the treatment of people with maladaptive daydreaming.

What if there is a problem?

Any complaint about the way you have been dealt with during the study or any possible harm you might suffer will be addressed. The detailed information on this is given in Part 2.

Will information from or about me from taking part in the study be kept confidential?

Yes. We will follow ethical and legal practice and all information about you will be handled in confidence. There are some rare situations in which information would have to be shared with others. The details are included in Part 2.

This completes Part 1.

If the information in Part 1 has interested you and you are considering participation, please read the additional information in Part 2 before making any decision.

Part 2 of the information sheet

What will happen if I don't want to carry on with the study?

You can withdraw your data from the study at any time until data transcription begins, by telling me in person or via phone or email. This includes withdrawing your participation during the interview. You do not have to give a reason for your withdrawal. Once data analysis begins, data from all participants is anonymised and analysed together, making it difficult to remove your contribution specifically at that stage.

Concerns and complaints

If you have a concern about any aspect of this study, you should ask to speak to me, and I will do my best to address your concerns. You can contact me by leaving a message on the 24- hour voicemail phone number 01227 927070. Please leave a contact number and say that the message is for me [Wanda Fischera] and I will get back to you as soon as possible. If you remain dissatisfied and wish to complain formally, you can do this by contacting Dr Fergal Jones, Clinical Psychology Programme Research Director, Salomons Institute for Applied Psychology –fergal.jones@canterbury.ac.uk

Will information from or about me from taking part in the study be kept confidential?

Yes. All information collected from or about you during the course of the research will be kept strictly confidential and anonymised (including quotes) in the report. The only time I would be obliged to break confidentiality would be if you said something during the interview that raised concerns about risk of significant harm to yourself or others. In that case, I would need to talk to others to help ensure your safety and the safety of others and would let you know about this beforehand where practically possible. You have the right to check the accuracy of the data held about you and correct unlikely errors. You can contact me to request access to your held information if you wish to do this.

The audio- or videorecording of your interview will be transcribed by myself. All data will be stored electronically and encrypted with password protection – nobody will be able to access this apart from the research team listed above. Paper copies will be coded (summarised) and stored in a locked location. Electronic data will be kept in possession for 10 years, after which it will be destroyed securely. Printed data will be destroyed immediately after use.

What will happen to the results of the research study?

The results of the study will be written about in a research report that will be submitted to the Salomons Institute for Applied Psychology as part of my doctoral training. The report may also be published in academic journals and will be published on the University's website. The publication may include some anonymous quotes from the interviews; however, no identifiable information will be included. You may request the full thesis if you wish to.

Who is sponsoring and funding the research?

Canterbury Christ Church University is funding the research.

Who has reviewed the study?

This study has been reviewed and given favourable opinion by The Salomons Ethics Panel, Salomons Institute for Applied Psychology, Canterbury Christ Church University.

What happens next?

The following survey is designed to automatically let you know if you are definitely not eligible to participate and the outcome of this will be shown to you. However, to confirm whether you are eligible, once you have filled in the online survey, I will be in touch shortly to let you know if we can proceed to the next stage or not.

The next stage will involve a short telephone or video call (about 15 minutes) to ask further questions and to give you an opportunity to talk with me too. If you are not selected on this occasion, please know that your experiences are valuable, but this study may be looking for different experiences in this instance. Upon completion of the project, you will be offered a summary of the final report should you wish to receive it.

THANK YOU

Appendix I – Online Survey Questions and Materials

Online survey

P1: Information sheet will be presented. Participants who wish to continue will click "Next".

P2: A description of maladaptive daydreaming will be presented:

Screening: Maladaptive daydreaming description, taken from (Somer et al., 2016)

"Daydreaming is a universal human phenomenon that a majority of individuals engage in on a daily basis. We are interested in learning more about people's experience with what they regard as excessive or maladaptive daydreaming experiences, and we thank you for agreeing to participate in our research interview. For the purposes of the study, we define daydreaming as fantastical mental images and visual stories/narratives that are not currently part of your life. Therefore, we are not referring to such acts such as reminiscing over past events, planning for future activities such as mentally preparing for a meeting with your boss, or thinking about your mental "to do" list. We also do not include sexual fantasies in this study. Examples of daydreams that can be included would be hanging out with a favourite celebrity, winning a gold medal in the Olympics (unless you are an Olympic level athlete), telling off your boss after winning the lottery or having an affair with an attractive co-worker who isn't the slightest bit interested in you, living in a parallel fantasy world, engaging in heroic or rescue actions, speaking with historical figures, etc. Any day- dreams involving fictional characters or plots should also be included. Maladaptive daydreaming is defined as extensive (in terms of duration and/or frequency) daydreaming that can be experienced as addictive; re- places human interaction and/or interferes with academic, interpersonal, or vocational functioning; and/or creates emotional distress (for example: guilt, shame, frustration, sadness, anxiety). "

According to this definition, your daydreaming is (a) normal or (b) maladaptive.

A) → end of survey re-direction
b) → continue with the survey

<u>These questions refer to the inclusion criteria:</u>

Questions:

Have you ever disclosed your maladaptive daydreaming to someone?

A- Yes (continue with the survey)
B- No (end of survey re-direction)

<u>Please read the following definition of a disclosure that we are looking for:</u>
We define disclosure as an act of confiding in someone else to share about your maladaptive daydreaming. We are looking for people who disclosed their maladaptive daydreaming to someone who does not have maladaptive daydreaming. We are looking for disclosure experiences that were meaningful to you, so you can share your experience of deciding to disclose, the act of disclosure and the results of it. We will also ask you several questions about the relationship you have with the person who you decided to disclose to. Anonymous and online disclosures (e.g., on a forum) are excluded from this study.

How many times have you disclosed your maladaptive daydreaming to anyone?
A) Numbers drop down
B) 0→ end of survey

Who have you disclosed to? (e.g., therapist, friend, partner, family member, teacher etc.)

Are you 18 years old or above?
A- Yes (continue with the survey)
B- No (end of survey re-direction)

Do you have any mental health difficulties that you are currently in treatment for?
A) Yes – text box appears for participants to write their answer
B) No (continue with the survey)

I consent to take part in the following questionnaire as part of an application for this research project

YES / NO

Please fill out the following form. This is a scale that measures the severity of your maladaptive daydreaming. The scores will be checked by the researcher, and you will receive an email to inform you about your eligibility to participate.

**Please note that this questionnaire is not used to diagnose you with maladaptive daydreaming, it is included to ensure that people with similar experiences are included in the study.*

The 16-item Maladaptive Daydreaming Scale (MDS-16) is presented to participants

Please leave your email address if you wish to be contacted whether you are eligible to participate:
- Answer box

End of Survey message:
Thank you for your time you have taken to fill out the online survey. The researcher will be in touch with you with regards to your eligibility to participate.

Re-direction after any of the answers that confirmed the potential participants non-eligibility (e.g., aged below 18 years old):

Thank you for your time you have taken to fill out the online survey. Unfortunately, based on your answers you have given, we have found that you are not eligible to participate in this study this time.

Appendix J – Consent Form

Consent Form

Lead researcher: Wanda Fischera – wf44@canterbury.ac.uk

Principal supervisor: Dr Maria Griffiths

Secondary supervisor: Dr Amy Lucas

Please indicate the answer as appropriate and sign below:

1. I confirm that I have read and understand the information sheet dated (16/02/2023) for the above study. I have had the opportunity to consider the information and ask questions. These have been answered satisfactorily.	YES/NO
2. I understand that my participation is voluntary and that I am free to withdraw my data until data analysis begins, without giving any reason.	YES/NO
3. I understand that data collected during the study may be looked at by the research team (Dr Maria Griffiths, Dr Amy Lucas). I give permission for these individuals to have access to my data.	YES/NO
4. I agree that anonymous quotes from my interview and other anonymous data may be used in published reports of the study findings.	YES/NO
5. I understand that any non-identifiable information I provide will be used in various anonymised outputs, including an academic thesis, publications, conference presentations, etc.	YES/NO

6. I understand that my personal data, including this consent form, which link me to the research data, will be kept securely in accordance with data protection guidelines, and only be accessible to the immediate research team or responsible persons at the University.	YES/NO

7. I understand that my participation will be audio- or videorecorded, transcribed, and analysed, with possible use of verbatim quotation and consent for this to happen.	YES/NO
8. I have been informed of the possibility that some emotional discomfort may arise during participation and consent to participate in awareness of this.	YES/NO
9. I agree to take part in the above study.	YES/NO

Please note, this statement only relates to individuals who are not from the UK.

1. After taking part, everyone will be offered information about the study and how to access additional support. If you live outside of the UK, you may find it helpful to seek support from your local services and health practitioners. Please confirm that there are local health services available to you.	YES/NO/Not Applicable

Print name:_____ **Signature:**_____ **Date:**

Name of person taking consent: _____**Signature:**_____ **Date:**

Appendix K – Semi-structured Interview Schedule

Semi-structured interview schedule

I'm going to ask you some questions about your disclosure experiences of maladaptive daydreaming. I would like you to walk me through your experiences with as much detail as you are happy to share.

Please feel free take your time to think about these experiences and how they made you feel and what they meant for you. Disclosure to anyone can be included such as partners, family members, friends, and professionals such as therapists. I have about 14 questions for you today and the interviews generally last about 60-90 minutes.

General questions

1. Please can you tell me about what role does maladaptive daydreaming play in your daily life?

Prompts: Please describe what role has daydreaming been playing in your life? What is your general experience of it? What sense can you make of your daydreaming?

2. What are your daydreams like?

Prompts: What is the main theme that features in your daydreams? How has it evolved over time?

Disclosure experiences

3. **Could you tell me how many disclosure experiences have you had to date?**
4. **Could you let me know how many of these experiences are you planning to talk about?**
5. **Can you describe how were things before you decided to disclose your MD to someone else?**
6. *Prompts: What were the factors that influenced you to keep your daydreaming concealed? What sense do you make of these? Please describe how you felt as a result of these factors/circumstances? What was it like for you to keep it concealed? What was the impact of concealing MD on your relationships? Prompts: In what ways – if at all – did the content of your daydreaming impact your disclosure?*
7. **Can you recall when and how you started thinking about disclosing your MD to someone else?**

Prompts: What do you think influenced you to disclose? Why then? Why to that particular person?

8. Please can you talk me through your disclosure experiences?

Prompts: *Please describe how you felt before you disclosed your MD. How did you decide to share your experience with someone? How did you decide who to share it with? What were your disclosure experiences like? Can you talk me through what happened? What went through your mind? Can you recall how you were feeling in the moment? What did you expect might happen? What did you hope for? What did* you *fear might happen? What do you think motivated you to disclose? What do you think enabled you to disclose?*

9. **Have you ever sought any professional help which involved talking about your maladaptive daydreaming (e.g., you went to see a doctor/GP, therapist and/or psychologist?)** Yes (ask question below)/No (proceed with question 5)

If yes,

Please can you talk me through your experience(s) of disclosure to your therapist/health professional?

a) *General prompts: What were/was your experience(s) they like? Can you talk me through what happened? What went through your mind? Can you recall how you were feeling in the moment? What did you expect might happen? What did you hope for? What did you fear might happen? What do you think motivated you to disclose? What do you think enabled you to disclose?*

10.What sense can you make of your disclosure experiences?

Prompts: What was it about the people/relationships that fostered your disclosure? What was about the situation that allowed you to disclose your daydreaming in that instance? What was similar/different about the disclosure experiences? What is your take-away after these disclosure experiences? Based on your experiences, what does a successful outcome of disclosure look like for you?

11.How did the disclosure impact you and your life?

Prompts: In what ways – if at all – did the disclosure impact your relationship with the person you disclosed to? In what ways – if at all – did the disclosure impact other relationships? In what ways – if at all – did the disclosure impact your daydreaming? In what ways – if at all – did the disclosure impact your perception and thoughts about daydreaming? ***How did these experiences influence your thoughts about yourself****? What have you learned through these experiences?*

12. **In what ways – if at all – do these disclosure experiences impact you in terms of any possible future disclosures?**

Prompts: What are you expecting to happen? How do you expect any future disclosures to impact you? What are you hoping for the future? In what ways – if at all – do you think these experiences influence your motivation to seek help? How do you feel these experiences might affect your life in the future?

13. **Is there anything about your experiences that we have not discussed?**

Thank you for participating in this research. I am aware that it is a big step to talk about your disclosure experiences and your daydreaming.

14. **Given that this interview was an instance of disclosure itself, can you please tell me what was it like for you to talk about your experience today?**

If, at any point, you feel that this interview has been a difficult experience for you and you would like to seek additional support, please refer to the debriefing sheet I have provided to you for additional support resources.

Appendix L – Debrief Sheet

Debrief Sheet

Understanding of the disclosure experiences of people with 'maladaptive daydreaming'

Lead researcher: Wanda Fischera wf44@canterbury.ac.uk Principal supervisor: Dr Maria Griffiths
Secondary supervisor: Dr Amy Lucas

This research aims to explore the experiences of disclosure of people with maladaptive daydreaming. This is to help develop an understanding about what the experience of this type of daydreaming is like for people and the role it plays in their lives. A better understanding may help to improve awareness and understanding for those who experience it as well as those endeavouring to develop appropriate support. Your participation in this project is greatly appreciated, as sharing your perspective and personal experiences provides valuable insight and may help to improve the quality of understanding regarding this topic.

We hope it has been a positive experience, while acknowledging that it could also have been quite a challenging process. We do invite you to seek support from additional resources should you feel that you need to – details to some options can be found below.

You will be provided with a summary of the final report or can request access to the thesis when the project is completed, submitted, and published. If you wish to receive a copy of the thesis at that time then you can request this. Please note that final submission can take roughly 2 years from this point, so if you wish to receive this it is important that you let me know if your contact details have changed in that time.

If you have any further questions or would like to discuss anything then please do not hesitate to contact me or the research team using the details at the top of this sheet.

Support

NHS psychological therapies can be accessed via an appointment with your GP. You may want to take a copy of the research information sheet if you feel that this would be relevant. There are currently no evidence-based treatment modalities for Maladaptive Daydreaming specifically. However, this is something that existing forms of therapy may be able to support you with in the meantime.

Samaritans are a 24/7 charitable organisation that offer a free help-line and drop-in service (you can find your local branch online or via their helpline) with Listening Volunteers who are trained to talk to people in crisis or experiencing difficult or suicidal thoughts and feelings. You can contact their helpline at: 116 123 or via their website at: https://www.samaritans.org/how-we-can-help/contact- samaritan/

To read about maladaptive daydreaming and access resources and videos about it, you can visit this website: https://daydreamresearch.wixsite.com/md-research/media

Thank You!

Appendix M – Summary Document for Participants

Dear [Participant],

I am writing to provide you a summary of the research study that you took part in during 2023. You can request a full copy of the study via email (contact details below) if you like to. I am happy to receive any questions, thoughts, or feedback you might wish to provide.

Title: "Peeling Back Another Layer of Yourself": An Interpretive Phenomenological Analysis of Disclosures about Maladaptive Daydreaming

Background

Maladaptive Daydreaming (MD) is a form of excessive absorption in fantasy which is associated with difficulties to function in different contexts such as interpersonal relationships, work and education. It is characterised by prolonged hours of daydreaming and is linked to distress. People with MD (PwMD) tend to keep their fantasising a secret, and a handful of research studies report that they often have difficult disclosure experiences when they reveal their daydreaming. This study was the first to explore the experience of disclosure about MD to significant others and therapists, aiming to gain a better understanding of the decision-making process, the experience of disclosure and its related outcomes for wellbeing and relationships.

Method

The study used qualitative analysis called Interpretative Phenomenological Analysis (IPA). This design enables an in-depth exploration of lived experience through semi-structured interviews. Ten participants were recruited internationally, who participated via videocall.

Outcomes

Three main themes were developed, including eight subthemes. These are outlined in the table below.

Conclusions

Findings present a comprehensive insight into the intricacies of the disclosure process within the individual context of daydreaming. The findings shed light on the context surrounding daydreaming and the disclosure, revealing common feelings of loneliness, shame, and a sense of difference. The shocking discovery of MD and subsequent self-identification as

a PwMD seemed to be a common experience that provided self-understanding, whilst it also introduced challenges in re-defining the perception of daydreaming as a maladaptive coping strategy.

The process of disclosure unfolded as a complex journey of thoughts and feelings, marked by a tension between unfulfilled expectations and confirmed worries. Participants discussed that they often engaged in selective information sharing, concealing certain aspects of their daydreaming such as its content. Moreover, disclosures were frequently characterised by difficult feelings stemming from perceived dismissal, rejection, and doubt from confidants and therapists. While some received the desired support, many felt that their experience of MD remained inadequately understood.

Therapeutic encounters yielded mixed results, with participants frequently expressing feelings of being misunderstood and minimised. Moreover, there was a perceived lack of interest from therapists in understanding the intricacies of their daydreaming experience. Interviews provided a rare, non-judgmental opportunity for participants to discuss their daydreaming, but posed a difficulty in in articulating complex emotions and experiences.

Table of Outcomes: Theme Headings

Superordinate themes	Sub-themes
The Secret Lives of Daydreamers	From Solitude to a Shared Experience
	Secrecy and Concealment
"Peeling Back Another Layer of Yourself"	Bracing for Vulnerability
	Disclosure: "A Burden Lifted" or a "Shameful Dismissal"
	Selectively Unveiling the Unknown
	Navigating the Consequences of Disclosure
Longing to Be Understood	Mixed Experiences of Therapy
	Interview: An Opportunity to Be Understood

I would like to thank you again for your participation in this research. I deeply appreciate the chance to hear your experiences and it was a privilege to learn from these.

Appendix N – Personal Experiential Statement Development Example for Anna (Example 1)

This has been removed from the electronic copy

Personal Experiential Statement Development Example for Ella (Example 2)

This has been removed from the electronic copy

Appendix O – Personal Experiential Theme Development Example for Anna

Super-ordinate theme	Sub-theme	Personal Experiential Statement
1.Parallels between reality and fantasy		
	Daydreaming to fill the void of friendlessness	
		A sense of friendlessness throughout her life. Self-awareness of that having a lack of strong relationships inspires fantasy.
		Daydreaming protects from friendlessness by filling the void
		Difficulty to connect with peers: a retreat to a fantasy world. Being fulfilled with real friendships reduced need for daydreaming and vice versa
	"Rebellion" of children against parents in daydreams	
		Theme of the rebellion of children in daydreams The illusion of separation: rebellion of characters against their parents and her own rebellion
		Uncertainty about the inspiration of the theme of the rebellion of children against their parents in daydreams
		Her awareness of the notion that real and imaginary worlds intersect
		Her real-life rebellion to be seen as a PwMD
2.The Lived Experience of MD		
	Sense of difference	
		Her sense of shame about ongoing preference for imaginary world compared to her friend
		Feelings of resentment: the recognition that friend has moved on A sense of difference: preference for make-believe play is at odds with her peers
		Being perceived to be strange by others

	Daydreaming as "living in a different time zone"	
		Lost memories to daydreaming
		Ambivalence: Dreaming is a nice retreat and a different time zone at the same time
		Times when only the imaginary world matters
	"It's not just daydreaming. It's addiction to daydreaming"	
		"It isn't just daydreaming. It's an addiction to daydreaming"
		Life with maladaptive daydreaming is a constant battle with ups and downs
		Experiencing daydreaming is more rewarding than real life
	Discovery of MD diagnosis as a validation	
		Finding out about maladaptive daydreaming diagnosis is a validation to self
		Maladaptive daydreaming self-diagnosis "explains everything"
		Maladaptive daydreaming self-diagnosis as a proof that she is not suffering from a serious and stigmatised mental illness
		Doubted and misdiagnosed: noticeable daydreaming activity was perceived as hallucinations and psychosis
3. Disclosure as a long Battle		
	Worry about disclosing	Underlying worry about dismissal - researching when preparing for disclosure
		Awareness of underlying nervousness to admit something about herself prior to disclosure
		Strength of friendship bond: relationship risk by disclosing
		Expectation of her sister ridiculing her
	Receiving curiosity and acceptance	
		Feeling instantly accepted by teacher due to her curiosity
		Receiving interest and encouragement was experienced as helpful during the early days of coming to terms with maladaptive daydreaming

	Surprising similarities with grandmother - feeling accepted The instant connection between her and other family members who daydream
Feeling dismissed/doubted/not taken seriously upon disclosure	
	The sense of not being taken seriously initially
	Not taken seriously by her mother
	Being dismissed as “everybody daydreams" Being dismissed and minimised by her sister has thwarted her ability to talk to her Maladaptive daydreaming as the primary reason to explain her behaviour and difficulties is doubted
	Feelings of shame and embarrassment induced by disclosing to others
Rebellion in real life	Wanting to “shove” the diagnosis “in people's faces”
	"I'm not like some weird crazy person" - MD as an explanation for behaviour
	Desire to use force to shove MD into her mother's face
	A rebellion: trying until the desired response is reached Wanting to be heard: need to share that maladaptive daydreaming is the reason for behaviour
Experiencing resistance	
	Experiencing resistance to admitting mistaken diagnosis of psychosis and subsequent treatment forced upon her Experiencing treatment as ‘being done to’ against own will and understanding instead of ‘being done with’
	A "theme" of not being believed: Repeated experiences of being dismissed Not getting the help she has been asking for and she needs, but getting the help she does not need
	Proving her truth takes a long time
Persistence in the face of resistance	
	The importance of her ability to never have given up on hope despite maladaptive daydreaming not being accepted initially

4.Emotional Avoidance	**A battle won**	Perceived importance of persistence with repeated disclosures to be understood
		Disclosures are "useless" if she's not understood.
		Feeling discouraged to talk about maladaptive daydreaming: on the cusp of giving up
		Winning the battle of convincing her mother about own understanding of difficulties for the first time
		Accepting response is someone being receptive to listen
		Feeling understood Feeling "positive" about disclosures – but discounting difficult experiences? Feeling that finally maladaptive daydreaming is accepted as an explanation for her experiences and distress
		Having a sense of validation when her sister accepted self-identification
	Difficulty expressing anger	Underlying anger towards sister (triggers Anna's tic) Using emotionally cool words such as "interesting" and "funny" to hide discontent with family.
		Minimising own distress and using humour for being forced into treatment Anna's emotional detachment when recounting fighting against the misdiagnosis
		Acceptance of her mother's ability to rewrite the narrative about maladaptive daydreaming - (absence of anger?)
	Internal struggle with emotions towards mother	When the impact and gravity of maladaptive daydreaming not recognised by others is useless- (hidden anger?)
		Recognising her mother's desire to help: invalidating hidden feelings toward her Hesitancy about talking about times when she was not understood - internal struggle with emotions?
		Forgiveness towards her mother despite her frustration for years

		Considering relationship with mother improved through being open and understanding
5. Mixed experiences of therapy	**Therapist "was very judgmental about the imaginary world" - "so then I shut down"**	Daydreaming matters: desire to use therapy as a space to discuss how daydreams impact her
		Her need to have space in therapy to address both real and imaginary life
		Having a space for discussion the imaginary world matters
		Her therapist's reluctance to give space to daydreams experienced as judgement about daydreaming activity
		Feeling constantly "shut down" when feeling unable to discuss imaginary world with therapist
	Non-judgmental space	Willingness to allow her space to talk about her daydreaming impacts trust
		New, "good" therapist's fascination towards maladaptive daydreaming experienced as positive and non-judgemental: being accepted
		Therapist's knowledge about maladaptive daydreaming is not necessary to have a good experience due to her being non-judgmental
		Feeling "awesome" after raising therapists' awareness of maladaptive daydreaming

Appendix P – Abridged Research Diary

This has been removed from the electronic copy.

Appendix Q – Ethics Approval

Canterbury Christ Church University

Salomons Institute for Applied Psychology

Wanda Fischera
Trainee Clinical Psychologist
Canterbury Christ Church University

01 December 2022
Direct line 01227 927094
E-mail Margie.Callanan@canterbury.ac.uk
Our Ref V:\075\Ethics\2019-20

Dear Wanda,

Outcome: Full Approval

A qualitative investigation of the disclosure experiences of people with maladaptive daydreaming. Thank you for addressing the points raised by the Ethics Panel so thoroughly, we are pleased to offer you approval for your proposed study.

Thank you for addressing the points raised by the Ethics Panel so thoroughly, we are pleased to offer you approval for your proposed study.

We look forward to receiving a short report on progress and outcome on completion of the research, in order to complete our file. The report should be the same one that is provided to your participants. Please note that any changes of substance to the research will need to be notified to us so that we can ensure continued appropriate ethical process.

We wish you well with your study and hope that you enjoy carrying it out.

Yours sincerely,

Professor Margie Callanan
Chair of the Salomons Ethics Panel

Cc Maria Griffiths

School of Psychology and Life Sciences
Faculty of Science, Engineering and Social Sciences

Canterbury Christ Church University
1 Meadow Road Tunbridge Wells Kent TN1 2YG (UK)
Tel +44 (0)1227 927166
www.canterbury.ac.uk

Professor Rama Thirunamachandran, Vice-Chancellor and Principal

Registered Company No: 4793659
A Company limited by guarantee
Registered Charity No: 1098136

Appendix R – Screening Call Schedule

Checklist

Before the interview –

☐**Introduce myself: name, role.**

Check consent for the call. – You have the right to terminate this call at any point without giving me a reason. This is voluntary and does not mean that you have agreed to the interview yet.

☐ This discussion will not form part of the data, this is just to check if you are eligible and if we need to put anything in place for the interview. This is not recorded. However, I am taking notes to make sure we cover everything.

☐ expectations for this call: we just double-check eligibility, about 15-20 minutes. I ask some of the questions you answered online.

☐ then you can ask any questions and I let you know what you can expect.

We also hope that by having this call, you will get to know me a little bit and can make the interview more comfortable for you.

Double-checking eligibility

☐ age, disclosed to other people

☐ **country of residence -**

☐ **mental health problem (currently in treatment?).**

☐ fluency in English

☐ **Relationship status, social support**

Any other question based on the form? y/n

→ If country of residence is outside of UK/mental health problem

This is an international project underpinned by UK ethics. Participants are asked to confirm they have access to local support prior to taking part in the study.

- As part of the requirements, local mental health service support needs to be available.
- To consider whether they have mental health support in the country of their residence in case the study causes them distress.

Participants answer:

Helplines:

Mental health services:

Are you able to keep yourself safe?

You will not be able to request support from me/the university following the interview, however, I will make sure to check in with you if the interview feels okay.

Signpost based on country.

Helplines?

what to expect- if eligible

☐ any questions for me?

What can I do to make the interview the most comfortable for you, so you can share things with me that you potentially haven't shared with anyone?

- **Answer:**

Do you have any hopes for the interview?

- **Answer:**

Do you have any worries about the interview?

- **Answer:**

Information about the interview:

- **Usually interviews last from 60 minutes to about 90 minutes.**
- **We can take a break.**
- **It will be recorded.**
- **A confidential space is required: no disturbances.**
- **Internet needs to be reliable.**
- **You can turn off the video at any point, but we encourage having the camera on.**
- **I will need the signed consent form before the interview.**

<u>Outcome:</u>

- **To continue**
- **Not eligible**
- **To discuss with supervisors**

<u>Next steps</u>

Date arranged for:

Consent form via email, this needs to be completed before the interview -Do they need assistance with it?. – y/n

How they can cancel/rearrange the interview – email to share

Appendix S – Participant Contributions to Group Experiential Themes

Super-ordinate theme	Sub-theme	Participants										
		Anna	Alex	Charlotte	Derek	Ella	Jane	Kelly	Manon	Mary	Tom	**Participant Contributions (out of 10)**
The Secret Lives of Daydreamers	From Solitude to a Shared Experience	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes		**8**
	Secrecy and Concealment		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	**9**
"Peeling Back Another Layer of Yourself"	Bracing for Vulnerability	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	**10**
	Disclosure: "A Burden Lifted" or a "Shameful" Dismissal	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	**9**
	Selectively Unveiling the Unknown		Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	**8**
	Navigating the Consequences of Disclosure	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes		**8**
Longing to Be Understood	Mixed Experiences of Therapy	Yes		Yes	Yes	Yes	Yes	Yes	Yes			**7**
	Interview: A Place to Be Understood	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	**10**

Appendix T – Personal Experiential Themes for Participants

Alex	Kelly	Anna
Theme: Lived experience of MD	**Theme: Hidden Self**	**Theme: Parallels between reality and fantasy**
Shocking Discovery: Identity shift	Seemingly obvious but hidden self	Daydreaming to fill the void of friendlessness
Secrecy: deliberate concealment	**Theme: Necessary Disclosure**	"Rebellion" of children against parents in daydreams
Prioritising daydreaming over reality and needs	Disclosure is necessary to access support	**Theme: The lived experience of MD**
Uncontrollability of daydreaming	Disclosure to be transparent	Sense of Difference
Theme: Deciding to disclose: hopes and fears	**Theme: Preparing to disclose**	Daydreaming as "Living in a Different Time Zone"
Revealing the hidden self	Disclosure carries a risk to the relationship	"It's not just daydreaming. It's addiction to daydreaming"
Seeking support to stop daydreaming	"Armed with proof"	Discovery of MD diagnosis as validation
Fear of rejection	Fear of exposing oneself	**Theme: Disclosure as a long Battle**
Hoping to be understood	Orchestrating an everyday, "organic" conversation	Worry about disclosing
Theme: Painful disclosure experiences	**Theme: Mixed outcomes of disclosure**	Receiving curiosity and acceptance
Embarrassment and shame upon disclosure	Feeling lighter: "A burden lifted"	Feeling dismissed/doubted/not taken seriously upon disclosure
Resignation in the face of dismissal	Feeling supported and understood	Rebellion in real life
Feeling "numb" and "heavy"	Regrets: "I couldn't take it back"	Experiencing resistance
Longing for a containing space	Disclosure as a process - Risk of misunderstanding MD	Persistence in the face of resistance
Theme: Selective disclosure	**Theme: Emotional avoidance**	A battle won
"Skimming" and "sugar-coating"	Humour and Minimisation	**Theme: Emotional avoidance**
Sharing daydreaming content: a "step too far"	**Theme: Therapy Experience**	Difficulty expressing anger
Theme: Outcomes of disclosure	Reluctance to talk about daydreaming in therapy	Internal struggle with emotions towards mother
Confidants' discomfort with MD		**Theme: Mixed experiences of therapy**

Feeling alone in struggling with MD	Therapist "was very judgmental about the imaginary world" - "so then I shut down"
Guilt and shame for continued secrecy	Non-judgmental space
Ambivalence towards quitting daydreaming	
Theme: Positive interview experience	
Non-judgmental and Understanding	
Theme: Emotional avoidance	
Hidden anger and disappointment	

Manon	Derek
Theme: The Lived Experience of MD	**Theme: The Lived Experience of MD**
An Uncontrollable but Enjoyable Habit	Seeking Solitude
The Reciprocity of Daydreaming and Difficulties	Existential Reflections: Regret for Lost Opportunities
Theme: Parallels between Reality and Fantasy: A Desire to Speak Up?	The Illusion of "Separation": Reality/Daydreams, Self/Character, Character/Creator
Daydreams Influenced by Reality	**Theme: Concealment**
Emotional Avoidance: Difficulty Articulating Discontent	Natural Tendency Towards Concealment
Theme: Shocking Discovery of MD Changed Everything	Deliberate Concealment
Theme: Contemplating to Disclosure	**Theme: Judgment and Stigma**
Feeling Distressed	Fear of Judgment
Fear of Negative Responses	Reluctance to Share in Romantic Relationships: "I Would Never Share It"
Disclosure to Access Support	Perceived Stigma
Past Experiences of Getting Hurt	**Theme: Feeling accepted**
Theme: Mixed Experiences of Disclosure	Positive Disclosure Outcome: Feeling Accepted
Unsuccessful Disclosure: Not Feeling Understood	Disclosure as an Everyday Conversation - Not a "Big Deal"
Positive Outcomes of Disclosure: Advice/Support/Feeling Understood	**Theme: Interview experience**
Privacy about Content	Desire to Talk about MD
Carefully Choosing Who to Disclose to	Seeking Validation in Interview
Guarded Disclosure: Selecting What Is Shared	Assuming Mental Health Awareness Helps with Discussing MD
Theme: Positive Experieces of Therapy	**Theme: Emotional avoidance**
Relief Over Daydreaming Being Understood in Therapy	Minimisation
	Emotional Avoidance: Nervous Laughter

Charlotte	Jane	Ella
Theme: The Lived Experience of MD	**Theme: "I'm a Daydreamer": "It Is a Big Part of Who I Am"**	**Theme: Lived Experience of MD**
Shaping Her Whole Life Around Daydreaming	Sense of Being "Unusual"	Self-isolation and Concealment
MD as an Escape	MD as an Essential Part of Identity	Daydreaming Interferes with Reality
Feeling Torn about MD Being an Addiction: Shame and Stigma	Perception Shift upon Discovery: She Is Not "Defective"	The Reciprocal Link between MD and Mental Wellbeing
Theme: A Lonely Journey	**Theme: The Duality of Living with MD: A Resource and a Shameful Secret**	**Theme: Addiction to Daydreaming**
Feeling Alone	Concealment That Did Not Feel Like Hiding Something	The Dichotomy of Addiction: "I Want to Stop, I Can't Stop"
Being a Daydreamer: A Sense of Difference	Shame as a Barrier to Disclosure	Powerlessness over Stopping
Secrecy and Concealment	An Internal Battle with Shame	**Theme: Contemplating to disclose**
Discovered at Long Last: A Sad, but Amazing Revelation	Daydreaming as a Resource	Disclosure is "Scary"
Theme: Contemplating to Disclose	**Theme: The reciprocity of MD and difficulties**	Sense of Shame: Fear of Judgment
Choosing Transparency Despite Risk to Relationship	MD and Mental Health	Wavering Courage
A Desire to Be Understood	Daydreaming as an Escape	Fear of Being Dismissed
Fear of Being Misunderstood	**Theme: Contemplating to Disclose**	"I Made Up My Mind to Do It"
Setting the Stage: Preparations and Assessment	Wanting to Disclose but Not Knowing How	"Letting Go of the Desire to Look Good to Other People"

Avoidance Driven by Worry	Disclosure at a Time of Extreme Distress: "I Told Him Straight Up"	**Theme: Mixed Experiences of Disclosure**
Theme: Outcomes of Disclosure	"We've Been Married for 20 Years": "Is This Gonna Change Things?"	A Failed Confession: Receiving Pushback, Scepticism, and Minimisation
Disillusionment in Disclosure: Let-down in Support	**Theme: Ambivalence Towards Therapy**	The "freeing" Experience of Disclosure
MD as a Point of Contention in Marriage	Fantasies Are Not Real, But the Emotions Are	Disclosure Met with Curiosity and Kindness
Theme: Mixed Experiences of Disclosure	Disappointment in Therapy: Daydreaming as Something "She Should Be Doing Less Of"	**Theme: The Duality of Avoidance and Openness Following Disclosure**
Disclosure: A Balancing Act of Own and Others' Emotions	Reluctance to Talk About Daydreaming in Therapy	Parents' Emotional Disengagement and Avoidance Are "Frustrating"
Feeling Accepted and Understood	**Theme: Positive Outcomes of Disclosure**	"Heart-to-Heart Conversations": Disclosure Facilitates Openness
Theme: Mixed Experiences of Therapy	Positive Impact on Relationships	**Theme: Ambivalent Experiences of Therapy**
Fine Balance Between Minimization and Acceptance	Receiving Support and Helpful Conversations	The Illusion of Acceptance by Therapist
Therapists' Disinterest	**Theme: Hoping to Be Fully Understood One Day**	Experience with Daydreaming Is Not Fully Understood by Therapist
Theme: Emotional Avoidance: The Meaning of Daydreams	Guarded Disclosure: Concealed Content	**Theme: Emotional avoidance**
Constructing a Narrative About the Meaning	Hoping to Be Fully Open in the Future	Difficulty Articulating Unpleasant Emotions towards Parents
Avoidance of Discussions about Content: Fear of Being Misunderstood	Hopes for Being Understood by Therapist	Detachment from Distressing Disclosure Experience
Theme: Interview Experience	**Theme: Feeling Understood in the Interview**	**Theme: Interview Experience**
Feeling Nervous	Feeling Understood in the Interview	Interview Feels Like a Disclosure
Carefulness with Words	**Theme: Emotional Avoidance**	
	Emotional Detachment and Avoidance	

Mary	Tom
Theme: Lived Experience of MD	**Theme: The Lived Experience of MD**
Secrecy Throughout Life	Desiring "a Strong Objective in Life" Is Reflected in His Daydreams
Sense of Being Alone and "Wrongness"	Bonding Through Imagination
Regret over Missed Opportunities	Illusion of Commonality
Theme: The Meaning of Daydreaming in a Spiritual Framework	Daydreaming Is a "Hobby", Not an Issue
Spiritual Reflections: Understanding Daydreaming in an Existential Context	A Life Built to Accommodate Daydreaming
The Pursuit of Connection	**Theme: Disclosure is a Normal Conversation**
Discovery of MD as a Wake-Up Call	Disclosure to Address Daydreaming Concerns
Theme: The Function of Fantasy	Receiving a "Mild" Response
Fantasy Content Reflects Desire for a Different Life and Self	"Softening the Blow"
MD as Escapism	Importance of Self-Acceptance and Trust
Awareness of Daydreaming as Avoidance Coping	**Theme: Interview Experience**
Theme: Disclosure is "an Attempt to Get Closer"	Struck by the Seriousness of Questions
"You Want People to Know You... You Want Them to Know the Whole You."	**Theme: Emotional Avoidance**
Guarded Disclosure: Concealing Content	Minimising and Dismissal as a Defense
Disclosure as "Revealing and Personal"	Emotional Detachment
Considering the Potential Risks to Relationships	Conflicting Narratives
Confidants' Inability to Grasp Experience	
Positive Outcomes and Feelings Arising from Disclosures	
Theme: Positive Interview Experience	
Interview as a Normalising Experience	
Theme: Emotional Avoidance	
Emotional Detachment from Negative Emotions	

Appendix U – Feedback to the Ethics Panel

Dear Sir/Madam,

Thank you for granting approval for my Doctoral research project that a qualitative investigation of the disclosure experiences of people with maladaptive daydreaming. Please find the summary of the project outcomes below.

Title: "Peeling Back Another Layer of Yourself": An Interpretive Phenomenological Analysis of Disclosures about Maladaptive Daydreaming

Background
Maladaptive Daydreaming (MD) is a form of excessive absorption in fantasy which is associated with difficulties to function in different contexts such as interpersonal relationships, work and education. It is characterised by prolonged hours of daydreaming and is linked to distress. People with MD (PwMD) tend to keep their fantasising a secret, and a handful of research studies report that they often have difficult disclosure experiences when they reveal their daydreaming. This study was the first to explore the experience of disclosure about MD to significant others and therapists, aiming to gain a better understanding of the decision-making process, the experience of disclosure and its related outcomes for wellbeing and relationships.

Method
The study used qualitative analysis called Interpretative Phenomenological Analysis (IPA). This design enables an in-depth exploration of lived experience through semi-structured interviews. Ten participants were recruited internationally, who participated via videocall.

Outcomes
Three main themes were developed, including eight subthemes. These are outlined in the table below.

Superordinate themes	Sub-themes
The Secret Lives of Daydreamers	From Solitude to a Shared Experience
	Secrecy and Concealment
"Peeling Back Another Layer of Yourself"	Bracing for Vulnerability
	Disclosure: "A Burden Lifted" or a "Shameful Dismissal"
	Selectively Unveiling the Unknown
	Navigating the Consequences of Disclosure
Longing to Be Understood	Mixed Experiences of Therapy
	Interview: An Opportunity to Be Understood

Conclusions
Findings present a comprehensive insight into the intricacies of the disclosure process within the individual context of daydreaming. The findings shed light on the context surrounding daydreaming and the disclosure, revealing common feelings of loneliness, shame, and a sense of difference. The shocking discovery of MD and subsequent self-identification as a PwMD seemed to be a common experience that provided self-understanding, whilst it also introduced challenges in re-defining the perception of daydreaming as a maladaptive coping strategy.

The process of disclosure unfolded as a complex journey of thoughts and feelings, marked by a tension between unfulfilled expectations and confirmed worries. Participants discussed that they often engaged in selective information sharing, concealing certain aspects of their daydreaming such as its content. Moreover, disclosures were frequently characterised by difficult feelings stemming from perceived dismissal, rejection, and doubt from confidants and therapists. While some received the desired support, many felt that their experience of MD remained inadequately understood.

Therapeutic encounters yielded mixed results, with participants frequently expressing feelings of being misunderstood and minimised. Moreover, there was a perceived lack of interest from therapists in understanding the intricacies of their daydreaming experience. Interviews provided a rare, non-judgmental opportunity for participants to discuss their daydreaming, but posed a difficulty in in articulating complex emotions and experiences.

Kind Regards,

Wanda Fischera
Trainee Clinical Psychologist
Canterbury Christ Church University (Salomons)- 3rd year

Appendix V – Submission Instructions for Authors

For submission to the *Journal of Trauma & Dissociation* – Taylor & Francis Online Journal

(Author guidelines retrieved from: https://dynamic.uoregon.edu/jjf/jtd/instructions.html)

1. MISSION. The *Journal of Trauma & Dissociation* is the official scientific journal of the International Society for the Study of Trauma and Dissociation. The *Journal of Trauma & Dissociation,* dedicated to publishing peer-reviewed scientific literature on dissociation and trauma, seeks manuscripts on theory, basic science research, clinical treatment and research related to interpersonal trauma and/or dissociation in children and adults. The Journal welcomes contributions from a variety of different approaches including anthropological, cross-cultural, epidemiological, neurobiological, psychological, psychometric, psychotherapeutic, and social viewpoints.

2. TYPES OF ARTICLES. The *Journal of Trauma & Dissociation* accepts review articles, theoretical articles, original research articles, clinical contributions, case reports, commentaries, and letters to the editors. Regular articles (including review, theory, research, and clinical submissions) are limited to 5,500 words and brief reports to 3000 words. Commentaries, which must pertain to a JTD published paper or be of general interest to readers, are limited to 1000 words. Letters to the editor, which can be in response to a published paper or a topic of general interest to readers, are limited to 500 words. Authors should specify the type of article they are submitting. The editors may reclassify the type of submission as appropriate. The Journal does not review or publish first person case reports (accounts of authors' personal psychological experiences). Due to our value on authenticity and veracity of crucial case information, composite case studies are not published. The Journal publishes the editorials that open each issue by invitation only. The Journal does not publish unsolicited book or media reviews but welcomes recommendations of recent books and media for review. If you are an author, editor, or producer and would like your material considered for review in JTD, please contact the Associate Editor for Book & Media Reviews.

3. PRIOR PUBLICATION. Submission of a manuscript to the *Journal of Trauma and Dissociation* represents a certification on the part of the author(s) that it is original material, and that neither the manuscript or a version of it has been published elsewhere, is not being considered for publication elsewhere, and has been approved by each author. Any form of publication other than an abstract of less than 400 words constitutes prior publication. This includes portions of symposia, proceedings, books/chapters, invited papers or any types of reports, and electronic databases. Authors wishing to submit manuscripts involving data or clinical observations previously used in published, in press, submitted (or to be submitted) papers should provide the Editor with this relevant information and an explanation regarding how those papers differ from the current submission.

4. AUTHORSHIP. Authorship credit should be limited to those who have made substantial contributions to the article in terms of design, data collection, data analysis and interpretation, and drafting and revising the manuscript. Acquisition of funding or provision of data alone is not sufficient to merit authorship. General supervision of the research group is not sufficient either. Individuals contributing less than a key role to the paper should be recognized in an Acknowledgement. Editors may require authors to justify the assignment of authorship. Each author must take public responsibility for the content of the article.

5. DISCLOSURE OF COMPETING INTERESTS. All forms of financial support must be stated in an Acknowledgment. Any commercial or financial involvements among the authors that might present the appearance of a conflict of interest in connection with the submitted article should be disclosed in the cover letter. Such involvements may include (but are not limited to) institutional or corporate affiliations not already specified, paid consultations, stock ownership or other equity involvement, patent ownership, travel funds, and royalties received from rating scales, inventions, or therapeutic methods. The Editor may share this information with the reviewers, but such involvements will not represent automatic grounds for rejection of the submission. A statement of such involvements will accompany the article, if published. Authors will be asked to attest in writing concerning any competing interests at the time of submission.

6. PATIENT INFORMED CONSENT AND PATIENT PRIVACY. Authors must have written informed consent from any patient/clients described in case study material. The authors must take steps to protect the identity of patients reported in case reports and elsewhere. Identifying information (e.g., names, initials, hospitals, dates) must be avoided or changed. Note that authors must both protect the integrity of the case study information such that crucial details for interpretation are retained, and protect patient privacy such that non-crucial details that could violate the privacy of the patient are changed. Authors who wish guidelines for protection of patient anonymity are referred to "Statements from the Vancouver Group, International Committee of Medical Journal Editors" in *British Medical Journal* 1991; 302: 1194. Authors submitting case study material will be required to complete a "Case Presentation Checklist" available at http://pages.uoregon.edu/dynamic/jjf/jtd/. Within the case report itself there should be a statement that the patient/client has given informed written consent for the publication and that the identity of the patient/client has been disguised by omission and alteration of non-crucial information.

7. INSTITUTIONAL REVIEW BOARD APPROVAL AND INFORMED CONSENT. Papers that report results of data collected from human participants must include a statement that written informed consent was obtained from participants after adequately explaining the study's procedures to them. Deviations from the standard written informed consent process should be fully explained. Approval by an Institutional Review Board or Ethics Committee should be documented and mentioned in the written report.

8. MANUSCRIPT LENGTH. Manuscript articles may be up to 5,500 words (approximately five to 18 double-spaced pages) including references and tables and figures, as appropriate to the type of article. Review articles, theoretical articles, research reports, and clinical discussions should contain a maximum of 5,500 words. Brief reports should be no more than 3,000 words. Commentaries are limited to 1000 words. Letters to the editor may contain no more than 500 words. Lengthier manuscripts may be considered for special reasons or circumstances.

9. MANUSCRIPT FORMAT. For writing style and reference formats, the Journal uses the style of the Publication Manual of the American Psychological Association (7th Edition, 2020). Manuscripts must be prepared in a standard U.S. letter or A4 page format, double-spaced, with 1 inch or 3 centimeter margins on all sides. Text font should be proportional and with serif (e.g., Times New Roman 12 point font). Manuscripts should have the following order: Title page, abstract, text, references, tables and figures. Pages should be numbered beginning with the title page.

Title Page

Title page must include, title; authors and degrees; location of the institution and place where the work

was done; corresponding author's name, address, telephone number, fax number, and e-mail address; word count; key words for index purposes; and acknowledgment of previous presentation, grant support, commercial support, or other credit.

Abstract

A single paragraph abstract of 100-250 words must be provided. For those submitting via the electronic submission portal, ScholarOne, inlcude the abstract in *both* the abstract field and with the main text.

Text

The text should contain an introduction that describes the objectives of the article and a review of the relevant scientific literature. Subsequent sections should describe the main subject matter (theoretical, clinical or research), a discussion of the subject matter, and conclusions. Research papers must include sections on methods and results, followed by discussion. Methods must contain an adequate description of instruments, research participants and statistical analyses, and results must be fully reported including the test values, degrees of freedom, whether tests were one- or two-tailed, probability and significance, and N values as appropriate. Research articles involving research with human participants must include a statement that informed consent was obtained or if not, why not.

Citations and References

For writing style and reference formats, the Journal uses the style of the Publication Manual of the American Psychological Association (7th Edition, 2020). For in text and reference format details seeTaylor & Francis Reference Format Guide.

Graphics, Tables, Figures, and Illustrations

All graphics must be "camera-ready." Tables should be prepared using standard word processing software (MS Word preferred). Illustrations should be prepared using either graphics software or artistically rendered in black ink so that they can be used either as they are or reduced in size. Whenever possible, figures should be submitted with the manuscript in digital form. Fonts should be proportional and sans serif (e.g., Arial). Author name(s) and manuscript name should be lightly written on the reverse of graphics. Indicate in the text the approximate placement of all graphics. Graphics including photographs are considered part of accepted manuscripts and are retained by the Publisher. If submitted graphics are unacceptable for publication, the Publisher reserves the right to redo the graphics and to charge the author(s) a fee of $35 per hour for this service.

10. MANUSCRIPT STYLE. Taylor and Francis has English-language editing services that can be accessed prior to submission: https://www.tandfeditingservices.com/. Authors who need a guide for English journal writing may wish to refer to the Style section of "Suggestions to Authors" in *Neurology* 1996; 46: 298-300. The editors are recommending only the writing style section. Use gender inclusive language. In referring to human beings, authors should use the phrases "in humans," "in humankind," or "in human beings," rather than the phrase "in man" or the word "man." Authors should avoid "he" in referring to generic persons as well as the awkward "he/she" construction by making the subject plural, e.g., "Therapists should inquire about amnesia whenever they suspect dissociation," rather than "A therapist should inquire about amnesia whenever he/she suspects dissociation." Alternatively, when referring to hypothetical persons, authors may alternate between male and female subjects. Numbers in the text. Authors should use Arabic numerals for numbers above nine, and for designators such as Case 4 or Patient 2. Authors should spell out numbers one through nine and numbers at the beginning sentences. Use the active voice whenever possible: We will ask authors that rely heavily on use of the passive voice to re-write manuscripts in the active voice. While

the use of the phrase “the author(s)” is acceptable, we encourage authors to use first and third person pronouns, i.e., “I” and “we,” to avoid an awkward or stilted writing style.

11. SUBMISSION AND REVIEW PROCESS. All regular new manuscripts must be submitted on ScholarOne, our submission website: http://mc.manuscriptcentral.com/WJTD. For submissions to Special Issues: you should send your manuscript to the Special Issue Editors by email. In addition authors will need to submit the Author Assurance form that can be found at: https://mc.manuscriptcentral.com/societyimages/wjtd/AuthorAssuranceChecklist.docx. Submissio ns are peer-reviewed by anonymous reviewers unless the editor first determines the paper is obviously not suitable for JTD. Reviewers provide written comments that are sent to the authors by the Editor. Authors are informed about the Editor’s decision after completion of the review process. In most cases, we inform authors within eight to ten weeks following receipt of the manuscript as to the results of the initial review of their manuscripts. Rejected articles will not be re-reviewed.

12. COPYRIGHT TRANSFER. Copyright ownership of manuscripts must be transferred to the Publisher by signature of author(s) prior to publication. It is permissible for a single author to sign the copyright transfer form provided that the author is authorized by all co-authors to sign on their behalf. The publisher will send copyright assignment forms to the corresponding author upon acceptance of a paper.