

REVIEW ARTICLE

Vol. 1, No. 2, September 2026, Pages 15–35. | e-ISSN: 3139-9770

Received: 24-08-2026 | Published: 26-09-2026

DOI: <https://doi.org/10.67336/4y5tb113>

Maladaptive Daydreaming, Emotion Regulation, and Perceived Stress: A Critical Integrative Review

Dhairya*, Charu Navin Rathi*

**Department of Psychology, NIMS University, Jaipur, Rajasthan, India*

Corresponding Author Email: gandhidhairya06@gmail.com

ABSTRACT

Maladaptive daydreaming (MD) is immersive, hard-to-control fantasy activity that causes distress or interferes with functioning. Studies link MD with emotion-regulation difficulties, but the temporal relationship among emotion regulation, perceived stress, and MD is unclear. This critical integrative review organizes the evidence around four explanatory models: emotion-regulation vulnerability, coping/function, reciprocal process, and shared vulnerability. It is anchored to the 2025 scoping review by Mansuklal et al., which mapped 89 studies through March 2024, and adds studies published to September 2026 found through targeted searches and reference chaining. The association between MD and emotion-regulation difficulties is consistent but rests on a small quantitative base: a 2025 meta-analysis pooled four studies ($r = .365$, 95% CI [.308, .419]) and imputed two missing studies below the mean. Direct evidence on perceived stress is smaller and mostly cross-sectional. Corrected results from Mancinelli et al. (2024) cut the probable-MD sample from 252 to 190 and removed the association with depression. Daily-diary and longitudinal studies show that MD can precede later distress and that daily MD covaries with symptoms, but negative emotion did not precede MD at a one-day lag, and no study establishes a general stress-to-MD mechanism. The review specifies which observations would separate the four models and recommends intensive longitudinal designs that separate trait from state variance, measure perceived stress directly, estimate reciprocal lagged paths, and record emotional change around MD episodes.

Keywords: *maladaptive daydreaming, emotion regulation, perceived stress, dissociation, university students, intensive longitudinal research.*

1. Introduction

Maladaptive daydreaming (MD) is excessive, immersive, and difficult-to-control fantasy activity that causes distress or interferes with everyday functioning. The term comes from Somer's (2002) qualitative work with clinical patients, and the construct has since been measured mainly with the Maladaptive Daydreaming Scale (MDS) and its 16-item form (MDS-16; Schimmenti et al., 2020; Somer et al., 2016). MD is not an established diagnosis in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed., text rev.; American Psychiatric Association, 2022) or the *International Classification of Diseases* (11th rev.; World Health Organization, 2019). A 2025 position paper argued that it should be classified as a dissociative disorder (Soffer-Dudek et al., 2025), but that proposal is a scholarly position and not a classification decision. Epidemiological data from general-population samples are also available (Soffer-Dudek & Theodor-Katz, 2022).

Measurement has advanced faster than causal explanation. The MDS was developed in a sample of 447 English-speaking participants from 45 countries, and it identified dimensions of yearning, kinesthetic experience, and impairment (Somer et al., 2016). A paper from the same early research program reports the same total sample size and international sampling frame (Bigelsen et al., 2016), so the two should not be treated as independent replications.

Emotion regulation (ER) is a central explanatory domain. Across studies, MD is associated with difficulty identifying, accepting, and managing emotional states and with limited perceived access to regulation strategies. The same association fits several causal structures. ER difficulties could come before MD. MD could be recruited to manage emotion. MD could worsen distress later through lost time, guilt, and impairment. Or stable vulnerabilities could contribute to all three variables.

Perceived stress needs separate treatment. Perceived stress is the appraisal that demands exceed one's coping resources (Cohen et al., 1983; Lazarus & Folkman, 1984). Psychological distress is a wider outcome that can include anxiety, depression, and stress symptoms. Treating the two as interchangeable would overstate the direct evidence on stress. This review therefore organizes the literature around four distinguishable models and asks what evidence would separate them. It does not try to infer a single causal pathway from mostly correlational studies.

2. Review Questions

The review addresses five questions.

1. What is known about the association between MD and ER difficulties?
2. What evidence directly examines perceived stress in relation to MD?
3. How do dissociation, ADHD and OCD symptoms, attachment, trauma, and mind-wandering qualify the relationship among MD, ER, and stress?
4. Which temporal and analytic observations would distinguish vulnerability, coping, reciprocal, and shared-vulnerability models?

5. Which designs and measures are best suited to resolving these competing explanations?

3. Method

3.1 Review Design and Scope

This is a critical integrative review. It is not a new systematic review or meta-analysis. Integrative reviews suit questions in which designs are heterogeneous and the aim is to build a conceptual framework (Torraco, 2005; Whitemore & Knafl, 2005). The review is anchored to the scoping review by Mansuklal et al. (2025), which mapped the MD literature through March 2024. Reporting followed the six items of the Scale for the Assessment of Narrative Review Articles (SANRA; Baethge et al., 2019) as a checklist for narrative reviews. No score is reported.

3.2 Evidence Base From the Anchor Review

Mansuklal et al. (2025) searched MEDLINE, PsycINFO, Scopus, Web of Science Core Collection, and secondary sources for English-language empirical studies through March 2024. Their flow of records was 3,441 identified, 1,316 duplicates removed, 2,125 screened, 57 full texts assessed, and 32 studies added from secondary searching, for 89 included studies (87 published and 2 unpublished). These counts describe the anchor review. They were not generated by the present review.

3.3 Evidence Update

To cover April 2024 to September 2026, targeted searches were run in PubMed records, publisher platforms, and other openly accessible scholarly interfaces. Reference lists of the anchor review, the 2025 meta-analysis, and the 2026 systematic review were also chained. Search concepts combined MD terms with ER, stress, temporal designs, students, and interventions. The core string was ("maladaptive daydream*" OR "excessive daydream*" OR "immersive daydream*") AND ("emotion regulation" OR "emotion dysregulation" OR DERS OR "perceived stress" OR "psychological stress"). Further searches paired the MD terms with (longitudinal OR diary OR daily OR temporal OR lagged), (student* OR university OR college), and (intervention OR treatment OR randomized OR mindfulness).

Authenticated access to PsycINFO, Scopus, and Web of Science was not available for the update, so database hit counts and a PRISMA flow diagram are not reported. The update is a targeted search for studies that could change the synthesis. It is not an exhaustive retrieval and does not replace the systematic search in the anchor review.

3.4 Eligibility and Synthesis

Priority went to empirical studies that measured MD directly and examined ER, perceived stress, psychological distress, or closely related constructs. Longitudinal, daily-diary, experimental, randomized, and student-specific studies were prioritized when they bore on temporal or functional questions. Reviews and position papers informed the conceptual synthesis and were not counted as primary studies. Sources

that are not conventional journal articles, such as conference proceedings, were used only as supplementary evidence and are labeled as such.

3.5 Evidence Appraisal

Evidence was appraised qualitatively on four dimensions. Design relevance asks whether the design can address the claim being made. Measurement relevance asks whether the construct was measured directly. Analytic relevance asks whether between-person and within-person information were separated. Interpretive strength asks whether the authors' conclusions match the design. Sample overlap was checked from published sample descriptions, and cases in which overlap is possible but cannot be confirmed are stated as such.

4. Conceptualizing Maladaptive Daydreaming

4.1 Measurement and Diagnostic Status

Somer (2002) described daydreaming that becomes extensive and absorbing enough to interfere with ordinary functioning. Bigelsen et al. (2016) compared 340 self-identified MD participants with 107 comparison participants, and Somer et al. (2016) built the MDS from an international sample of 447 English-speaking participants. Together these studies showed that frequency, absorption, control, and impairment can be measured. They did not establish diagnostic validity.

Cross-cultural measurement needs care. Soffer-Dudek et al. (2020) tested 1,081 participants from the United States, Italy, Turkey, and the United Kingdom. Configural invariance held, and metric invariance held for several factors but not Yearning. Scalar invariance was not established. Absolute differences in MDS scores between countries therefore cannot be read as differences in an identical latent construct.

The MDS-16 is scored on a 0 to 100 response continuum with intervals of 10 (Somer et al., 2017). This matters because a scoring error in Mancinelli et al. (2024a) led to a correction that re-ran the analyses on the correct scale (Mancinelli et al., 2024b). The correction is discussed below.

4.2 Sample Dependence and Research Concentration

Several early findings depend on overlapping samples. Bigelsen et al. (2016) and Somer et al. (2016) both report 447 participants from 45 countries. The two papers by Sándor et al. (2023a, 2023b) report the same 717 recruited participants, of whom 106 were screened as problematic daydreamers, and so are two analyses of one sample. Three further overlaps are possible but cannot be confirmed from the published records. Greene et al. (2020) and West and Somer (2020) both report 542 participants and share authors. Soffer-Dudek et al. (2020) and Metin et al. (2023) recruited large samples from the same four countries with overlapping authors. Soffer-Dudek and Somer (2018) analyzed 77 participants after 104 began the daily phase, and Wen et al. (2024) report 103 daily-diary participants over a 14-day period. This review treats these cases as possible overlap, not as confirmed duplication, and does not count them as independent replications.

5. Emotion Regulation and Maladaptive Daydreaming

5.1 Quantitative Synthesis

Somer et al. (2025) meta-analyzed 40 studies with 24,977 participants. The secondary analysis of ER difficulties included only four studies and gave $r = .365$, 95% CI [.308, .419], $Q(3) = 5.23$, $p = .156$, $I^2 = 42.65\%$. Trim-and-fill analysis imputed two missing studies below the mean, which points to a possible overestimate, although the authors describe the shift after imputation as slight. With so few studies, moderator analysis was not possible, so the pooled estimate cannot explain why effects differ across measures, samples, or designs. It supports an association. It is not a definitive population value.

The same meta-analysis pooled larger evidence bases for depression ($k = 14$, $r = .432$), anxiety ($k = 11$, $r = .387$), dissociation ($k = 10$, $r = .447$), obsessive-compulsive disorder (OCD; $k = 8$, $r = .303$), and attention-deficit/hyperactivity disorder (ADHD; $k = 7$, $r = .312$), and smaller ones for negative affect ($k = 3$, $r = .362$) and psychological distress ($k = 4$, $r = .492$). It reports no perceived-stress outcome. These estimates matter for comorbidity and vulnerability, but they do not identify a mechanism linking ER, stress, and MD. The 2026 systematic review by Cakar-Ozcelik et al. likewise found MD–psychopathology associations that were generally weak to moderate, with dissociation the most frequently studied correlate. It also found that ADHD was typically unrelated to deliberate mind-wandering and that OCD associations ranged from null to small. Neighboring constructs should therefore not be treated as uniform markers of MD.

5.2 Network and Group-Comparison Evidence

Greene et al. (2020) analyzed 542 participants and found difficulty controlling daydreaming to be the most central MD node, with limited ER strategies and control difficulties also central in the expanded network. Nowacki and Pyszkowska (2024b) used network analysis to link MD with frustration intolerance and coping strategies. West and Somer (2020) reported that both the maladaptive and the immersive components of daydreaming predicted poorer ER, and they concluded that immersive daydreaming is not an effective regulation strategy. Sándor et al. (2023a) compared 106 screened MD participants with the rest of a 717-person sample and found greater difficulty on every dimension of the Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004) in the MD group. Their companion paper on the same sample reported greater dissociative propensity and an association between childhood trauma and MD (Sándor et al., 2023b). In India, Reddy et al. (2024) compared 57 students scoring 40 or above on the MDS-16 with 52 students below that score and found greater ER difficulty in the higher-scoring group. That study is small and exploratory. Together these studies support a close link between control-related MD features and ER difficulty. All are cross-sectional and cannot show temporal direction.

5.3 Corrected Evidence From Mancinelli et al.

Mancinelli et al. (2024a) must be read together with the authors' November 2024 correction (Mancinelli et al., 2024b). The MDS-16 had been scored on a 1 to 10 scale instead of the correct 0 to 100 scale. After rescaling, the number of participants at or above the probable-MD cutoff fell from 252 to 190.

Demographic differences between the two samples were small. The corrected results show that MD was negatively correlated with anxiety and with negative problem-solving orientation and was not significantly correlated with depression. The only significant indirect effect ran from difficulty pursuing goals during negative emotions, through MD, to anxiety. The earlier mediation involving negative problem-solving orientation was no longer significant.

The authors read the negative MD–anxiety correlation as consistent with an escapist, buffering function. That sign is opposite to the positive MD–anxiety association in the pooled literature ($r = .387$; Somer et al., 2025). Range restriction is one possible reason, because every participant was a probable MD case, but the article does not test this. The corrected study supports a narrower reading of an emotion-regulatory function than the original did.

5.4 Emotion Regulation as a Process

Gross's (2015) process model separates situation selection, situation modification, attentional deployment, cognitive change, and response modulation. MD could work at several of these points. It might be chosen to escape an aversive setting, used to redirect attention, used to generate desired feelings, or become habitual and hard to inhibit. A high DERS score therefore does not show that MD is a failed regulation strategy. It could reflect a vulnerability, the result of repeated coping, or both.

6. Perceived Stress and Related Constructs

6.1 Direct Perceived-Stress Evidence

Three studies measured perceived stress directly. Metin et al. (2023) analyzed 1,083 participants from the United States, United Kingdom, Italy, and Turkey during the first COVID-19 lockdown. Path analysis indicated that perceived stress mediated the links from self-quarantine and several personal characteristics to elevated MD. Pham and Pecherina (2026a) used the Perceived Stress Scale (PSS) with 301 university students in Vietnam. Stress and ghosting each predicted more MD, and mindfulness, but not rumination, mediated the effect of stress on MD. Constantine and Haque (2025) surveyed 119 university students and reported that perceived stress partly mediated the link between loneliness and MD and fully mediated the link between low self-esteem and MD. The last study comes from conference proceedings and is treated as supplementary. All three designs are cross-sectional. They fit a stress-to-MD hypothesis, but they cannot establish temporal order or causal mediation.

6.2 Student Evidence

Student samples add to this picture. Khan and Salman (2024) studied 156 university students and reported associations among media-related MD, ER variables measured with the Emotion Regulation Questionnaire (ERQ), and distress on the Kessler Psychological Distress Scale (K10). Karaağaç and Korkmaz (2025) studied medical students with the MDS-16, the Depression Anxiety Stress Scales (DASS-21), and a procrastination measure and found a positive association between MD and stress symptoms. Pham and Pecherina (2026b) studied 388 Vietnamese adolescents who read online novels and found that online novel reading partly mediated the link between loneliness and MD. These studies

show that MD matters in academic settings, but they are all correlational. They also use different constructs. Perceived-stress appraisal, DASS-21 stress symptoms, and general distress are not interchangeable.

6.3 Temporal Evidence From Longitudinal and Daily-Diary Studies

Musetti et al. (2023) followed 814 participants over 13 months and found high stability of MD and positive cross-lagged paths from MD to later psychological distress. COVID-19 exposure did not predict later MD. This gives temporal support for a downstream pathway from MD to distress and does not support a general stress-to-MD pathway.

Soffer-Dudek and Somer (2018) collected 14 nightly reports from 77 self-identified MD participants (104 began the daily phase). On days when MD was higher, participants also reported more dissociation, obsessive-compulsive symptoms, depression, anxiety, social anxiety, and negative emotion and less positive emotion. In lagged analyses, obsessive-compulsive symptoms were the only consistent antecedent of MD. Negative emotion did not precede MD at a one-day lag, but negative emotion, dissociation, and obsessive-compulsive symptoms were higher on the day after elevated MD. Most of the variance in daily MD lay between persons (intraclass correlations of .78 for intensity and .80 for quantity), so the within-person signal was a minority of the total. The authors noted that a one-day lag could miss faster processes, such as anxiety shortly before an episode. This pattern weakens any claim that negative affect reliably drives MD at the daily level, and it leaves the moment-to-moment question open.

Wen et al. (2024) asked 103 self-identified MD participants to rate their emotions daily for 14 days. People who daydreamed to cope with negative memories, feelings, and realities reported more negative emotion after their daydreams, whereas people whose daydreams involved rewarding pastimes and wish fulfillment reported more positive emotion. Higher depression and higher daydream intensity were also linked to more negative emotion after daydreaming. These are end-of-day ratings, not ratings taken before and after an episode, but they are the closest existing test of the emotional consequence that a coping account requires. Marcusson-Clavertz et al. (2019) showed in daily-diary data that within-person and between-person variance in MD, mind-wandering, and sleep can differ substantially, which supports variance decomposition as a routine step.

7. Related Constructs and Boundary Conditions

7.1 Dissociation

Dissociation is among the most consistently examined correlates of MD. The 2025 meta-analysis included ten dissociation studies, and the 2026 systematic review identified dissociation as the most frequently examined psychopathological correlate. Dissociation may work as a stable vulnerability, a state variable, or both. In the daily-diary data of Soffer-Dudek and Somer (2018), state dissociation followed MD and did not consistently precede it. Treating dissociation only as a person-level covariate may therefore be too restrictive in intensive longitudinal models.

7.2 ADHD and OCD

The evidence for ADHD and OCD is not uniform. Somer et al. (2025) reported pooled associations of MD with ADHD ($k = 7$, $r = .312$) and OCD ($k = 8$, $r = .303$), with very high heterogeneity for ADHD ($I^2 = 92.05\%$) and substantial heterogeneity for OCD ($I^2 = 68.97\%$). Cakar-Ozcelik et al. (2026) reported that ADHD was typically unrelated to deliberate mind-wandering and that OCD associations with deliberate mind-wandering ranged from null to $r = .19$. These findings support treating ADHD and OCD symptoms as heterogeneous neighboring processes and not as universal causes of MD. Obsessive-compulsive symptoms are the best-supported daily antecedent in the diary evidence (Soffer-Dudek & Somer, 2018).

7.3 Attachment and Trauma

Costanzo et al. (2021) studied 877 adults and found that MD statistically mediated associations between preoccupied/fearful attachment and problematic social-media use. Gemignani et al. (2025) extended attachment research to 1,295 young adults and found relationships among parental care, unresolved attachment, MD, depression and anxiety, and OCD symptoms. Somer et al. (2021) studied 539 adults meeting a probable-MD criterion and found that childhood trauma was associated with using fantasy to distract from painful memories and to regulate emotional pain. These findings support distal vulnerability and functional hypotheses. They do not show that trauma or attachment directly causes momentary MD.

7.4 Mind-Wandering and Neighboring Phenomena

Cakar-Ozcelik et al. (2026) reviewed 33 adult studies, 23 on MD and 10 on deliberate mind-wandering, and found partly distinct association profiles. MD should therefore not be collapsed into ordinary mind-wandering.

7.5 Behavioral-Addiction Framing

Pietkiewicz et al. (2018) presented a single clinical case in which MD first worked as coping and later became hard to control and disruptive. The case illustrates a possible reinforcement process, but it cannot establish a behavioral-addiction model at the population level. The addiction framing should remain a hypothesis and not a settled classification.

8. Summary of Directly Relevant Evidence

Table 1 summarizes the studies most relevant to the review questions, in order of publication year.

Table 1.*Studies Directly Relevant to Emotion Regulation, Perceived Stress, and Maladaptive Daydreaming*

Study	Sample and setting	Design	Key measures	Main finding and relevance
Bigelsen et al. (2016)	<i>N</i> = 447 (340 MD, 107 comparison); 45 countries	Cross-sectional group comparison	MDS; psychopathology measures	MD group differed in quantity, content, control, distress, and impairment. Possible overlap with Somer et al. (2016).
Somer et al. (2016)	<i>N</i> = 447; 45 countries	Scale development	14-item MDS	Three factors: yearning, kinesthetic experience, impairment. Foundational measurement study.
Soffer-Dudek & Somer (2018)	77 self-identified MD (104 began); 14 nights	Daily diary; multilevel lagged models	Daily MD, dissociation, OC symptoms, depression, anxiety, social anxiety, PANAS	OC symptoms were the only consistent antecedent of MD. Negative emotion, dissociation, and OC symptoms were higher after elevated MD. ICCs near .78 to .80.
Marcusson-Clavertz et al. (2019)	<i>N</i> = 126 MD; 869 daily observations	Daily diary	MD, mind-wandering, sleep	Separated within-person and between-person variance; shows the value of repeated measurement.
Greene et al. (2020)	<i>N</i> = 542	Cross-sectional network	MD; emotion-regulation difficulties	Control-related MD features and limited regulation strategies were central nodes.
Soffer-Dudek et al. (2020)	<i>N</i> = 1,081; USA, Italy, Turkey, UK	Cross-cultural psychometrics	MDS-16	Configural and partial metric invariance; scalar invariance not established.
West & Somer (2020)	<i>N</i> = 542; 56 countries	Cross-sectional	Maladaptive and immersive daydreaming; emotion regulation; empathy; creativity	Both components predicted poorer emotion regulation. Possible overlap with Greene et al. (2020).
Somer et al. (2021)	<i>N</i> = 539 probable MD; multinational	Cross-sectional	MD; childhood trauma; fantasy functions	Trauma related to using fantasy to distract from painful memories and regulate emotional pain.
Herscu et al. (2023)	557 randomized; 353 completed	RCT, three arms, 6-month follow-up	MD symptoms, frequency, functioning	Two web-based programs improved MD relative to a waiting list; the full program was superior after treatment and equal at follow-up.
Metin et al. (2023)	<i>N</i> = 1,083; four countries	Cross-sectional path analysis	Perceived stress; MD	Perceived stress statistically mediated links from pandemic and quarantine factors to elevated MD.
Musetti et al. (2023)	<i>N</i> = 814	Longitudinal, 13 months	MD; stress, anxiety, depression symptoms	High MD stability; MD predicted later distress; COVID-19 exposure did not predict MD.
Sándor et al. (2023a)	<i>N</i> = 717; 106 screened MD; Hungary	Cross-sectional group comparison	MDS; DERS; attachment	Greater difficulty on all DERS dimensions in the MD group.
Sándor et al. (2023b)	Same 717 / 106 sample	Cross-sectional; SEM	MDS; trauma; dissociation	Trauma and dissociative propensity related to MD. Same sample as Sándor et al. (2023a).

Study	Sample and setting	Design	Key measures	Main finding and relevance
Celban & Nowacki (2024)	General adult sample	Cross-sectional	MD; emotion dysregulation; dissociation; experiential avoidance	Links among MD, emotion dysregulation, and experiential avoidance; no temporal direction.
Khan & Salman (2024)	$N = 156$ university students	Cross-sectional	MDS-16; ERQ; K10	MD related to emotion-regulation variables and distress.
Mancinelli et al. (2024a, 2024b)	Corrected $N = 190$ probable MD	Cross-sectional mediation; corrected scoring	MDS-16; emotion regulation; anxiety; depression; problem solving	After correction: no MD–depression association; one indirect effect (difficulty pursuing goals $\rightarrow$ MD $\rightarrow$ anxiety).
Reddy et al. (2024)	$N = 109$ students (57 higher MDS-16, 52 lower); India	Cross-sectional group comparison	MDS-16; DERS-36; fantasy proneness	Greater emotion-regulation difficulty in the higher-MD group. Small, exploratory.
Wen et al. (2024)	$N = 103$ self-identified MD; 14 days	Daily diary	Daily MD; depression; daydream themes; positive and negative emotion	Coping-motivated daydreams were followed by more negative emotion; wish-fulfillment daydreams by more positive emotion.
Constantine & Haque (2025)	$N = 119$ university students	Cross-sectional mediation (conference proceedings)	Loneliness; self-esteem; perceived stress; MD	Perceived stress partly mediated loneliness–MD and fully mediated self-esteem–MD. Supplementary evidence.
Gemignani et al. (2025)	$N = 1,295$ young adults	Cross-sectional mediation	MD; attachment; parental care; depression and anxiety; OC symptoms	MD mediated some links between unresolved attachment and symptoms.
Karaağaç & Korkmaz (2025)	Medical students	Cross-sectional	MDS-16; DASS-21; procrastination	MD positively associated with stress symptoms.
Somer et al. (2025)	40 studies; $N = 24,977$	Meta-analysis	MD; multiple psychopathology domains	Emotion regulation: $k = 4$, $r = .365$, 95% CI [.308, .419], $P = 42.65\%$; two imputed studies below the mean.
Cakar-Ozelik et al. (2026)	33 studies (23 MD, 10 deliberate MW)	Systematic review	Validated psychopathology measures; MMAT	MD and deliberate MW show partly distinct association profiles; evidence mostly cross-sectional.
Pham & Pecherkina (2026a)	$N = 301$ university students; Vietnam	Cross-sectional SEM	PSS; MD; rumination; mindfulness; ghosting	Stress positively predicted MD; only mindfulness mediated the stress–MD link.
Pham & Pecherkina (2026b)	$N = 388$ adolescents; Vietnam	Cross-sectional mediation	Loneliness; online novel reading; MD	Online novel reading partly mediated the loneliness–MD link.

Note. MD = maladaptive daydreaming; MDS = Maladaptive Daydreaming Scale; PANAS = Positive and Negative Affect Schedule; OC = obsessive-compulsive; ICC = intraclass correlation; DERS = Difficulties in Emotion Regulation Scale; ERQ = Emotion Regulation Questionnaire; K10 = Kessler Psychological Distress Scale; DASS-21 = Depression Anxiety Stress Scales; PSS = Perceived Stress Scale; MW = mind-wandering; MMAT = Mixed Methods Appraisal Tool; RCT = randomized controlled trial; SEM = structural equation modeling. Effect sizes are given only where they were taken from the source report.

9. Competing Explanatory Models

Four models organize the evidence. They are not mutually exclusive.

9.1 Model 1: Emotion-Regulation Vulnerability

Model 1 proposes that ER difficulty raises susceptibility to MD. At the between-person level, people with higher average regulation difficulty should have higher average MD. At the within-person level, an individual's above-usual regulation difficulty should predict later above-usual MD after prior MD is controlled. Cross-sectional DERS differences support the trait-level part and cannot test the within-person part. The model also has a moderation variant that follows a diathesis-stress logic, which Soffer-Dudek and Somer (2018) raised for MD. In this variant, stress predicts later MD more strongly in people, or at moments, with greater regulation difficulty. Testing it requires a stress $\times$ regulation-difficulty interaction on the lagged path.

9.2 Model 2: Coping/Function

Model 2 proposes that MD is recruited in response to aversive emotional states. Its central prediction is that stress or negative affect comes before MD. Precedence alone is not enough to show a coping function. The stronger prediction is that an MD episode is followed by a measurable short-term emotional change consistent with regulation. Wen et al. (2024) found more negative emotion after daydreams that served coping motives, which does not fit a simple relief account, although end-of-day ratings could miss brief relief. Event-based ratings taken before and after an episode would be more informative than a single end-of-day distress score.

9.3 Model 3: Reciprocal Process

Model 3 extends the coping account by adding feedback. Stress may increase MD, and MD may then increase stress through lost time, interference with responsibilities, guilt, or functional impairment. Both directions should be estimated together, with prior levels controlled. Evidence for stress $\rightarrow$ MD alone is compatible with coping. Evidence for both directions is more consistent with reciprocal maintenance.

9.4 Model 4: Shared Vulnerability

Model 4 proposes that relatively stable characteristics, such as attachment insecurity, trauma history, dissociative propensity, ADHD and OCD symptoms, or broader psychopathological vulnerability, drive the covariance among MD, stress, and ER. Stable shared vulnerability cannot by itself explain a person-centered lagged effect, because person-centered predictors remove stable between-person differences. The model can be expanded to include time-varying shared vulnerability, such as state dissociation or state obsessive-compulsive symptoms, and trait $\times$ state interactions that moderate within-person slopes.

The models overlap. Model 3 contains the stress-to-MD component of Model 2, and stable vulnerability can coexist with dynamic coping or reciprocal processes. The aim of the framework is to specify observations that discriminate between the models, not to force the literature into one category.

10. What Would Discriminate the Models

Table 2 lists the observations that would separate the models and how each would be interpreted.

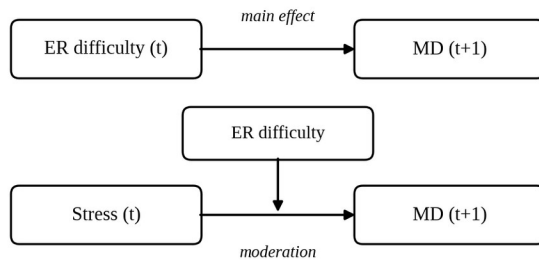
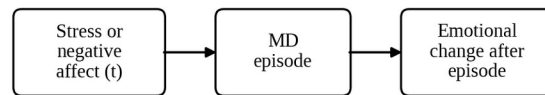
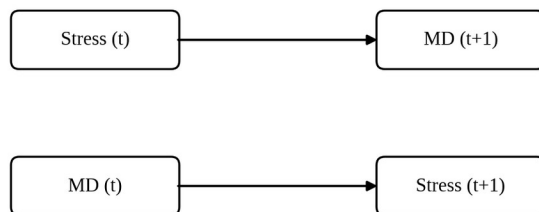
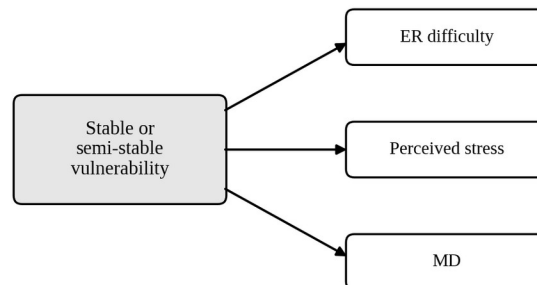
Table 2.
Observations That Would Discriminate the Four Models

Observation	Interpretation
Trait association without lagged effects	Higher average emotion-regulation difficulty or stress goes with higher average MD, but there is little within-person coupling. Fits shared vulnerability (Model 4).
Stress precedes MD	Above-usual stress predicts later above-usual MD after prior MD is controlled. Supports a coping or reciprocal component (Models 2 and 3).
Stress effect depends on regulation difficulty	The lagged stress → MD effect is larger when regulation difficulty is higher, as a trait or a state. Supports the moderation variant of Model 1.
MD precedes emotional change	A short-term drop in negative affect or rise in positive affect after MD supports a regulatory function more directly than covariance does (Model 2).
MD precedes later stress	Above-usual MD predicts later above-usual stress after prior stress is controlled. Supports a reverse pathway and separates reciprocal from simple coping accounts (Model 3).
Bidirectional temporal effects	Both stress → MD and MD → stress are present. Consistent with reciprocal maintenance (Model 3).
State vulnerability moderates lagged effects	Momentary dissociation or OC symptoms, or trait × state interactions, change within-person slopes. Extends Model 4 beyond a purely trait explanation.

Note. MD = maladaptive daydreaming; OC = obsessive-compulsive. Interpretations assume that prior levels of the outcome are controlled and that between-person and within-person variance are separated.

11. Integrated Theoretical Framework

Figure 1 summarizes the four models and separates between-person covariance from within-person temporal processes. Prior levels of the outcome should be controlled in any temporal test. The figure also shows that a coping interpretation needs an emotional consequence of MD, not only an antecedent link between stress and MD.

Figure 1.*Four Explanations Linking Emotion Regulation, Perceived Stress, and Maladaptive Daydreaming***A. Emotion-regulation vulnerability***Above-usual ER difficulty precedes above-usual MD***B. Coping / function***Coping requires a subsequent emotional change***C. Reciprocal process***Both directions estimated, prior levels controlled***D. Shared vulnerability***Explains between-person covariance; state vulnerability may also moderate dynamics*

Note. ER = emotion regulation; MD = maladaptive daydreaming; t = a measurement occasion. Panel A shows a main-effect variant and a moderation variant. Panel D separates stable or semi-stable shared vulnerability from within-person lagged effects; time-varying vulnerability can also moderate dynamic paths.

12. Intervention Evidence

Herscu et al. (2023) reported the first randomized controlled trial for MD. It tested an eight-session, self-guided web program. Of 557 people randomized, 353 completed the program. The trial had three arms: a full program (psychoeducation, motivation enhancement, mindfulness, and self-monitoring), the same program without self-monitoring, and a waiting-list group with continued access to online support forums. Both program arms improved on MD symptoms, daydreaming frequency, and functioning, while the waiting-list group did not. The full program was superior to the partial program after treatment, and the two were equivalent at 6-month follow-up.

The trial shows that MD symptoms can change over a short period. The reported analyses rest on the 353 completers, about 63% of those randomized, and no mediator was tested, so the trial does not show that ER or perceived stress is the mechanism of change. Pietkiewicz et al. (2018) remains useful as a single-case description of a possible path from coping to compulsion, but it is not intervention evidence. Future trials could test mechanisms directly, for example by measuring perceived stress and regulation difficulty at each session.

13. Methodological Limitations of the Existing Literature

13.1 Predominance of Cross-Sectional Designs

Most MD studies are cross-sectional. This limits temporal inference and invites causal language that the designs cannot support.

13.2 Common-Method Variance

MD, ER, stress, anxiety, depression, and distress are usually measured by self-report in the same assessment, which creates shared-method variance.

13.3 Measurement Overlap

MD measures contain control, absorption, impairment, and affective elements that overlap conceptually with ER and distress measures.

13.4 Trait–State Ambiguity

Trait DERS scores, attachment, trauma, and general psychopathology should not be treated as interchangeable with momentary emotional states. Within-person effects require explicit person-centering or latent decomposition (Curran & Bauer, 2011). Qualitative analysis of lived experience also describes MD as changing over time (Nowacki & Pyszkowska, 2024a), which single-occasion scales do not capture.

13.5 Sample Overlap and Research-Group Concentration

The two 2016 studies share the same sample size and international frame, the two Sándor papers use the same 717/106 sample, and several other samples may overlap (see Sample Dependence and Research Concentration). A large share of foundational studies also comes from overlapping research networks. Independent replication is therefore important.

13.6 Cultural Measurement and Geographic Coverage

The absence of scalar invariance in the four-country MDS study limits interpretation of absolute cross-cultural score differences. Most samples are Western or recruited online. Evidence from India is limited

to small studies such as Reddy et al. (2024), so conclusions may not transfer to South Asian settings without local validation.

13.7 Short-Series Estimation

Simple person-mean centering with lagged predictors can be biased in short time series (Hamaker et al., 2015; Nickell, 1981). Dynamic structural equation models, random-intercept cross-lagged approaches, latent-mean centering, or appropriately specified multilevel dynamic models may separate stable and dynamic variance better (Asparouhov et al., 2018; Hamaker et al., 2015). The 14-night diary of Soffer-Dudek and Somer (2018), with intraclass correlations near .80, shows how little within-person variance may be available.

13.8 Self-Selected and Student Samples

Many MD samples were recruited from online MD communities or by self-identification, which may inflate distress and limit generalization (Soffer-Dudek & Somer, 2018). University samples are directly relevant to academic stress and functioning but should not be assumed to represent the general population.

14. Limitations of the Present Review

This review has limits. The evidence update was a targeted search and not an exhaustive one, so relevant studies may have been missed, and the anchor review was restricted to English-language studies. Appraisal was qualitative and was not scored. Sample overlap could be assessed only from published descriptions. Conference proceedings are less rigorously reviewed than journal articles, and the one such source is labeled as supplementary. The four-model framework is a conceptual tool. It has not been tested, and the discriminating observations in Table 2 assume adequately measured and adequately sampled constructs.

15. Research Priorities and Design Implications

The evidence points to a clear empirical strategy. A study meant to separate the four models should measure MD, perceived stress, and emotional state repeatedly. It should keep stable measures of dissociation, attachment, trauma, ADHD and OCD symptoms, and general psychopathology, and it should record enough occasions to estimate person-specific deviations reliably (Shiffman et al., 2008). The core temporal tests are (a) $ER\ difficulty_t \rightarrow MD_{t+1}$, (b) $stress_t \rightarrow MD_{t+1}$, including its interaction with ER difficulty, (c) $MD_t \rightarrow stress_{t+1}$, and (d) $MD\ episode \rightarrow emotional\ change\ after\ the\ episode$. Each path should control the prior level of its outcome. The design also permits trait $\times$ state moderation and time-varying shared vulnerability.

Such a design would avoid the main interpretive error in the current literature, which is to treat a between-person association as evidence of a within-person mechanism. A person who generally reports more stress and more MD differs from the same person in an unusually stressful period followed by unusually high MD. These are different estimands and need different analyses. Priorities for future work are listed below.

1. Measure perceived stress directly, for example with the PSS or momentary appraisal items, and do not substitute general distress or negative affect.
2. Separate between-person from within-person variance with multilevel, random-intercept, latent-variable, or dynamic structural equation approaches.
3. Estimate reciprocal lagged paths and not only one-directional mediation.
4. Use event-based pre-episode and post-episode ratings of emotion when testing a coping/function account.
5. Measure state dissociation and state obsessive-compulsive symptoms where theory supports it, alongside stable vulnerability measures.
6. Report intraclass correlations or an equivalent variance decomposition before comparing between-person and within-person effects.
7. Replicate across independent research groups, countries, languages, and recruitment sources, test measurement invariance, and include South Asian samples.
8. Use intervention studies to test mechanisms, and not only symptom change.

16. Implications for Practice and Education

The evidence does not yet support mechanism-specific treatment. Mindfulness with self-monitoring reduced MD symptoms in one trial (Herscu et al., 2023), and student studies link MD with stress and distress. University counseling services could therefore reasonably screen for MD alongside stress and regulation difficulty when students report unwanted, time-consuming fantasy. Clinicians should not assume that MD is only a response to stress, because longitudinal evidence shows that MD can also precede later distress. Local prevalence, measurement validity, and help-seeking patterns in India remain open questions.

17. Discussion

Three conclusions are relatively secure. First, MD is consistently associated with ER difficulty. The pooled estimate is positive but rests on four studies, and the meta-analysis imputed two missing studies for this outcome. Second, MD sits within a wider network of dissociation, anxiety, depression, OCD, ADHD, trauma, attachment, and psychological distress. These correlates matter for vulnerability and comorbidity, but they do not identify one causal mechanism. Third, direct perceived-stress evidence is much smaller than the wider psychopathology literature and is cross-sectional.

The temporal evidence changes how the field should be read. MD predicted later psychological distress over 13 months (Musetti et al., 2023), and daily MD moved with symptoms and was followed by higher negative emotion, dissociation, and obsessive-compulsive symptoms (Soffer-Dudek & Somer, 2018). A purely antecedent model is therefore inadequate. At the same time, negative emotion did not precede MD at a one-day lag in the lagged daily-diary analysis, and COVID-19 exposure did not predict later MD in the longitudinal study. Direction may depend on context, individual vulnerability, and the time scale of measurement.

The corrected Mancinelli study shows why citation integrity matters for theory. The original report overstated the breadth of the emotion-regulatory pattern. The corrected analysis dropped the depression association and kept one indirect effect involving anxiety, with a sign that runs opposite to the wider literature. The most defensible position is pluralistic. ER vulnerability, coping, reciprocal reinforcement, and shared vulnerability can coexist, and their relative contribution and time scale are unknown. The four-model framework is useful because it turns these alternatives into observations that can be tested.

18. Conclusion

MD is reliably associated with ER difficulty and with a wider pattern of psychological vulnerability, but the evidence does not yet establish a single causal relationship among ER, perceived stress, and MD. The quantitative evidence on ER rests on few studies, and direct perceived-stress evidence is smaller still. Longitudinal, daily-diary, and randomized evidence shows that MD can fluctuate, persist, and precede later distress, and that simple stress-to-MD explanations are incomplete.

Future work should separate trait from state processes, measure perceived stress directly, estimate reciprocal lagged paths, record emotional change around MD episodes, and model stable and time-varying vulnerability. These features would let the field move from documenting covariance to testing the mechanisms that connect stress, ER, and MD.

Declarations

Funding

No external funding was used for the preparation of this review.

Conflict of Interest

The authors declare no conflicts of interest relevant to this review.

Ethics Approval

Not applicable. The review used published sources only.

Data Availability

No original participant-level data were collected or analyzed. The search strings are given in the Method section.

Use of Generative AI

Generative AI tools were used for drafting support, language editing, reference checking, and formatting. The authors checked the content against the cited sources, removed claims that could not be verified, and take full responsibility for the manuscript.

References

- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). <https://doi.org/10.1176/appi.books.9780890425787>
- Asparouhov, T., Hamaker, E. L., & Muthén, B. (2018). Dynamic structural equation models. *Structural Equation Modeling*, 25(3), 359–388. <https://doi.org/10.1080/10705511.2017.1406803>
- Baethge, C., Goldbeck-Wood, S., & Mertens, S. (2019). SANRA: A scale for the quality assessment of narrative review articles. *Research Integrity and Peer Review*, 4, Article 5. <https://doi.org/10.1186/s41073-019-0064-8>
- 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>
- Cakar-Ozcelik, M., Usta, E., & Inozu, M. (2026). Maladaptive daydreaming and deliberate mind-wandering: A systematic review of psychopathological associations in adults. *Current Psychology*, 45, Article 541. <https://doi.org/10.1007/s12144-026-09120-7>
- Celban, J., & Nowacki, A. (2024). Emotion dysregulation, dissociation, and borderline personality disorder symptoms as correlates of maladaptive daydreaming in a general sample: The crucial role of experiential avoidance. *European Journal of Trauma & Dissociation*, 8, Article 100481. <https://doi.org/10.1016/j.ejtd.2024.100481>
- Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24(4), 385–396. <https://doi.org/10.2307/2136404>
- Constantine, L., & Haque, S. (2025). Loneliness, self-esteem, and maladaptive daydreaming in university students: The mediating role of perceived stress. In *Proceedings of the Psychology International Conference (PSYCIC 2025)* (pp. 57–63). School of Psychology, Faculty of Humanities and Sciences, SLIIT. <https://doi.org/10.54389/PKBS8010>
- 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. *The Journal of Nervous and Mental Disease*, 209, 656–664. <https://doi.org/10.1097/NMD.0000000000001356>
- Curran, P. J., & Bauer, D. J. (2011). The disaggregation of within-person and between-person effects in longitudinal models of change. *Annual Review of Psychology*, 62, 583–619. <https://doi.org/10.1146/annurev.psych.093008.100356>
- Gemignani, M., Mancinelli, E., Manari, T., Gagliardini, G., Bassi, G., Chirico, I., Gizzi, G., Landi, G., Pistorio, M. L., Pupi, V., Volpato, E., Moretta, T., & Musetti, A. (2025). Understanding maladaptive daydreaming from the attachment framework: The intertwining roles of parental care, unresolved attachment, depression/anxiety and obsessive-compulsive symptoms. *Journal of Psychiatric Research*, 182, 290–296. <https://doi.org/10.1016/j.jpsychires.2025.01.015>
- Gratz, K. L., & Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the Difficulties in Emotion Regulation Scale. *Journal of Psychopathology and Behavioral Assessment*, 26(1), 41–54. <https://doi.org/10.1023/B:JOBA.0000007455.08539.94>
- 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>

- Gross, J. J. (2015). Emotion regulation: Current status and future prospects. *Psychological Inquiry*, 26(1), 1–26. <https://doi.org/10.1080/1047840X.2014.940781>
- Hamaker, E. L., Kuiper, R. M., & Grasman, R. P. P. P. (2015). A critique of the cross-lagged panel model. *Psychological Methods*, 20(1), 102–116. <https://doi.org/10.1037/a0038889>
- 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>
- Karaağaç, M., & Korkmaz, Ş. A. (2025). The relationship between maladaptive daydreaming and academic procrastination, depression, anxiety and stress levels in medical students. *Anatolian Current Medical Journal*, 7, 320–325. <https://doi.org/10.38053/acmj.1659391>
- Khan, H., & Salman, F. (2024). Media related maladaptive daydreaming, emotional regulation and psychological distress in university students. *International Journal of Contemporary Issues in Social Sciences*, 3, 809–821.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer.
- Mancinelli, E., Spisto, S., Sukhija, V. J., & Salcuni, S. (2024a). Maladaptive daydreaming as emotion regulation strategy: Exploring the association with emotion regulation, psychological symptoms, and negative problem-solving orientation. *Current Psychology*, 43(35), 28578–28589. <https://doi.org/10.1007/s12144-024-06487-3>
- Mancinelli, E., Spisto, S., Sukhija, V. J., & Salcuni, S. (2024b). Correction to: Errata corrige of the paper "Maladaptive daydreaming as emotion regulation strategy: Exploring the association with emotion regulation, psychological symptoms, and negative problem-solving orientation." *Current Psychology*, 43(45), 35164–35168. <https://doi.org/10.1007/s12144-024-06889-3>
- Mansuklal, S. A., Pascoal, P. M., Somer, E., Costa, I. B., & Andersson, G. (2025). What is known about maladaptive daydreaming? A scoping review. *Clinical Psychology & Psychotherapy*, 32, Article e70104. <https://doi.org/10.1002/cpp.70104>
- Marcusson-Clavertz, D., West, M., Kjell, O. N. E., & Somer, E. (2019). A daily diary study on maladaptive daydreaming, mind wandering, and sleep disturbances: Examining within-person and between-persons relations. *PLOS ONE*, 14(11), Article e0225529. <https://doi.org/10.1371/journal.pone.0225529>
- Metin, B., Somer, E., Abu-Rayya, H. M., Schimmenti, A., & Göçmen, B. (2023). 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>
- Musetti, A., Soffer-Dudek, N., Imperato, C., Schimmenti, A., & Franceschini, C. (2023). Longitudinal associations between maladaptive daydreaming and psychological distress during the COVID-19 health crisis. *Journal of Behavioral Addictions*, 12(1), 288–294. <https://doi.org/10.1556/2006.2023.00001>
- Nickell, S. (1981). Biases in dynamic models with fixed effects. *Econometrica*, 49(6), 1417–1426. <https://doi.org/10.2307/1911408>
- Nowacki, A., & Pyszkowska, A. (2024a). The everchanging maladaptive daydreaming: A thematic analysis of lived experiences of Reddit users. *Current Psychology*, 43, 28488–28499. <https://doi.org/10.1007/s12144-024-06506-3>

- Nowacki, A., & Pyszkowska, A. (2024b). It is all about discomfort avoidance: Maladaptive daydreaming, frustration intolerance, and coping strategies: A network analysis. *Current Psychology*, 43, 27447–27455. <https://doi.org/10.1007/s12144-024-06382-x>
- Pham, Q. D., & Pecherkina, A. A. (2026a). How ghosting and stress impact vulnerable narcissism and maladaptive daydreaming: The role of mindfulness and rumination. *Psychology of Consciousness: Theory, Research, and Practice*, 13(3), 353–370. <https://doi.org/10.1037/cns0000403>
- Pham, Q. D., & Pecherkina, A. A. (2026b). Loneliness as a motivating factor for maladaptive daydreaming among Vietnamese adolescents: The role of online novel reading. *Psychology, Health & Medicine*, 31, 453–467. <https://doi.org/10.1080/13548506.2025.2486506>
- 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>
- Reddy, M. B., Ranjitha, S., Alwar, S. V., & Rajan, E. J. E. (2024). Lost inside my head: An exploratory study on the effect of daydreaming on emotion regulation and fantasy proneness. *International Journal of Indian Psychology*, 12(4), 2624–2634. <https://doi.org/10.25215/1204.247>
- Sándor, A., Bugán, A., Nagy, A., Bogdán, L. S., & Molnár, J. (2023a). 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>
- Sándor, A., Bugán, A., Nagy, A., Nagy, N., Tóth-Merza, K., & Molnár, J. (2023b). Childhood traumatization and dissociative experiences among maladaptive and normal daydreamers in a Hungarian sample. *Current Psychology*, 42, 9509–9525. <https://doi.org/10.1007/s12144-021-02223-3>
- Schimmenti, A., Sideli, L., La Marca, L., Gori, A., & Terrone, G. (2020). Reliability, validity, and factor structure of the Maladaptive Daydreaming Scale (MDS–16) in an Italian sample. *Journal of Personality Assessment*, 102(5), 689–701. <https://doi.org/10.1080/00223891.2019.1594240>
- Shiffman, S., Stone, A. A., & Hufford, M. R. (2008). Ecological momentary assessment. *Annual Review of Clinical Psychology*, 4, 1–32. <https://doi.org/10.1146/annurev.clinpsy.3.022806.091415>
- 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/fpsy.2018.00194>
- Soffer-Dudek, N., & Theodor-Katz, N. (2022). Maladaptive daydreaming: Epidemiological data on a newly identified syndrome. *Frontiers in Psychiatry*, 13, Article 871041. <https://doi.org/10.3389/fpsy.2022.871041>
- Soffer-Dudek, N., Somer, E., Abu-Rayya, H. M., Metin, B., & Schimmenti, A. (2020). 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., Somer, E., Spiegel, D., Chefetz, R., O'Neil, J., Dorahy, M. J., Cardeña, E., Mamah, D., Schimmenti, A., Musetti, A., Boon, S., van Dijke, A., Ross, C., Nijenhuis, E., Krause-Utz, A., Dell, P., Gold, S. N., Pietkiewicz, I., Silberg, J., . . . Middleton, W. (2025). Maladaptive daydreaming should be included as a dissociative disorder in psychiatric manuals: Position paper. *The British Journal of Psychiatry*, 226, 238–242. <https://doi.org/10.1192/bjp.2024.279>
- 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., Abu-Rayya, H. M., & Brenner, R. (2021). Childhood trauma and maladaptive daydreaming: Fantasy functions and themes in a multi-country sample. *Journal of Trauma & Dissociation*, 22(3), 288–303. <https://doi.org/10.1080/15299732.2020.1809599>
- Somer, E., Bigelsen, J., Lehrfeld, J., & Jopp, D. S. (2017). *16-item Maladaptive Daydreaming Scale* [Database record]. APA PsycTests. <https://doi.org/10.1037/t84726-000>
- Somer, E., Herscu, O., Samara, M., & Abu-Rayya, H. M. (2025). Maladaptive daydreaming and psychopathology: A meta-analysis. *International Journal of Psychology*, 60(2), Article e70027. <https://doi.org/10.1002/ijop.70027>
- 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>
- Torraco, R. J. (2005). Writing integrative literature reviews: Guidelines and examples. *Human Resource Development Review*, 4(3), 356–367. <https://doi.org/10.1177/1534484305278283>
- Wen, H., Soffer-Dudek, N., & Somer, E. (2024). Daily feelings and the affective valence of daydreams in maladaptive daydreaming: A longitudinal analysis. *Psychology of Consciousness: Theory, Research, and Practice*, 11(4), 447–460. <https://doi.org/10.1037/cns0000293>
- 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>
- Whittemore, R., & Knafl, K. (2005). The integrative review: Updated methodology. *Journal of Advanced Nursing*, 52(5), 546–553. <https://doi.org/10.1111/j.1365-2648.2005.03621.x>
- World Health Organization. (2019). *International statistical classification of diseases and related health problems* (11th ed.). <https://icd.who.int/>