Examination of maladaptive daydreaming in the general population
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Background and aims: The aim of the present study is to adapt the MDS-16 (Maladaptive Daydreaming Scale, Somer et al, 2014) to Hungarian. Furthermore, this study explores the main features of maladaptive daydreaming in adult general population sample, as well as the relationship between adverse childhood experiences and maladaptive daydreaming.

Methods: Participants responded to several questionnaires, including the Hungarian version of MDS-16 (MDS-16-HU); the Tellegen Absorption Scale (TAS, Tellegen and Atkinson, 1974) for testing the convergent validity of MDS-16-HU, the ACE-10 (Adverse Childhood Experiences, Anda, 2007) to explore childhood traumatization, as well as a structured questionnaire to address several aspects of daydreamig experience.

Sample: 494 individuals were recruited through an online platform using chain-referral (snowball) sampling. We analized the data of 160 participants who met our three inclusion criteria: self-identified MDer status, control above the daydreaming activity and frequency of daydreaming).

Results: Our results demonstrated a high level of internal consistency (Cronbach's apha 0,957) and convergent validity of MDS-16-HU. Using a cut-off score of 35 (out of a maximum of 100) proved optimal in our sample because this score discriminated well between maladaptive and non- maladaptive daydreamers. Factor analysis of MDS-16-HU showed that the items belong to three factors: Impairment, Yearning, Kinesthesia and Music. Further results confirmed that childhood traumatization (emotional, physical and sexual abuse, emotional, physical neglect) significantly increases the likelihood of maladaptive daydreaming. However, in our sample there were no significant connections among the five types of household dysfunctions assessed by ACE (namely: parental separation or divorce; mother treated violently; household substance abuse; mental illness or suicide attempts in household, criminal household member) and maladaptive daydreaming.

Conslusions: Research confirmed that MDS-16-HU is a valid and reliable measure of maladaptive daydreaming therefore this scale can be a useful screening tool in clinical practice. Using a cut-off score of 35 it is possible to discriminate reliably between maladaptive and normal daydreamers. The three-factor structure identified by our research corresponds to the results of previous research (Somer et al., 2016). Moreover, our findings support that certain types of childhood traumatization significantly increase the probability that an initially normal and adaptive fantasy activity becomes abnormal causing significant distress and functional impairment.