

Understanding Self-Identified Use of Maladaptive Daydreaming in Relation to  
Developmental Trauma: An Interpretative Phenomenological Analysis of Blogs.

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## Abstract

**Background:** Exposure to developmental trauma can have a profound and deleterious impact, significantly affecting many areas of an individual's life. A large body of research has explored the adverse posttraumatic sequelae of developmental trauma during childhood (e.g. Cook et al., 2005) and in later life (e.g. van der Kolk, Roth, Pelcovitz, Sunday & Spinazzola, 2005). However, more recently, developmental trauma has been proposed as a risk factor for the development of a previously unrecognised clinical syndrome: maladaptive daydreaming (MD; Somer, Soffer-Dudek, Ross & Halpern, 2017, p. 186). Despite this, the lived experience of individuals who use MD following developmental trauma has received little research attention.

**Aims:** The present study aimed to gain an in-depth understanding of the lived experience of MD following developmental trauma and to explore how individuals understand their MD use in relation to their developmental trauma histories.

**Methodology:** Naturally occurring, documentary data was obtained in the form of four blogs which were analysed using Interpretative Phenomenological Analysis (Smith, Flowers & Larkin, 2009).

**Results:** Nine emergent themes were identified, with four superordinate themes thought to capture blog authors' experiences: 'counteracting threat to self', 'compensatory imagined relationships', 'becoming and preserving self' and 'conflicting real and fantasy lives'.

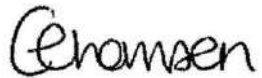
**Conclusion and implications:** Findings are discussed with regard to understanding MD use in relation to unmet, temporal needs, a detachment of self, MD-related distress and the impact of daydreaming on authors' sense of self. These findings may have therapeutic implications with regards to daydreaming disclosure and cessation. Future MD research may benefit from investigating MD further in relation to dissociative processes and its impact on individuals' sense of self.

**Key words:** developmental trauma; maladaptive daydreaming; fantasy; absorption.

## Declaration

The work is original and has not been submitted previously in support of any qualification or course.

Signed:

A handwritten signature in black ink that reads "Charlene Thomson". The signature is written in a cursive style with a large initial 'C'.

Charlene Antoinette Thomson

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## List of Abbreviations

AoIR	Association of Internet Researchers
BPS	British Psychological Society
DES	Dissociative Experiences Scale
IMR	Internet-mediated research
IPA	Interpretative Phenomenological Analysis
MD	Maladaptive daydreaming
MDS	Maladaptive Daydreaming Scale
PTSD	Posttraumatic stress disorder
UK	United Kingdom



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## Chapter 1. Introduction

Internet-mediated communication has grown exponentially in recent decades, allowing individuals to communicate easily with a much wider geographic audience and facilitating the mobilisation of groups of people to drive social change (Bargh & McKenna, 2004). For many, internet access, and online publication of initial “maladaptive daydreaming” (MD) research, facilitated their first encounter with the term MD which, for some, followed years of struggle “with a plight with neither a name nor a remedy” (Somer, 2013, p. 8). Subsequently, hundreds of individuals contacted MD researchers seeking psychological support, volunteering for future research and/or expressing their frustration at the lack of recognition and understanding regarding MD among mental health practitioners (Bigelsen & Schupak, 2011; Somer, 2013; Somer, Somer & Jopp, 2016b).

These events prompted further MD research (e.g. Bigelsen & Schupak, 2011) and an ongoing proliferation of MD blogs and cyber communities, within which, thousands of individuals self-identified as “maladaptive daydreamers”, shared their MD-related experiences and sought peer support (Somer, Somer et al., 2016a). For example, in 2011, Bigelsen and Schupak reported the total members within two popular MD communities as 830 and 400 whereas, in 2018, these same groups consisted of 3,567 (Maladaptive Daydreamers Forum, 2018) and 10,234 (Wild Minds Network, 2018) members, respectively. Additionally, a Google search of the term “maladaptive daydreaming” was reported to yield 92,000 related hits in 2016 (Somer, Somer & Jopp, 2016a), but a Google search in May 2018 yielded 238,000 related hits. MD has also attracted significant media interest (e.g. Glausiusz, 2011, Kelly, 2017; SomerClinic, 2017) and thus, the term MD appears to be entering common parlance.

Despite the claim that MD is a previously unrecognised clinical syndrome that causes distress (Bigelsen & Schupak, 2011; Somer, 2002), MD has received little research attention. Where it has, MD has been characterised by “behavioural addiction to absorptive fantasy” (Somer, Soffer-Dudek, Ross & Halpern, 2017, p. 186) and “pathological absorption” (Soffer-Dudek & Somer, 2018, p. 10). Research further suggests that childhood adversity may be a potential factor contributing to MD development and maintenance (Somer, Somer et al., 2016a), with childhood trauma proposed as an independent risk factor for MD development (Somer & Herscu, 2017). Yet, the majority of MD research to date has focused on exploring MD in the wider population of individuals who use MD, many of whom do not report developmental trauma histories, therefore little is known about the lived experience of MD in individuals with histories of developmental trauma.

The inception of this study was influenced by my professional and personal experiences. Professionally speaking, I worked for three years as a mental health support worker with individuals diagnosed with a range of psychiatric conditions, many of whom had histories of developmental trauma. As I learned more of trauma-focused therapeutic approaches, I became increasingly interested in understanding the psychological sequelae of developmental trauma. Personally speaking, as a survivor of developmental trauma who has previous experience of MD, I, like many others, was relieved when MD research and cyber communities facilitated MD discussion. Exposure to MD cyber communities opened my eyes to the many individuals discussing MD in relation to developmental trauma, leading me to further explore relevant existing psychological research. The deficiency of research in this area inspired me to design the present study.

### **Reader notice**

The following dissertation entails an in-depth investigation of issues relating to “maladaptive daydreaming” and developmental trauma. This may include discussion of childhood daydreaming in response to childhood physical, sexual and/or emotional abuse and neglect. In the event of distress relating to the topics discussed, you may wish to seek support from a healthcare provider. Further information on MD and MD support groups can be found by visiting The International Consortium for Maladaptive Daydreaming Research at <https://daydreamresearch.wixsite.com/md-research/links>

## **Chapter 2. Literature Review**

This chapter provides a critical review and synthesis of the relevant research literature, thus providing a framework for the present study (Oliver, 2004). First, a description of the literature search method and a summary of key terms is provided. Following this, a narrative review of the literature is presented. Finally, this chapter concludes by highlighting the relevance of the literature to the present study.

### **Method**

The initial research query sought to explore MD following developmental trauma. A preliminary literature search was conducted which helped to locate relevant literature, identify key issues and consider potential areas of investigation (Hart, 2001). Critical appraisal of this literature revealed a scarcity of research exploring the lived experience of MD following developmental trauma and facilitated the development of research questions (Bloomberg & Volpe, 2012). Furthermore, trends within previous research were identified, such as frequent use of IMR utilising surveys and Skype interviews (e.g. Bigelsen & Schupak, 2011, Somer, Somer et al., 2016a).

Following the initial literature search, a more thorough and systematic literature search was conducted. Full details of the search strategy, including search terms, search strings and databases accessed, are provided in Appendix A. Prior to the literature search, keywords relevant to the research query were selected. Alternative keywords were identified using previous literature, subject database thesauri and suggested subject search terms (Hart, 2001). Following this, keywords were combined to form search strings; Boolean operators were used to link search terms and phrases, and truncation and wildcards were identified to enable a more sensitive search (Fink, 2014) and to refine the search results where required (Ecker & Skelly, 2010). Electronic

searches were then performed within several appropriate. Further searches were also conducted for grey literature, within the researcher's personal library, at university libraries using the SCONUL scheme and through manual searches of the reference lists of key publications. Finally, search records were kept to ensure a systematic search (Hart, 2001).

## **Key Terms**

**Developmental trauma.** Whilst one's own subjective view of trauma may reasonably take precedence, researchers in the field of traumatic stress have observed significant limitations of current diagnostic criteria in capturing the varying manifestations of traumatic responses, leading some to argue that discerning a clear definition of "trauma" should be a primary goal (Becker-Blease & Freyd, 2005). Whilst conceptual clarity is not always apparent nor consistent (van der Kolk et al., 2009), attempts at concisely defining such complex experiences may counter efforts to acknowledge myriad traumatic experiences.

However, providing a framework for understanding the complex posttraumatic sequelae of developmental trauma may begin with appropriate terminology (Schimmenti & Caretti, 2014). Consequently, throughout the present study, the term "developmental trauma" is adopted to refer to "multiple or chronic exposure to one or more forms of developmentally adverse interpersonal trauma (abandonment, betrayal, physical assaults, sexual assaults, threats to bodily integrity, coercive practices, emotional abuse, witnessing violence and death)" (van der Kolk, 2005, p. 14).

**Maladaptive daydreaming.** The term MD was coined by Somer in 2002 to refer to "extensive fantasy activity that replaces human interaction and/or interferes with academic, interpersonal, or vocational functioning" (p. 199). The present research will

adopt this definition tentatively, however, it is recognised that the term “maladaptive” implies a psychopathologising of behaviour that may stigmatise vulnerable individuals. However, MD has been adopted by thousands of individuals worldwide who often self-identity as “maladaptive daydreamers” and seek help for MD-related distress (Somer, Somer et al., 2016a) and the present study also wishes to respect this. Given these concerns, the present study sought a balance between overly pathologising daydreaming behaviour and acknowledging individuals’ own decision to adopt the term MD by limiting use of the term to instances where it was specifically required.

**Dissociation.** There is often considerable complexity surrounding usage of term “dissociation” as related terms are often used inconsistently, within a wide variety of contexts, and to refer to a broad spectrum of different experiences and/or processes (Butler, 2006; Holmes et al., 2005; Nijenhuis & van der Hart, 2011; van der Hart, Nijenhuis, Steele & Brown, 2004). As such, within the present study, efforts are made to discern the specific form of dissociative experience referred to where possible and to provide contextual information in relation to this.

### **Narrative Literature Review**

A narrative review of the literature was conducted as this enabled a division of the literature into key concepts relevant to the research query (Cronin, Ryan and Coughlan, 2008; Ferrari, 2015). The studies selected for inclusion within the present study were those thought to illuminate relevant and current understanding of the posttraumatic sequelae of developmental trauma, with specific focus on MD research. Given that the “tiny body of MD research” (Somer & Herscu, 2017, p. 5), stands in apparent isolation from the wealth of research on developmental trauma, it was therefore necessary to contextualise MD research within the broader literature.

## **The posttraumatic sequelae of developmental trauma**

***The impact of developmental trauma on health.*** A plethora of research suggests that exposure to developmental trauma can have a significant, adverse and long-term impact (e.g. Ford, 2005; Norman et al., 2012; van der Kolk, 2003). Developmental trauma exposure has been associated with a range of complex mental health sequelae and alterations in attachment, biology, affect regulation, cognition, behavioural control and adaptations including alterations in attention and states of consciousness (Cook, Spinazzola, Ford, Lanktree, Blaustein, Derosa, et al., 2005). Research further suggests that developmental trauma survivors are at an increased risk of experiencing psychiatric symptoms (Spinazzola et al., 2017) and diagnoses such as posttraumatic stress disorder (PTSD; Yehuda, Halligan & Grossman, 2001) and schizophrenia (Longden, Madill & Waterman, 2012; Moskowitz, 2011). However, evidence suggests that the current psychiatric diagnostic system neglects to adequately capture or recognise the specific and complex psychiatric difficulties that can occur as a consequence of developmental trauma (D'Andrea et al., 2012) which may hinder effective assessment and therapeutic intervention (Schmid, Petermann & Fegert, 2013).

Consequently, many scholars in the field of traumatic stress have proposed the introduction of a developmentally appropriate psychiatric diagnosis, "Developmental trauma disorder", to capture the complexity and breadth of dysfunction that may occur in individuals with complex trauma histories (van der Kolk, 2005; see also D'Andrea, Ford, Stolbach, Spinazzola & van der Kolk, 2012; Ford et al., 2013; Schmid, Petermann & Fegert, 2013; Teague, 2013; van der Kolk et al., 2009). Such a stance is often supported by reference to psychological theories that highlight, for example, the



crucial role of chronic traumatic stress (Herman, 1992; Krammer, Kleim, Simmen-Janevska & Maercker, 2016), betrayal (Freyd, 1996; McNally, 2007) and attachment disturbance (Dillon, Johnstone & Longden, 2012) in the development of later trauma-related distress and dysfunction.

However, considering distress and dysfunction primarily in terms of psychopathology only represents one view of human suffering (Summerfield, 2001). Such research can be viewed as psychopathologising responses to trauma and adopting a problem-centred approach that focuses on trauma-related distress and dysfunction at the expense of exploring alternative, non-psychiatric avenues that might encourage the identification of potential solutions. For example, further investigation of factors that contribute to posttraumatic resilience (Agaibi & Wilson, 2005), may highlight factors that mitigate the relationships between developmental trauma and later adverse health outcomes. Furthermore, therapeutic approaches can attempt to be informed by social and cultural contextual factors related to trauma exposure (Gómez, Lewis, Noll, Smidt & Birrell, 2016). Additionally, many studies appear to underestimate the role of resilience, which does not acknowledge the full range of biopsychosocial factors that play contribute to an individual's distress and dysfunction (Schmid et al., 2013).

***Interpersonal difficulties.*** A significant body of research has documented the variety of interpersonal and social difficulties that individuals may experience following developmental trauma exposure (e.g. Davis & Petretic-Jackson, 2000; Tummala-Narra, Kallivayalil, Singer & Andreini, 2012). For example individuals with complex trauma histories may experience interpersonal disconnectedness (Dorahy et al., 2008), social isolation (Elliott, Cunningham, Linder, Colangelo & Gross, 2005), a sense of betrayal (Davis & Petretic-Jackson, 2000), family dysfunction (Rumstein-McKean &

Hunsley, 2001) and significant shame (Dorahy et al., 2013; Tummala-Narra et al., 2012). However, research tends to explore interpersonal difficulties primarily in survivors of child sexual abuse (Rumstein-McKean & Hunsley, 2001), despite the documented long-term implications of other forms of abuse (Norman et al., 2012). It also often fails to consider the broader context of early family functioning in contributing to interpersonal difficulties (Delillo, 2001).

Furthermore, research often neglects the manner in which survivors' interpersonal difficulties and strengths may change and develop over time. However, Tummala-Narra et al. (2012) explored the relational experiences of 21 individuals and found that individuals often experienced conflict between their past and present relational experiences and contradictory feelings of relational fear and trust. It was concluded that individuals may experience an increasing sense of attachment security over time alongside attachment anxiety such as fear of abandonment, which the authors interpreted within a framework of trauma recovery and resiliency, in which meanings of the self and other are temporally dynamic. However, currently, there is a lack of theory to support the aforementioned temporal variability in interpersonal functioning (Davis & Petretic-Jackson, 2000). Yet, these findings can be understood in relation to a growing body of research suggesting that attachment disruption (Liotti, 2004; Liotti, 2006) and dissociative phenomena (Dorahy et al., 2013) may play a pivotal in later relational difficulties, challenging the view of interpersonal difficulties and dissociative processes as exclusively consequent to developmental trauma (Kong, Kang, Oh & Kim, 2017; Lyons-ruth, Dutra & Schuder, 2009).

***Coping and coping strategies.*** Traumatic experiences are generally understood to be inherently overwhelming, challenging an individual's already

established range of coping strategies (Schimmenti & Caretti, 2016). Research suggests that some coping strategies adopted in response to and following developmental trauma may have an adverse impact on later adjustment (Walsh, Fortier & DiLillo, 2011). For example, avoidant coping, whilst viewed as a healthy adaptation to trauma exposure, has often been associated with increased trauma symptoms in survivors of child sexual abuse (e.g. Filipas & Ullman, 2006; Fortier et al., 2009). Furthermore, avoidant coping and disengagement coping have been found to become problematic with repeated use (DiPalma, 1994) and be associated with poor adjustment in adulthood (Coffey, Leitenberg, Henning, Turner & Bennett, 1996). However, much of the available research focuses on survivors of childhood sexual abuse, yet similar findings have been found in survivors of physical abuse (Futa, Nash, Hansen & Garbin, 2003). Additionally, coping strategies are often categorised in terms of a rigid dichotomy (Walsh et al., 2011), which may oversimplify complex experiences.

Research further tends to focus primarily on distress and dysfunction, however, reviews show that a body of research has also explored resilient coping and protective factors that may facilitate later adjustment and functioning (Domhardt, Munzer, Fegert & Goldbeck, 2015). For example, Bonanno, 2005) suggests that, resilience can be multi-faceted and whilst some forms of coping may be viewed as “maladaptive” under “normal” circumstances, they may actually be indicative of resilient coping, enabling the majority of individuals to cope effectively with adversity. Furthermore, there is a focus within research on the impact of developmental trauma on behavioural pathways to health problems, when numerous pathways are thought to result in poor health following trauma, such as neurochemical changes, altered sleep patterns, social relationships (Kendall-Tackett & Klest, 2009) and posttrauma appraisals (DePrince, Chu & Pineda, 2011). Finally, studies on coping often fail to incorporate and address

the dynamic nature of coping in relation to temporal and contextual factors or how to measures of coping may relate more specifically to trauma theory (Walsh et al., 2011).

***Dissociation.*** Clinical dissociation may be considered a form of avoidant coping in response to developmental trauma (Briere & Spinazzola, 2005), with a significant body of research suggesting that developmental trauma exposure can result in posttraumatic dissociation (Allen, Fultz, Huntoon & Brethour, 2002; Carlson et al., 2001; Dalenberg et al., 2012; Schimmenti & Caretti, 2014). Evidence from longitudinal studies has further linked developmental trauma to later clinical dissociative symptomatology (Dalenberg et al., 2012; Ogawa et al., 1997) and psychiatric diagnoses (van der Kolk, 2003; Longden, Madill & Waterman, 2012; Moskowitz, Mosquera & Longden, 2017), with some researchers claiming that PTSD itself should be considered a dissociative disorder, given its central role in relation to trauma exposure (Nijenhuis, 2017). However, there is a lack of consistency within the research literature on the distinction between clinical and non-clinical dissociative phenomena such as daydreaming and fantasy use.

The aforementioned research supports a trauma model of dissociation (Dalenberg et al., 2012). However, research suggests that dissociative processes may occur along a continuum, ranging from everyday, “normative” experiences such as daydreaming to clinical dissociation (Bernstein & Putnam, 1986; Bernstein, Ellason, Ross & Vanderlinden, 2001). Yet, some researchers dispute this, arguing that clinical dissociative phenomena should be considered as a dichotomy, in terms of compartmentalisation and detachment, which may increase clarity and result in improved psychological interventions (Holmes et al., 2005; Ogawa et al., 1997; Waller, Putnam & Carlson, 1996). In addition to the complexity of posttraumatic dissociative

processes, many have argued that the broad and disparate body of research exploring dissociation may itself contribute challenges to further understanding posttraumatic dissociation (Holmes et al., 2005). Inconsistency within the literature with regard to conceptualising dissociative phenomena has further been argued to result in incomplete clinical assessment, misdiagnosis and poor treatment outcomes (Hopenwasser, 2015). Consequently, it appears that further understanding of dissociative processes that may occur as a result of trauma may be crucial to understanding the complex posttraumatic sequelae of developmental trauma and addressing the therapeutic needs of individuals with developmental trauma histories (Chefet, 2006; van der Hart et al., 2004).

***Fantasy proneness.*** A further challenge to understanding posttraumatic dissociation is lack of comprehensive understanding regarding the role of extensive fantasy involvement among individuals with developmental trauma histories. Some critics of the trauma model of dissociation argue for “fantasy model” of dissociation, based upon findings suggesting that the constructs of fantasy-proneness and dissociation are related (Levin & Spei, 2004; Lynn, Lilienfeld, Merckelbach, Giesbrecht & van der Kloet, 2012; Pekala, Angelini, & Kumar, 2001). Fantasy-proneness was first conceptualised as a personality trait in which a person has a lifelong and deep involvement in fantasy (Wilson & Barber, 1981), with some individuals measuring high in fantasy-proneness thought to adopt fantasy use as a coping strategy in response to lengthy periods of childhood isolation and/or inescapable aversive childhood environments (Wilson and Barber, 1981). Later research supported this proposed relationship between imaginative involvement and developmental trauma (Rhue & Lynn, 1987; Rhue, Lynn, Henry, Buhk & Boyd, 1990) but such findings have not been

consistently supported within the literature and limited research has addresses this relationship.

Dissociative phenomena such as absorption and fantasy use are often not thought of as clinically relevant dissociative phenomena (Soffer-Dudek et al., 2015). However, some researchers argue that some components of the trauma and fantasy models of dissociation are not mutually exclusive (Dalenberg et al., 2012; Somer, 2006), particularly regarding the role of dissociative absorption (Butler, 2006; Soffer-Dudek et al., 2015). Both the trauma and fantasy models of dissociation acknowledge that dissociative absorption appears to be a factor that correlates with both fantasy proneness and dissociation (Dalenberg et al., 2012), and this has led some to suggest that fantasy proneness might be an additional form of psychological escape in the context of developmental trauma (Barrett, 1992). However, there are often contradictory findings regarding the relationship between fantasy-proneness and clinical distress and dysfunction, with some findings suggesting that fantasy-proneness is not associated with psychopathology (Lynn & Rhue, 1988; Rauschenberger & Lynn, 1995) and others suggesting the opposite (Levin & Spei, 2004). Therefore, it appears that further research is required to ascertain the role of absorption in dissociation, particularly given that the research frequently cites older studies on fantasy-proneness. Consequently, considerable debate still surrounds the relationships between developmental trauma, dissociation and fantasy-proneness.

Adding to this complexity, recent research has explored developmental trauma as a pathway towards a particular type of fantasy activity that is closely related but thought to be distinct from fantasy-proneness: MD (Somer, Somer, et al., 2016a). Such

research appears inconsistent with the view that experiences such as daydreaming are only ever “innocuous” (Ogawa et al., 1997, p. 856).

### **Maladaptive daydreaming**

***Initial research.*** Initial MD research was concerned with exploring and identifying a previously unrecognised type of fantasy activity thought to cause distress and dysfunction (Bigelsen & Schupak, 2011; Schupak & Rosenthal, 2009; Somer, 2002). Somer (2002) utilised phenomenological inquiry to explore the nature and experience of MD alongside standardised measures to assess major psychological disorders, dissociation and fantasy proneness in a clinical sample who had a history of aversive childhood experiences. It was concluded that MD was associated with significant functional impairment and clinical psychopathology and that MD might develop as a coping strategy in response to aversive childhood experiences (Somer, 2002). However, these findings could only be considered preliminary given the small, clinical sample and it was unclear how MD could be clearly discerned from fantasy proneness. Yet, seven years later, a peer-reviewed case history described a patient who also experienced significant distress in relation to her “excessive daydreaming”, without meeting criteria for any known psychiatric condition (Schupak & Rosenthal, 2009, p. 290). This case history conflicted with Somer’s (2002) description of extensive fantasy activity as the patient did not report a history of childhood trauma and, whereas Somer (2002) had concluded that MD was associated with significant functional impairment, on the contrary, this patient was described as high-functioning (Schupak & Rosenthal, 2009).

***Discerning the nature of MD.*** Daydreaming and fantasy use have typically been considered as non-clinical dissociation (Soffer-Dudek et al., 2015). Therefore,

earlier MD research was concerned with discerning MD as distinct from related psychological constructs. In 2011, Bigelsen & Schupak (2011) conducted the first large scale, internet-based MD study comprising ninety self-identified “excessive” or “maladaptive” fantasizers who responded to a 14-question email survey (p. 1634). The findings provided preliminary support for Somer’s (2002) assertion that MD was a previously unrecognised and under-reported syndrome, arguing that “compulsive fantasy” best captured the nature of MD as a distinct type of extensive fantasy activity that began in childhood and was associated with distress relating to a lack of control, shame and interpersonal dysfunction (Bigelsen & Schupak, 2011). However, the findings were inconsistent with Somer’s (2002) assertion that MD followed childhood trauma, as only 27% of the sample reporting previous histories of childhood trauma. Whilst useful for considering MD etiology, due to a lack of explicit detail regarding the survey questions, it is difficult to discern how the question relating to “trauma/abuse” was defined by the authors or understood by participants.

Furthermore, whilst Somer’s (2002) sample were identified as experiencing clinical dissociative symptoms, Bigelsen & Schupak (2011) reported a “lack of dissociation” (p. 1645). However, the researchers outlined how individuals who displayed evidence of dissociation were initially excluded from the study, thus apparently explaining these findings. Nevertheless, this study did provide the first comprehensive and detailed exploration of MD and later studies supported the assertion that MD was distinct from normative daydreaming and fantasy use with regard to “quantity, content, experience, distress, degree of perceived control, and interference with life functioning” (Somer, 2018, p. 2; Somer, Lehrfeld, Bigelsen & Jopp, 2016).



***MD-related distress and dysfunction.*** Consistent with the notion that MD is distinct from normative daydreaming, MD has been associated with significant distress, functional impairment and clinical comorbidity, leading some to conclude that MD should be formally identified within psychiatric diagnostic manuals (Somer, Lehrfeld et al., 2016; Somer, Soffer-Dudek, Ross & Halpern, 2017). Further to earlier reports of MD-related functional impairment (Somer, 2002) and distress (Schupak & Rosenthal, 2009; Bigelsen & Schupak, 2011), research attempted to more comprehensively discern the nature of MD-related distress. For example, in the development of The Maladaptive Daydreaming Scale (MDS), Somer, Lehrfeld et al. (2016) found that the MDS was strongly associated with a measure assessing obsessive compulsive behaviour in a sample of 447 individuals. Distress was further related to functional impairment, although no standardised measures were used to assess this. Whilst this study effectively captured some of the underlying dimensions of MD in the development of the MDS, the sample was obtained from individuals within MD communities who were already help-seeking which may have contributed to these findings. Therefore, such findings may not adequately capture the depth and complexity of MD-related distress.

Yet, Somer, Soffer-Dudek and Ross (2017) also reported that MD was associated with high rates of clinical comorbidity, with 74.4% of their sample of 39 individuals meeting criteria for more than three psychiatric conditions and 28.2% reporting previous suicide attempts. Furthermore, Soffer-Dudek and Somer (2018) conducted a longitudinal study and found that increases in daily MD use were associated with increases in a broad range of “psychopathological symptoms” (p. 8). Nevertheless, the majority of MD research has been cross-sectional and relied heavily on recruiting participants from MD cyber-communities, both of which impact upon the generalisability of the

findings. Furthermore, a review of participants verbatim quotes within MD studies suggests a lack of in-depth and nuanced exploration of MD-related distress in particular (e.g. Bigelsen & Schupak, 2011; Somer, 2002; Somer, Somer et al., 2016b). Whilst use of clinical measures has aided discernment of MD as a clinical construct, it appears that further qualitative research is required to more fully explore the nature and complexity of MD-related distress. Finally, Bigelsen and Schupak (2011) reported MD-related distress related to social functioning alongside findings of MD-related benefits and positive features, in addition to 12% of the sample that did not report moderate or severe MD-related distress. Therefore, it is unclear how potential benefits of MD may compare to MD-related distress.

***MD and dissociation.*** Research suggests that dissociative absorption is central to the experience of MD, leading some to conclude that MD may represent a form of “pathological absorption” (Somer & Herscu, 2017; Soffer-Dudek & Somer, 2018, p. 10). Phenomenological research exploring MD suggest that individuals experience immersive, absorptive engagement in their inner fantasy worlds, composed of sensory and emotional components (Somer, Somer et al., 2016a). Furthermore, in line with Somer’s (2002) findings, research utilising a widely used measure of dissociation, The Dissociative Experiences Scale (DES; Bernstein & Putnam, 1986) found that MD was significantly related to dissociative experiences in general, but particularly to the absorption-imaginative involvement subscale, indicative of full absorption in one’s inner fantasy world (Somer, Lehrfeld et al., 2016). Similar findings were found using the Tellegen Absorption Scale (Tellegen & Atkinson, 1974), with authors concluding that absorption was an important mediating variable in the relationship between childhood trauma and MD (Somer & Herscu, 2017).

However, dissociative absorption has typically been considered to be a non-trauma related and non-clinical type of dissociation that represents common and non-pathological experiences (Butler, 2006; Soffer-Dudek et al., 2015). Whilst acknowledging the danger in pathologizing everyday behaviour (Somer & Herscu, 2017), MD researchers report concern over the many individuals seeking help for MD-related distress (Somer & Herscu, 2017). Therefore, it seems that further research is required to more fully discern the role of dissociative absorption within MD.

***Childhood antecedents.*** Only two studies have specifically explored the relationship between developmental trauma and MD. Somer, Somer et al. (2016a) conducted a grounded theory study and found that MD often began with a pre-disposing trait discerned as an innate capacity for vivid fantasy that could develop into MD in the presence of childhood adversity and/or isolation. Daydreaming was viewed as providing a way for individuals to distance themselves from emotional pain relating to family dysfunction, by providing an alternate reality that provided compensatory comfort and soothing (Somer, Somer et al., 2016a). However, only a brief description of the impact of childhood adversity was provided, therefore it was not clear how childhood daydreaming in the context of adversity might relate to MD use later in life. Moreover, childhood adversity may relate to varying types of childhood experiences that may be associated with distinct psychological sequelae (van der Kolk, 2005), yet it is not clear how the development of MD may be understood within these different contexts.

A further study recruited 315 university students who completed measures such as the Childhood Trauma Questionnaire (Bernstein et al., 1994) and the MDS (Somer & Herscu, 2017). The findings indicated a correlation between childhood trauma and MD,

with MD viewed as having a mediational role. Consequently, a theoretical model was devised from the data that proposed that childhood trauma may be an independent risk factor for MD, with absorption and fantasy addiction thought to have mediational roles (Somer & Herscu, 2017). Whilst causal conclusions cannot be drawn from cross-sectional research, this study was the first to show a statistical relationship between childhood trauma and MD.

These findings raise questions as to how MD can be understood within the framework of current conceptualisations of extensive fantasy use following childhood trauma. As discussed previously, a wealth of previous research has explored the relationship between fantasy proneness, dissociation and developmental trauma (e.g. Dalenberg et al., 2012). Yet it is not clear how MD can be understood in light of this previous research, thus creating the need for a clear and comprehensive distinction between MD and fantasy proneness and exploration of how MD may relate to developmental trauma. However, a lack of conceptual differentiation between MD and fantasy proneness may need to be addressed to more fully understand MD as distinct from related concepts.

### **Summary: Relevance to the present study**

The literature reviewed highlighted a trend toward an increasing recognition of the significant impact that developmental may have upon many areas of an individual's life. A wealth of studies have explored the adverse posttraumatic sequelae of developmental trauma, particularly regarding the difficulties that developmental trauma survivors may experience regarding interpersonal functioning and coping strategies that may exacerbate distress and functional difficulties. However, where this concerned dissociative processes, there appeared to be inconsistent findings regarding the role of nonclinical dissociative processes such as absorption. Yet, it

appears important to attempt to understand clinical *and* nonclinical dissociative processes that may relate to developmental trauma, given that dissociation can be associated with poor clinical outcomes and is often poorly understood (Hopenwasser, 2015).

Additionally, whilst considerable research has explored fantasy proneness in relation to developmental trauma and dissociation (e.g. Dalenberg et al., 2012), there is limited literature available on the type of extensive fantasy use thought to be pathognomonic to MD (Soffer-Dudek & Somer, 2018). MD research appears to have emerged in isolation from much of the aforementioned research but has outlined the nature of MD (Somer, Somer, et al., 2016a) and discerned MD as distinct from related constructs, particularly given its association with distress and functional difficulties (Somer, Soffer-Dudek & Ross, 2017). Later findings were inconsistent with the view of MD as primarily a coping strategy utilised in response to childhood trauma. Instead, it is suggested that individuals with histories of childhood trauma may represent a sub-group of the wider population of individuals who use MD (Bigelsen & Schupak, 2011). However, little is known about the experience of MD following developmental trauma or the proposed relationships between MD and developmental trauma. Yet, this appears important in attempting to further understand the posttraumatic sequelae of developmental trauma.

### **Chapter 3. Rationale and Research Aims**

This chapter provides a description of the rationale and research aims for the present study, in light of the literature review.

#### **Rationale**

The literature review indicated a need to gain further understanding of factors relating to the posttraumatic sequelae of developmental trauma, particularly with regard to dissociative processes such as absorption and their relation to extensive fantasy use. Whilst childhood adversity has been identified as a childhood antecedent of MD (Somer, Somer, et al., 2016b) and potential risk factor for MD development (Somer & Herscu, 2017), previous MD research has focused on the wider population of individuals who use MD, therefore the lived experience of individuals who use MD following developmental trauma has remained relatively unexplored. Therefore, it is also not clear how MD can be understood in relation to developmental trauma. Given these identified gaps within the literature, the present study will investigate the lived experiences of blog authors who self-identify MD use following developmental trauma.

#### **Research Aims and Objectives**

As little research has explored MD following developmental trauma, the present research question is necessarily open-ended and broad, which is appropriate when little is known about a phenomenon (Creswell, 2013). The purpose of the present study is to explore self-identified MD use in relation to developmental trauma as expressed in autobiographical writing in blogs. The specific research aims are:

1. To explore blog authors' experience of self-identified MD use following developmental trauma.

2. To consider how blog authors understand their self-identified MD use in relation to their developmental trauma histories.
3. To consider, drawing on psychological theory and research on trauma and dissociation, if there is a relationship between developmental trauma and self-identified MD use.

Given the research aims, this research hopes to achieve the following objectives:

1. To raise awareness and improve understanding among mental health practitioners and the psychological research community of people's experiences of MD following developmental trauma.
2. To contribute to an understanding of a relationship between developmental trauma and MD.

## **Chapter 4. Methodology and Methods**

This chapter will discuss and provide a rationale for the methodological approach and methods adopted within the present study (Silverman, 2011). The epistemological and methodological framework are outlined prior to discussion of internet-mediated research (IMR), ethical considerations and methodological developments. The sample and sampling strategy are then described, followed by detailed description of data collection and analysis. Finally, validity and methodological limitations are examined.

### **Research Design**

As the research question seeks to understand and interpret subjective experience, it is most closely aligned with qualitative inquiry and reflective of an interpretivist theoretical paradigm (Denzin & Lincoln, 2013). This is consistent with the epistemological assumption that reality is shaped by experience (Creswell, 2003) and knowledge can be gained through an interpretation of meaning (Schwandt, 1994). The strength of qualitative research lies in its ability to explore processes and meanings, taking into account the contextually embedded nature of experiences and securing rich and detailed descriptions (Denzin & Lincoln, 2013).

Given that the research aims attempted to gain insight into the nature of a specific phenomenon, a phenomenological approach was identified as appropriate (Moustakas, 1994). In particular, Interpretative Phenomenological Analysis (IPA; Smith, Flowers & Larkin, 2009) was chosen due to its focus on exploring situated meaning and experiences of personal significance. IPA's idiographic component was also felt to be useful for exploring under-researched psychological elements of experience (Smith, 2004).



Theoretically, IPA is underpinned by phenomenology, hermeneutics and idiography, all of which are concerned with the philosophy of knowledge (Smith et al., 2009). From a phenomenological perspective, IPA has been influenced by Husserl's (1970) approach to capturing the essence of experiences by examining the contents of consciousness and attempting to illuminate the "lifeworld". IPA focuses less on finding "essences" but applies Husserl's ideas to exploring the experiences of others and regarding the bracketing of one's own preconceptions in an attempt to see past the "screen" of scientific constructs (Smith et al., 2009, p. 15). Heidegger's work also informed IPA's phenomenological approach, particularly regarding his notion of "Dasein" and focus on intersubjectivity; Heidegger viewed individuals as situated within complex, temporal relationships with the world around them (Smith et al., 2009, p. 17).

From the perspective of hermeneutics, Heidegger's work informed IPA's emphasis on interpreting textual accounts of experience, with a focus on the process of meaning making that occurs upon encountering textual accounts of experience (Smith et al., 2009). IPA is therefore interested in the nature of interpretation and how this can impact upon exploration of phenomena; Heidegger's conception of "fore-understanding" contributed to IPA's emphasis on researcher's positionality, assumptions and pre-conceptions, and the impact of these upon grasping the nature of phenomena (Smith et al., 2009). Furthermore, his view of the hermeneutic circle and the relationships between the part and the whole of texts and experiences, for example, provides a useful framework for understanding the research journey. Finally, from an idiographic perspective, IPA prioritises the "particular" aspects of experience, events or processes, and is interested in exploring this at the level of the individual rather than the group (Smith et al., 2009, p. 29). However, IPA's philosophical stance views phenomena as worldly and relational, therefore the focus is not upon individual

experience per se, but rather upon the manner in which phenomena of interest can be explored in context (Smith et al., 2009).

### **Internet-Mediated Research**

The emergence of the internet as a health communication tool has led many researchers to turn to IMR to explore individuals' health-related experiences in an attempt to promote understanding and insight of amongst healthcare professionals (e.g. Keim-Malpass, Steeves & Kennedy, 2014). Cyber communities have been pivotal for individuals experiencing a range of physical and mental health conditions, providing the opportunity for individuals to share and self-publish their personal experiences, gain answers to questions, locate further information and resources and read of others' experiences (e.g. Keim-Malpass, Albrecht, Steeves & Danhauer, 2013).

Following previous MD research (e.g. Bigelsen & Schupak, 2011), the present study made use of IMR. MD research has reported that individuals who self-identify MD use are located primarily in online, but not offline, communities (Somer, Lehrfeld et al., 2016). Furthermore, individuals who use MD may experience significant shame which can result in reluctance to self-disclose their daydreaming experiences (Somer, Somer et al., 2016b). IMR therefore allows for exploration of the experiences of individuals who may be difficult to reach, from a wide range of geographic locations and who may wish to remain anonymous when discussing potentially sensitive topics.

### **Ethical Considerations**

Initial ethical approval was obtained from the departmental Ethics Committee at The University of Chester. However, ethical consideration was ongoing throughout the research, utilising guidelines for IMR (BPS, 2017; The Association of Internet

Researchers (AoIR; AoIR, 2002, 2012). Consideration was also given to ethical recommendations and guidance provided within previous IMR (Bassett & Riordan, 2002; Eastham, 2011; Heilferty, 2011; Keim-Malpass et al., 2014; Rains, 2014).

As the present study collected data available in the public domain, it was considered that consent was not required, in line with previous research (Bradley & Simpson, 2014; Keim-Malpass et al., 2013). IMR raises particular challenges in interpreting standard ethical guidelines (BPS, 2014). For example, discerning public from private spaces presents a challenge as individuals may use the internet from the privacy of their home whilst engaging in a “public” space online (BPS, 2017). Individuals may also perceive their communications to be private regardless of internet service provider terms and conditions (BPS, 2017; Eastham, 2011). Strict inclusion criteria were therefore specified to increase the likelihood that blog authors might reasonably expect their blog content to be viewed by strangers (BPS, 2017). Additionally, remote data collection may reduce researcher control - a potential concern in the event of blog author distress (BPS, 2017). As such, details were provided for further support in the event of distress and care was taken with language use, committing to authors’ own terms of expression throughout data analysis.

Furthermore, whilst personally identifiable information was anonymised, use of public domain data may still remain traceable (BPS, 2017). Consideration was given to altering the content of the verbatim quotes used. However, as significant changes would be required to render quotes untraceable, therefore distorting the data (AoIR, 2012), this was decided against, respecting blog authors’ representation of their experiences (Gatson, 2013). Yet, sensitive consideration was given to the potential

harm associated with the traceability of authors' quotes in tandem with considering the potential benefits of the study overall (AoIR, 2012; BPS, 2014).

### **Methodological Development**

Following the initial sampling phase, it appeared that the majority of identified blogs failed meet the strict inclusion criteria or met the exclusion criteria. Consequently, the decision was made to amend inclusion and exclusion criteria to secure relevant data. It was decided that an opt-out, notification form would be emailed to blog authors that requested contact prior to use of their blog data, following previous research (Keim-Malpass et al., 2013). Criteria were also amended regarding blog hosts sites and length of blog posts, as described below. As some blog authors were initially considered vulnerably, in an attempt to avoid sanitisation of the available data, it was decided that these blogs would be included, providing suicidality or self-injurious behaviour was not current or recent.

Following these amendments, the sampling procedure was repeated. However, an additional unexpected methodological and ethical consideration arose regarding a blog author whose blog content was selected for inclusion. Sadly, during the process of analysis, it came to the researcher's attention that one of the blog authors had taken her own life. Following careful consideration, it was decided that the author's blog content would be included, given that it still met the revised inclusion criteria and as it was felt that inclusion of the author's blog content spoke to the significance of the research.

### **Sample and Sampling Strategy**

**Sample size.** Consistent with the idiographic nature of IPA, the present study utilised a small sample size, allowing for a detailed and in-depth examination of each

case and a nuanced analysis (Smith, 2004). A range of recommendations exist regarding appropriate sample sizes in IPA. Smith et al. (2009) suggest a sample size of three to six is advisable for student projects, whereas three is considered optimum for Masters-level research. However, it is also important to consider the data collection method adopted and the nature of the phenomena under investigation (Pietkiewicz & Smith, 2014). Previous studies examining blogs using an IPA approach have adopted samples of five (Bradley & Simpson, 2014; Kotliar, 2016) or eight (Thomas, Allison & Latour, 2018). Alternatively, previous MD research has not utilised blogs as a source of data but explored MD using IPA with a sample of twenty-five (Somer, Somer et al., 2016b). Considering these factors, the present study attempted to recruit a sample of five or six blogs but, upon encountering data relevant to the research question that was sufficiently rich and detailed enough for analysis, the final sample consisted of four blogs.

**Sample.** The present research sample consisted of naturally occurring, pre-existing, documentary data published electronically as blogs. Following previous research, one blog was considered to represent one unit of documentary evidence comprised of several blog entries from varying time periods and from the same blog author (Bradley & Simpson, 2014; Sixsmith and Murray, 2001).

Blogs are now increasingly used within qualitative health research (e.g. Keim-Malpass et al., 2013; Kotliar, 2016) and IPA research (e.g. Dawczyk, De Leon, Cripps & Lewis, 2014; Smethurst & Kuss, 2016; Sutherland, 2014) as they provide a means of accessing rich data relevant to exploring personal, lived experiences. Whilst in-depth interviews are a common method of data collection within IPA studies, Smith et al. (2009) suggest that diaries may also be one of the “best means” of accessing rich data

in which individuals can freely express their thoughts and feelings about a given phenomenon (p. 56). Additionally, unsolicited, naturally occurring data has the benefit of reduced researcher impact upon the data collected (Potter, 2004), providing access to a rich source of non-researcher generated data (Sixsmith & Murray, 2001) that privileges the individual’s account of experience as they choose to present it (Potter, 2004). Finally, given the sensitive nature of the research aims, use of blogs as data provides an accessible and unobtrusive means of accessing hard-to-reach populations who may wish to remain anonymous, thus potentially unlikely to disclose sensitive health concerns within interviews (Sixsmith & Murray, 2001). Table 1 provides descriptive information regarding the sample.

**Table 1.** Sample description

Blog number and Pseudonym	Number of blog posts selected	Total number of words	Indicated year range
1. Beth	10	7,659	2012-2013
2. Kay	14	5,274	2013-2015
3. Anna	7	4,560	2016-2017
4. Clara	6	5,756	2013-2015

*Table 1.* Table showing blog author pseudonyms and blog characteristics

**Inclusion criteria.** IPA research requires samples to be fairly homogeneous to facilitate recruitment of individuals whose experiences may be meaningfully related to the research question (Smith et al., 2009). Accordingly, the final four blogs included within the analysis met inclusion criteria applicable to blog authors, blog content and blog host sites, described below.

Primary inclusion criteria specified that, within the blog content, blog authors self-identified MD use or identified as a “maladaptive daydreamer” and self-disclosed

exposure to developmental trauma according to a pre-decided definition (described previously on page 5). Given that the research question was purposefully broad, to enable consideration of a range of themes relating to the experience of MD following developmental trauma, the decision was made not to specify the nature of MD or define MD according to characteristics previously identified within the literature (e.g. Somer, Somer et al., 2016b). Self-identifying MD use indicates prior exposure to MD discourse, therefore pre-determining MD characteristics might have limited further insight into MD. This is consistent with the idiographic nature of IPA which attempts to consider both convergence and divergence of common themes (Smith et al., 2009). This same rationale was applied to the requirements for developmental trauma exposure. This study focused specifically on chronic, childhood interpersonal trauma, refining criteria adopted within previous MD studies that explored the broader categories of childhood trauma and adversity (e.g. Somer, Somer et al. 2016b). However, a focus on “developmental trauma” is sufficiently broad enough to permit different forms of traumatic experience, therefore not unnecessarily prescriptive.

Blog content met the following inclusion criteria. Blog content was: i) written in the English language by a sole blog author, ii) comprised of primarily textual data, iii) sufficient in length for analysis, iv) available within the public domain. The inclusion criteria made it less likely that blog authors viewed their content as private by ensuring that blogs had received visible interaction from members of the public. Blog host sites met the following inclusion criteria to diminish recruitment of blogs not providing a supportive framework for blog authors. Table 2 provides detailed information regarding the inclusion criteria for public interaction and blog host sites.

**Table 2.** Public interaction and blog host site inclusion criteria

Inclusion criteria	
<b>Public interaction</b>	Five or more likes, subscriptions or follows from different people  Promoted view count statistics indicating the number of visitors to the blog (if present, visitors should have exceeded twenty)  A direct request within the about section of the blog for blog visitors to view, like, comment, follow, subscribe and/or share the blog content  A direct invitation for members of the public to read and/or engage with blog content.
<b>Blog host sites</b>	In operation for longer than one year  Terms of service that follow current UK or US law <sup>1</sup>  Allows authors to express themselves freely within legal confines <sup>2</sup>  Allows authors to choose the privacy level of their blog and amend or delete blog content  Allows authors to view blog view count statistics

*Table 2.* Table showing public interaction and blog host site inclusion criteria

**Exclusion criteria.** To minimise recruitment of blogs published by vulnerable blogs authors and maximise blog content viewed as public by the author, blogs were excluded if blog content: i) indicated that the author was significantly distressed in relation to the content of their daydreams, ii) indicated that the author was significantly distressed, suicidal or under the influence of substances at the time of writing, iii) provided notice that the blog is protected by copyright law without a contact email address to request permission, iv) indicated that the blog was intended to be private and/or that the blog content should not be shared, or, indicated that the blog should not be used for the purposes of psychological research, v) specifically indicated that the blog author was under the age of 18.

<sup>1</sup> For example, allowing blog authors to report abusive comments, taking appropriate action following reports of abusive comments or behaviour.

<sup>2</sup> For example, allowing users to express their experience and feelings freely within blog content, but without the presence of hate speech and/or without inciting violence.



**Sampling strategy.** The sampling procedure took place in January, 2018. Consistent with the qualitative research paradigm (Creswell, 2013) and IPA (Smith et al., 2009), a purposive sampling strategy was adopted, enabling access to individuals who can provide a particular perspective on the phenomena under investigation. Figure 1 describes the sampling strategy in further detail.

### **Data Collection**

Data collection took place in January 2018 and initially entailed comprehensive reading of and immersion within the remaining four blogs prior to selection of appropriate data for analysis. Prior to immersion within the blogs, the researcher recorded thoughts, feelings, preconceptions and expectations regarding blog content within their research diary to facilitate bracketing and for later reflection (Etherington, 2004; Smith et al., 2009). Following this, the researcher engaged in a period of immersion within each blog in turn, reading blog content in a chronological order and recording notes on content. To aid later contextualisation of the data selected, descriptive and reflexive notes were taken on the researcher's initial impressions regarding blog content, layout, style, design and the time period between posts. Full immersion within the context of data obtained through qualitative IMR is often viewed as a crucial step in the data collection process that enables research data to be understood grounded within its context (Hookway, 2008). Once it was felt that blog immersion was complete, blog data viewed as most directly relevant to the research aims was selected for analysis.

### **Data Preparation**

Prior to analysis, textual data was copied and input into password-protected documents and transcripts were prepared by applying wide margins, double line spacing and line numbers, to aid notation. Data was anonymised and each blog was

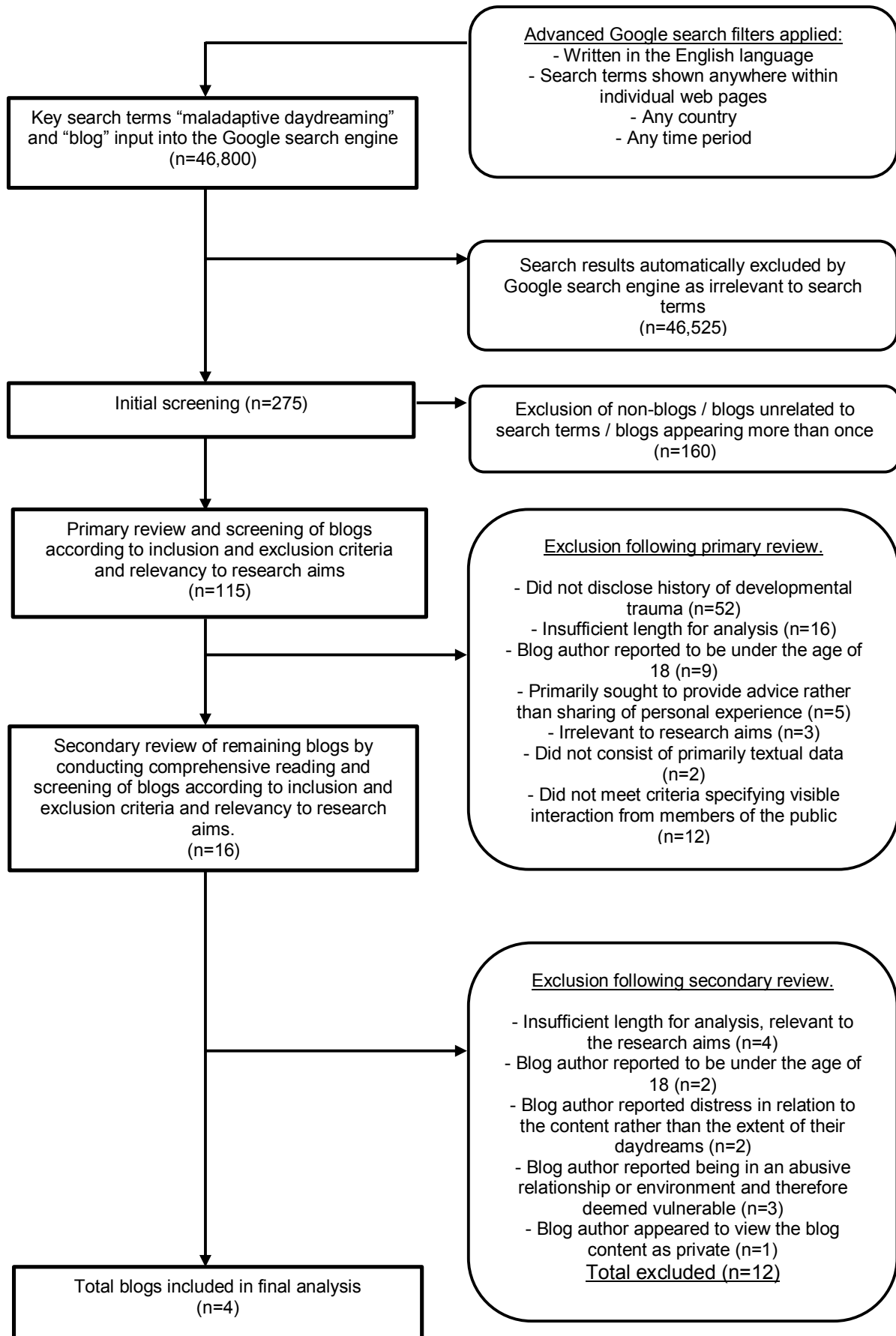
assigned a pseudonym name (BPS, 2017). Redacted information was stored in a separate password-protected document for later contextual reference.

## **Data Analysis**

As the research question sought to explore lived experience, and consistent with the present study's epistemological approach, data were analysed using IPA following the four-stage process as outlined by Smith et al. (2009). IPA was identified as appropriate for analysis of textual data as it enables a thorough and in-depth examination of experience and meaning with accessible guidelines (Smith, 2004). Data analysis in IPA entails a recursive, iterative process that requires both inductive and deductive reasoning (Smith, 2011). Central to this process is the researcher's ability to explore an individual's lifeworld by adopting a "spirit of openness" (Smith et al., 2009, p. 27) and a "phenomenological sensibility" (Finlay, 2014, p. 133) that facilitates capturing the complexity and detail of a phenomenon without imposing external theories upon it (Karin, Nyström & Dahlberg, 2007). Researcher reflexivity was crucial to analysis; critical reflection upon the researcher's interpretations in light of their own experience and regarding the phenomenon under examination promoted a deeper understanding that surpassed superficial interpretations, enabling exploration of intersubjective factors inherent in the interpretation of meaning (Finlay, 2014).

Consistent with IPA's idiographic focus, analysis was conducted on a case-by-case basis (Smith et al., 2009). To begin, initial reflections regarding data collection were recorded in a research diary in an attempt to partially bracket off assumptions regarding the data (Smith et al., 2009). Several readings of the transcript were then conducted, allowing first for familiarisation and then for deeper immersion within the author's lifeworld through active, engaged reading and close attention to detail. Initial

**Figure 1. Sampling strategy**



*Figure 1. Flow chart illustrating purposive sampling strategy*

reading was conducted with the electronic blog on display, allowing for contextualisation (Smith et al., 2009).

An in-depth reading was then conducted whilst recording descriptive, linguistic and conceptual exploratory comments. Recording notes on the transcript itself allowed the researcher to be actively engaged and immersed within the data (Smith et al., 2009). Exploratory noting continued until a level of saturation was reached. Appendix C provides an illustrative example. Exploratory comments were then reread, whilst attempting to identify and develop emergent themes that effectively captured an understanding of these notes and spoke to an interpretation of the psychological essence of the text whilst remaining grounded within the data (Smith et al., 2009).

A hardcopy of the initial emergent themes was produced, enabling the researcher to move themes around on a large workspace, useful for the clustering together of related themes based on identification of patterns between them (Braun & Clarke, 2013). Development of emergent themes often entailed subsumption, polarization, abstraction and decontextualization and contextualisation to identify patterns among the data viewed as important (Braun & Clarke, 2013; Smith et al., 2009). During this process of theme development, themes were often revised and/or discarded to accommodate further interpretation of the data. Themes were then selected that reflected understandings that appeared to capture what was important within a given segment of text whilst simultaneously taking into account a global sense of the blog data in relation to the specific parts of text, following the hermeneutic philosophy of IPA in which “the part is interpreted in relation to the whole” (Smith et al., 2009, p. 28). This same process of theme development was repeated to identify superordinate themes.

Following this, the researcher moved to the next case, repeating these steps again. Once analysis for each case was complete, the researcher reviewed tabular representations of the structure of themes for all cases, allowing the researcher to develop cross-case themes and identify areas of convergence and divergence (Smith, 2004). The researcher sought to identify connections that appeared to be important for authors and appeared interesting at an interpretive level (Smith et al., 2009). Finally, four superordinate and nine emergent themes were produced, representing themes across cases.

### **Validity**

Numerous researchers have addressed issues concerning quality and validity within qualitative research (e.g. Burman & Whelan, 2011; Morrow, 2005), with attempts to discern guidelines and criteria for evaluating qualitative methodology, whilst acknowledging that these should not be rigidly applied (e.g. Elliott, Fischer & Rennie, 1999; Yardley, 2008). Given that paradigmatic assumptions inherent within qualitative methodology are distinct from quantitative methodology, utilising equivalent quantitative validity criteria is insufficient (Burman & Whelan, 2011; Creswell, 2013). Consequently, the researcher engaged with both generic qualitative criteria (Yardley, 2008) and specific criteria relevant to IPA (Smith, 2011).

For example, following Yardley's (2008) criteria, sensitivity to context was attempted by thorough engagement with relevant literature regarding MD cyber communities which enabled insight into research context and setting and important ethical decisions to be made regarding the study design. Commitment to rigor was demonstrated by use of a systematic sampling strategy, to enable inclusion of a "range of views relevant to the research topic" (Yardley, 2008, p. 245), thereby enhancing the transferability of the

research findings (Morrow, 2005). Transparency in data analysis was engaged with by offering a clear, detailed account of the steps taken during the research and providing an audit trail, which also enhances confirmability (Morrow, 2005). Finally, the researcher sought to illuminate the impact of the findings through detailed discussion of the complexity of authors' experiences whilst also providing practical implications.

Regarding criteria specific to IPA, the researcher aimed to demonstrate "sufficient idiographic engagement" (Smith et al., 2009, p. 182) by providing extracts from at least three authors' for each theme as advised for the present sample size (Smith, 2011). Additionally, the researcher attempted to adopt a "phenomenological and hermeneutic sensibility" (Smith et al., 2009, p. 182) throughout the research, including during write up. This was achieved, for example, by maintaining and reviewing a reflexive diary and ensuring cautious use of language, respectful of and committed to close attending to authors' experiences.

### **Methodological Limitations**

Methodological limitations within the present study relate to the use of naturally occurring data through IMR. Firstly, use of naturally occurring data prevented the researcher from probing further into specific elements of individuals' experience, which may have provided additional insight relevant to the research aims. Additionally, important nonverbal communication that may be captured within interview-generated data, such as emotional tone and intonation, may have enabled a richer understanding of individuals' experiences. Secondly, IMR presents limitations regarding obtaining and verifying demographic information, which can provide useful contextual information (BPS, 2017). However, Gatson (2013) points out that use of naturally occurring data enables individuals to choose how they are represented, independent of the researcher's perception of socioeconomic factors, so this is also a strength. Yet,

internet-users are thought to comprise a non-representative sample of the population (Bargh & McKenna, 2004; Keim-Malpass et al., 2014), and, whilst a representative sample was not sought, this may have impacted upon whose experiences were represented (Gatson, 2013; Sixsmith & Murray, 2001). Thirdly, Smith et al. (2009) advise, where researching potentially sensitive topics, researchers can provide participants with the option of reviewing verbatim quotations prior to completion of the research, yet this was not possible within the present study, in part due to ethical considerations regarding the remoteness of the researcher and the corresponding vulnerability of blog authors (BPS, 2017).

## Chapter 5. Results

This chapter first summarises the research findings followed by a close examination of the research findings. Following this, a diagrammatic representation of themes is presented to further illustrate the relationships between themes (Smith et al., 2009).

### Presentation of Findings: Summary and Master Table of Themes

The analysis of four blogs produced four interrelated superordinate themes thought to capture the experience of MD following developmental trauma: 1) Counteracting threat to self, 2) Compensatory imagined relationships, 3) Becoming and preserving self, and 4) Conflicting real and fantasy lives. These four superordinate themes are comprised of nine emergent themes, as shown below in Table 3. Detailed tabular representations of themes across all blogs and for individual blogs are provided in Appendix D and E, respectively.

**Table 3.** Master table of themes across all blogs

Superordinate theme	Subordinate theme
Counteracting threat to self: <i>"I was never safe"</i>	Surviving threat through psychological escape Losing self to feel safe
Compensatory imagined relationships: <i>"Attached to my fantasy family"</i>	Overwhelmed by unmet childhood needs Imagined temporal bonding and comfort
Becoming and preserving self: <i>"A reflection of your own heart"</i>	Self-agency through isolated, fantasy play Preserving a hidden self
Conflicting real and fantasy lives: <i>"Selling my soul"</i>	Lack of control and emotional states Difficulty meeting relational needs Daydreaming cessation and conflicting selves

*Table 3.* Table showing four superordinate and nine emergent themes across all blogs

### Presentation of Findings: Analysis

Blog data was analysed using the case within theme method outlined by Smith et al. (2009) as this prioritises the theme rather than focusing on individual authors. Verbatim quotations from each author are provided to illustrate and provide evidence for the emergent themes. Quotations are followed by parentheses indicating blog authors'



pseudonym names and transcript line numbers. Evidence was found in all blogs for each theme with the exception of the theme self-agency through isolated, fantasy play, which was not an evident theme for Anna. Within the following narrative account, attempts are made, where possible, to adopt blog authors' choice of terminology when referring to their daydreaming.

**Counteracting threat to self: “*I was never safe*”.** This superordinate theme represents the emergence of daydreaming during childhood to counteract perceived threat to self through psychological escape. Daydreaming appeared to enable a sense of safety through a detachment of self.

***Surviving threat through psychological escape.*** Daydreaming was experienced by authors as psychological escape that enabled survival of the self within a context of threat:

I closed my eyes, blocking out all the noise, all the chaos. I saw myself in the story of Sleeping Beauty waiting for a magic spell to wake me and reveal a beautiful life [...]. As I crouched there, huddling in the corner of my bedroom, taking a beating from a maniacal psychopath I closed my eyes again, took a deep breath and ignored the pain [...]. My thoughts were obsessed with revisiting my reverie (Beth, 263-275).

Lacking an alternative physical escape, daydreaming of a fairy tale and a 'beautiful life' sharply contrasts with the overwhelm of 'chaos' and physical assault. Detachment of the self provides psychological escape: as the daydream experience is magnified, the bodily experience diminishes as a numbing of pain and reduced sensory awareness enables the external environment to be 'blocked'. Therefore, authors' daydreaming facilitates the self to be elsewhere, 'obsessed' with daydreams, and the intensity of threat is met with an intensity of focus on daydreams. Beth also uses metaphorical language relating to war in describing her childhood experiences:

I learned to read between the lines when their battle ensued. [...] I learned to appraise the silence and predict the next act of combat [...] (Beth, 861-865).

Beth appears to position herself as a soldier; responses are framed as active survival and the experience is of ongoing anticipation of perceived threat.

The extent of anticipated threat is also considered, and the possibility of potential help dismissed:

Your family could very well kill you and tell the police you had it coming and that's that. That's what I was up against (Kay, 70-73).

However, detachment through daydreaming appears to facilitate escape to a place where survival appears prioritised, as illustrated by Kay's poem:

My Soul was in intensive care. [...] I was an empty shell full of woes. I fell from an incredible height [...]. This was the best place to land (Kay, 283-302).

A 'fall' from an 'incredible height' suggests significant potential injury. However, Kay positions herself as a patient in 'intensive care', evoking the sense of a place where all attempts necessary are made to sustain life and therefore the self is maintained.

This sense of anticipated threat is not isolated to specific incidents:

And there is the constant fear I felt, almost all the time. That my [parent] is going to kill my [parent] someday, perhaps me as well. I was never safe at home [...] (Clara, 111-113).

Repeated temporal references illustrate how a sense of threat was also experienced as fear that permeated much of childhood experience. Surviving such ongoing threat

appeared to depend upon daydreaming as a preferred strategy of psychological escape:

I started creating those different personalities that would stick with me for months or maybe years, they would be part a whole complicated world with it's own rules. This would be my primary escape from reality [...] (Clara, 156-160).

Daydreaming is a holistic escape from 'reality' and thus, a sense of threat is now accompanied by the temporality and complexity of a 'complex world' comprising imagined others who 'stick' with authors for 'years'. Consequently, daydreaming is experienced as something adaptive that facilitates survival:

Let's call this an embodiment of a survival instinct [...] (Clara, 211).

***Losing self to feel safe.*** Daydreaming is experienced as counteracting authors' sense of threat by enabling a sense of safety through a loss of the self:

Each incident of abuse was another stone for the wall, and my Great Wall was my fortress, the stronghold that kept people at bay. Inside my citadel, I created the world I wanted [...] (Beth, 207-210).

Distinct experiences of 'abuse' and daydreams are related as an 'incident of abuse' requires a 'stone' for the wall. This enables a sense of protection by keeping 'people at bay'. Ownership of daydreams facilitates choice to create the world that is 'wanted', in which there is protection from the 'world' that is 'unwanted', in which there appears to be little choice. However, experiencing this duality appeared to entail a detachment of self:

When my life became unbearable, I turned to my dreams. They were the safety net for my soul [...]. The inner screams were drowned out by the enchantment I created in my mind. I soothed myself in this way (Beth, 473-480).

A 'safety net' implies something that breaks a fall, thus literally essential to survival. Daydreams are presented as performing this function for an integral part of the self, the 'soul', thus perceived protection enables a feeling of safety despite threat. Daydreaming is experienced as counteracting experiences of abuse as the 'inner screams' are 'drowned out', suggestive of a detachment of self from bodily experience in which the detached self is engaged with 'enchantment'. The consequence is feeling 'soothed'. 'Imaginary worlds' are therefore often experienced in contrast to everyday life:

As a result of the physical abuse, mental cruelty, verbal abuse, and extreme disrespectful tone I created an imaginary world where I was safe and everybody loved me [...] (Kay, 74-77).

That an 'imaginary world' is experienced 'as a result' of 'abuse' highlights the significance of authors' daydreams as contrasting with their everyday life. Detachment of the self from unwanted, external events facilitates engagement within inner, imagined relational experiences that felt 'safe'. Experiences of 'abuse' are described detached from the self that experiences them, whereas daydream experiences are identified with using the first person: a self, 'I', is 'safe' and a 'me' is 'loved'. Detachment of self through daydreaming also enabled a sense of feeling 'safe and loved':

In reality, I was being abused sexually and was unable to get help for it after trying to go to adults. So, I simply looked for comfort and safety inside myself [...]. I would spend many hours in the reality and I remember feeling safe and loved. Often falling asleep holding myself tightly but imagining it was someone else. A protector [...] (Anna, 352-360).

'Safety' was provided through an imagined 'protector' identified as the self and suggestive of a detachment of self; part of the self is held by part who is the 'protector'. Thus, an experiential dichotomy is experienced through daydreaming that comprises a detachment of self from experience; 'being abused sexually' is met by being 'held

tightly', being 'unable to get help' is met by 'a protector'. Experience of external reality is therefore counteracted by an internal, imagined 'reality' which facilitates a sense of safety and comfort:

I was clinging onto a security blanket [...] (Anna, 342-343).

**Compensatory imagined relationships: “Attached to my fantasy family”.**

This superordinate theme represents authors' use of daydreaming during childhood as an attempt to meet unmet relational needs. Imagined relationships appeared to play a compensatory role, providing authors with a sense of temporal bonding and comfort.

**Overwhelmed by unmet childhood needs.** Authors expressed overwhelm in response to their varying unmet childhood needs:

But it was essentially a nightmare for us [...]. Why did we have to be hungry, dirty, lonely and afraid? [...]. If I felt unloved by my mother, did my [siblings] feel this, too? (Beth, 451-460).

Authors reported regular unmet physical needs during childhood, but often emphasised their unmet relational and emotional needs. Beth indicates her needs to feel comforted, safe and loved and this is accompanied by a sense of overwhelm as she describes her experience as a 'nightmare'. Such unmet relational needs were experienced as varying and numerous:

The common theme from most daydreamers seems to be love, validation, adoration, recognition, acceptance, and popularity among our invisible friends [...]. I know in my case, as a child, I received the exact and total opposite of that laundry list above (Kay, 55-60).

The phrase 'laundry list' is suggestive of an exhaustive list of needs that pile up when they are not met. Repetition of words with similar semantic meaning - the 'exact and total opposite' - appears to emphasise the extent to which such needs were unmet. Absence of 'love' and validation' are contrasted with their presence elsewhere, in the themes of daydreams. Consequently, authors often contextualised their childhood experiences in terms of lack:

I didn't live a normal life. I didn't go to school and come home, have few high school crushes, hang out with my girlfriends, and get ready for college [...] I was homeless, I was in foster care, my mother was a neglectful alcoholic [...] (Anna, 311-316).

Authors' use of lists appeared to be utilised to set a context, evoking a sense of manageability whilst reflecting on the duration of childhood. Anna emphasises a lack of temporal, familial care and social relations. The focus was on what was absent, illuminated, in part, by its presence elsewhere. The distinction is experienced as holistic and overwhelming as Anna unequivocally outlines how her expectations of a 'normal life' were not met.

Lack of parental validation sometimes had a significant impact on authors' sense of self:

I only wanted my mother to like me. What she showed was that I was a constant disappointment and never enough in her eyes (Clara, 414-416).

Relational needs are described as perpetually lacking throughout childhood as the need for parental acceptance is viewed as 'never' met and the experience of not being accepted is one of 'constancy'. Use of social comparisons further illustrates the view that what was needed was lacking:

I needed to have a father, and I'd secretly cry when I saw how my friends and their dads would do all sorts of family fun things together. Or how they were protected and secure by them (Clara, 126-130).

Specific unmet needs are referenced within a larger context of lacking a parent to meet such needs and provide a sense of security.

Authors' attentional focus appeared to be on what they could have had during childhood, suggestive of a sense of loss and longing. Sometimes, this longing contributed to a sense of temporal overwhelm accompanied by perceived lack of non-familial, social support during childhood and attempts to make sense of a child's limited ability to articulate their varying needs:

I just couldn't utter that one little word: "Help" (Beth, 375-376).

***Temporal bonding and comfort.*** Daydreaming enabled authors to feel a sense of temporal, relational comfort and bonding within imagined relationships:

In my mind, I created the family that I didn't have then; the one that I would never have [...]. Yes, there was a place [...] my existence meant something to someone (Beth, 71-76).

An imagined 'created' family is associated with a sense of belonging but contrasted with lack of the desired 'family' in everyday life. Therefore, imagined experiences provide compensation for this perceived lack. The sense of relational needs being met in daydreams is preferable to everyday interpersonal relations as imagined others appear more welcoming:

They were accepting and inviting [...] In my real life, I was surrounded by people who displayed disparaging attitudes (Beth, 901-904).

The complexity and temporality of imagined others provides a foundation for authors' sense that their relational needs are being met within their daydreams:

I live with them, I see them, they're with me everywhere I go. I go to sleep and I wake up with them [...]. The roommates in my mind [...]. They have families and histories [...] they are real to me [...] they exist and age in real time (Kay, 319-339).

The analogy of 'roommates' in the above poem suggests a continuing relationship with a foundation in home-life. Authors' engagement with imagined others is experienced as resembling an intimate relationship and experienced as 'real'. These 'roommates' are temporal as they 'exist and age in real time', complex, with 'families and histories' and involvement with them is extensive as Kay writes: 'they're with me everywhere I go'. This facilitates a sense of emotional support and dependability:

I relied on them. I counted on them. They were my world (Kay, 575-576).

Authors thus gain a sense of comfort from dependability on imagined others, leading to the view that such relations are highly significant. These characteristics of imagined relations appear to coalesce around authors' emotional experience:

I lived in a fantasy world attached to my fantasy family and fantasy friends. When my fantasy friends disappeared, I felt alone and depressed (Kay, 272-275).

The 'attachment' appears to be an emotional one facilitating positive affect as, without it, during temporary daydreaming cessation, negative affect is experienced. Anna also references her emotional response:



The difference being even though it is very real and very intense --people dying in this fantasy world literally made me cry-- while I am doing it, I know it is not real and is simply a fantasy (Anna, 107-110).

Anna experiences emotional, embodied responses within her imagined relations, whilst discerning reality from fantasy. The contrast between imagined death and 'simply' fantasy speaks to authors' struggle to make sense of emotions in the context of imagined relations. Anna further describes the importance of being able to relate to imagined others during childhood:

Brain offered wisdom to me and Go within as we awkwardly fumbled through childhood and into adolescence [...]. We would discuss our day, troubles, trauma, everything and we bonded [...] (Anna, 61-65).

The extent of imagined relational involvement provides dependability, allowing daily experiences to be shared, thus facilitating a sense of emotional bonding. Anna's 'imaginary friend' helps and is experienced passively as 'offering wisdom' directed towards discussion of 'troubles' and 'trauma', thus, this support appears specific, tailored to authors' needs. Such imagined 'help' comes in varying forms:

She watches, cares and helps if help is asked of her [...] she'd step in and offer a resolution. Or in situation where I find myself stuck or anxious, I ask what would she do. She has been here for so long and became a great part of my daily life now, I'm not sure if I'll ever be ready to let go [...] (Clara, 203-217).

'Help' is experienced both actively and passively: Clara asks, 'what she would do', and the imagined other would 'step in'. Thus, imagined others are experienced at times as though separate and independent, enabling the perception of authentic relations which facilitates the experience of temporal, relational comfort. Despite visceral experience and perceived authenticity, authors cognitively remind themselves that imagined relations are 'not real', presenting a conflict:

[...] who I know full well don't exist but they do, but they don't, but they do (Kay, 674-675).

Experiencing a duality of imagined others that 'exist' but 'don't' exist appears to be founded upon a transformation of emotional experience from a sense of lack to a sense of presence.

**Becoming and preserving self: “A reflection of your own heart”.** This superordinate theme represents the impact of daydreaming on authors' sense of self. Isolated, fantasy play and daydream-based activities during childhood and adolescence provided a space distinct from experiences of abuse, enabling authors to develop a sense of self related to their daydreaming. This self appears to be primarily expressed through daydreaming, preserved and hidden.

**Self-agency through isolated, fantasy play.** Isolation during childhood stemming from abuse and/or abuse-related experiences was related to engagement in isolated and daydream-based, fantasy play, through which, authors developed a sense of self and self-agency related to their daydreaming:

Since my [parent] was consumed with violence and verve, I spent a great deal of my time by myself. The farther away from my [parent] that I was, the less likely I would feel [their] wrath [...]. I played with my dolls creating a family life that I dreamed every chance I got (Beth, 869-876).

Isolation is attributed to the violence of the parent and becomes a pattern of withdrawal. The isolation is extensive and ongoing and becomes preferred as it provides an opportunity for daydream-based play. Fantasy play entailed physical activity and a tangible manifestation and expression of daydreams – using dolls to create the 'family life' dreamed. This enabled fantasy-based self-agency:

I never told her that these fantasy scenarios were extended by me as I lay in bed at night trying to go to sleep, as I sit in class, in church [...]. I jumped into the screen at the movies. I leap onto each page of a book I read. The escape knew no bounds (Beth, 234-239).

Repeated use of the first-person and increased verb usage within authors' descriptions of fantasy-based play and activities suggests an active, engaging experience that a clearly discerned self, 'I' engages in. This is not something that happens *to* the self, but something the 'self', actively *does*, illustrating volitional activity. This distinction is further illustrated by Kay who describes things that happen *to her* when outlining her abuse-related isolation prior to describing what she *does* within daydream-based, fantasy play:

I had a hard time making or keeping friends because they were real kids and were mean [...]. And I had a hard time controlling extreme anger issues stemming from the household daily abuse. In addition to, going to school with black eyes, busted lips, bruises, and other visible scars for my so-called friends to have a field day with, my imaginary friends became more and more real. [...] However, I could never tell anybody [...]. I wrote novels and short stories about them and submitted them into contests. I never won but they said they loved my creativity and wondered how I came up with such colorful characters (Kay, 563-581).

'Daily abuse' is associated with internal and external factors that impact upon interpersonal relations, contributing to social isolation. Interpersonal and imagined relationships appear interdependent; imaginary friends become 'more and more real' in a context of abuse-related, interpersonal difficulties. Subsequently, there is self-agency and ownership in relation to fantasy-based creative writing; it is 'I' who 'writes' the stories and 'came up' with 'colorful characters' and 'my creativity' that is loved, indicative of a sense of achievement. The source of writing inspiration is kept secret, however, an external manifestation of daydreams is produced and expressed through creative writing, representing a transformation of experience of significance for authors.

Clara expressed herself through daydream-based creative writing within a context of isolation:

I then used to write short stories and fairy tales inspired by my imagination, which my concerned mother would bring to a journalist who told her I should pursue writing and the talent should be encouraged but since this wasn't my mother's idea for me, she just kept quiet and overburdened me [...]. But the "friends" remained with me through it all (Clara, 163-170).

Clara also references an external source who 'encourages' her 'talent', illustrating the value authors attached to external recognition of their daydream-inspired writing. However, authors' focus and priority appeared not directed toward their creative writing, per se, but on expressing their daydream experiences. Authors' impulse toward such activities was not only creative but was also an attempt to describe daydream experiences and imagined others experienced viscerally as real and of great significance to them. Thus, the imaginary 'friends remained', despite parental behaviour, as whilst authors' writing could be externally interfered with, their deeper engagement with daydreaming was kept secret so could not.

***Preserving a hidden self.*** Daydreaming appeared to preserve part of the self, part that was hidden from others and, at times, from authors themselves:

I had to guard myself at all costs. My rule of thumb was I not to reveal my true self [...]. The only bit of me that still remained was the chimera that dwelled in my own head (Beth, 523-548).

The strategy of not 'revealing' ones 'true self' to others appeared to protect and preserve the self so that it 'still remains', suggestive of a hidden self. A 'chimera' evokes a sense of conflict; the daydreams could not become true, but a hidden self 'dwells' exclusively within daydreams, implying that, without the daydreams, this part of the self

would *not* 'still remain'. This hidden self, expressed exclusively within daydreams, appears to be illustrated by Kay in the context of a temporary period of daydreaming cessation:

I felt like I had lost a best friend. Lonely. [...] I felt a part of, me, was missing (Kay, 118-121).

That 'part' of the self is 'missing' without daydreams suggests it has disappeared or can't be found, implying a sense of something lost or hidden from awareness. Daydreaming cessation is presented as having caused this loss, suggesting that further engagement with daydreaming restores it. Therefore, the hidden self is made manifest through but is dependent on daydreaming, implying its preservation.

Authors regularly questioned their experience of imagined others as self *and* other:

Who are these people? (Kay, 324).

And:

They are me and I am them (Kay, 329).

Imagined others are distinctly 'they' whilst also simultaneously 'me', suggesting part of the self is represented within daydreams through them. However, the boundaries of distinction between 'me' and 'they' are unclear:

I do know that these people are not real (Kay, 597-598).

If 'they are me' then it appears that part of the self is expressed through 'these people' who are 'not real' but then is later not identified with as part of the self, thus this part of the self is hidden from awareness at times. A conflict arises as to not identify with imagined others as part of the self and discern them as 'not real' is also experienced as grounding oneself in the external, everyday environment:

Sometimes, I would find myself thinking "You are in your room talking to yourself...nobody is here" [...] (Anna, 416-417).

The need to reaffirm imagined experiences as 'not real' and reiterate that 'nobody is here' appears to arise because the embodied experience suggests otherwise. The presence of imagined others is experienced as so distinct and visceral that authors reiterate their own role and behaviour within the experience, as though this was previously not clear or outside of conscious awareness, as though hidden. Anna further describes the similarities and differences between herself and her first 'imaginary friend' in childhood:

[...] he looked sorta like a boy me but mostly I interacted with him verbally and just "knew" he was seeing exactly what I was seeing/experiencing exactly what I was experiencing (Anna, 56-59).

The imagined other is perceived as distinctly different but his experience is presented as fundamentally the same. Imagined interactions reinforce the experience of imagined others as distinct, masking the role of self within the interaction. Clara further describes imagined others as an integral part of the self:

"Imaginary friend" is someone very much like you in some ways, at the same time very different. A reflection of your own heart and desires, that is. Or an embodiment of your core personality, your consciousness, creativity and potential (Clara, 186-190).

Imagined others are akin to a 'reflection' and, like a literal 'reflection', appear to be the same but different to the self, similar to how a literal reflection is a disembodied representation of self. Therefore, sometimes self and imagined others are experienced as primarily the same whereas, other times, they are experienced as fundamentally different. During the latter times, part of the self, identified previously within the imagined other, appears hidden. That imagined others 'reflect' 'desires' suggests that imagined others are thought of as reflections of emotional states. One implication could be that the physical appearance of an emotional state may be seen more clearly in a reflection as 'reflected' emotions can be more easily seen.

**Conflicting real and fantasy lives: "*Selling my soul*".** This superordinate theme represents authors' conflict between their everyday and fantasy lives. Whilst expressing preference for and need of their fantasy lives, authors also experienced functional difficulties related to daydreaming. However, daydreaming cessation was often associated with a fragmentation of self.

***Lack of control and emotional states.*** During adulthood, a lack of control was experienced in relation to daydreaming. This was particularly prominently following distressing emotional states:

Once the stress or anxiety returns, so with it the daydream (Beth, 294-295).

Daydreaming appears to seamlessly accompany Beth's 'stress' and 'anxiety' and appears to be outside of her control. Thus, daydreaming in adulthood is associated, in part, with experiencing negative affect. This appears reminiscent of authors' childhood experiences of daydreaming in response to emotional arousal:

My [parent]'s voice triggered the trance-like state that took me to my clandestine dreamland (Beth, 885-887).

Beth describes being 'taken' to her 'clandestine dreamland' during childhood, during which the emergence of daydreaming of a 'dreamland' appeared to be a fluid and welcome experience, suggestive of restoration of safety and control, despite being experienced passively. However, in adulthood, 'triggering' of daydreams is experienced as a lack of control and the same passivity is unwelcome and appears to envelop the self:

My daydreams overtook my life [...] (Beth, 497).

Kay also described her childhood daydreaming positively, describing a 'world where she was safe'. However, when describing daydreaming and substance addiction within a poem, she expresses a lack of control:

Sweet poison takes over my mind [...]. Sweet poison consumes me I have to give in [...]. I'm not in control of my own body (Kay, 420-436).

'Sweet poison' brings to mind something that is desirable but harmful. Kay's reference to both her 'mind' and 'body' illustrates how authors' lack of control is experienced as overwhelming to such an extent that Kay writes she has to 'give in', illustrating authors' diminished sense of choice regarding their daydreaming:

These horrible things the Monster said threw me into flashbacks and MD double time (Kay, 451-452).

An upsetting encounter 'threw' Kay into daydreaming 'double time', suggesting an increased intensity of daydreaming following emotional distress. The word 'thrown' implies an abrupt loss of control. This suggests being abruptly removed from the



present moment and thrown into re-experiencing distressing childhood experiences, and daydreaming to manage such emotional states. Both flashbacks and daydreaming are experienced as overwhelming one's ability to remain grounded in the present, within authors' everyday lives. That daydreaming accompanies such distress appears to represent a learned coping strategy:

For the past few days I have been suffering pretty badly from PTSD. I was terrified, unable to shower without extreme fear, having night terrors, shaky. [...] I was also reverting back to maladaptive daydreaming [...] Between the nightmares, flashbacks, and my own escapism my mind was constantly thinking about my own death (Anna, 228-236).

Anna responds to the intensity of her emotional state by 'reverting back' to daydreaming, an apparently unwanted coping strategy. That daydreaming accompanies periods of emotional distress illustrates how daydreaming is used to meet authors' temporal needs, possibly to regulate emotions. Anna refers to her childhood daydreaming as an 'escape' from 'abuse', but in adulthood, this escape is from abuse-related memories. However, the escape is now viewed as problematic within the context of everyday adult life. Alongside intrusive, abuse-related memories, daydreaming - as a coping strategy - further detaches authors from themselves and their everyday lives. Anna's reference - 'my mind was thinking' - appears to position her as only an observer of her emotional state, illustrating authors' experience of overwhelming lack of control and a sense of helplessness.

***Difficulty meeting relational needs.*** Authors appeared to experience difficulties meeting their everyday relational needs due to experiencing a conflict between their real and imagined relationships:

When my life did not live up to my dream world, I became withdrawn and sullen. Not only had I been unworthy of love as a child, but now as an adult, I was an absolute failure [...]. I lost touch with my friends from my adolescence, and my interest continuing relationships, romantic or otherwise, was nil (Beth, 494-506).

The temporal experience of compensatory imagined relationships appears to become something that daily relationships cannot 'live up to'. Authors' relational experiences and difficulties during childhood and adulthood are negatively attributed to the self, illustrating the significant shame authors often expressed. Such shame appears to contribute to a cyclical experience that furthers isolation:

I expected real people to behave like fantasy people. Of course, this is virtually impossible and proved detrimental to my real life, which caused me to revert even deeper into my fantasy world (Beth, 718-722).

Experiences within imagined relations impact upon authors' expectations which contributes to relational difficulties and is viewed as 'detrimental' to 'real life'. Such 'detriment' appears to reinforce the need for imagined relations, producing a vicious cycle. Thus, 'real life' relational difficulties are perceived as 'causing' 'deeper' engagement in fantasy. Such engagement appears to fuel comparisons between real and imagined others, reinforcing relational expectations:

My imaginary friends treated me much better. I didn't even think about having a boyfriend. After all, what was I going to do with him. He was real. The imaginary boyfriend was much better (Kay, 566-569).

Authors prefer how they feel within imagined relationships to such an extent that that social relationships might not even be considered, as Kay states, she 'didn't even think about' it. Consequently, 'real' people are appraised negatively and there is a sense of ambiguity regarding everyday relational engagement. This often has a direct impact upon relational behaviour:

I ended up seeking out thrills like the ones in my fantasies in real life. Going after intense, unrealistic love affairs with highly damaged individuals. [...] I would continue this adrenaline seeking habit until one explosive night when I got in too deep with someone too dangerous (Anna, 386-392).

Emotional experiences within imagined relations are sought in daily life and such attempts are experienced as an 'adrenaline seeking habit', illustrating the pivotal role of authors' emotional experience within imagined relations. Daydreaming and 'real life' relational behaviour appear to be influenced by emotional needs; authors attempt to feel within imagined relations what they don't feel in their 'real' relations and seek in 'real' relations what is felt within fantasies. However, expectations are not met and thus, relational difficulties return authors to their imagined relationships.

Such relational difficulties were often attributed to the self, or to daydreaming. However, Clara also expresses the relational difficulties she experiences within a broader context of a 'lack':

I'm still lacking two basic things in my life – love and security [...]. I wonder often what is it that's so wrong with me that I can't keep the friends I have/had, have the new ones stay or be in a long-term relationship (Clara, 587-601).

Clara questions the cause of her relational difficulties and appears to experience significant shame related to this. The experience of 'still lacking' appears to speak to authors' descriptions of unmet relational needs during childhood. Relational, emotional needs that were experienced as partially met through childhood daydreaming appear again, unabated, in adulthood.

***Daydreaming cessation and conflicting selves.*** Daydreaming cessation appeared to be experienced by authors as a conflict; whilst daydreaming caused functional difficulties, fantasy life was preferred, and loss of it was equated with a loss of self:

But surrendering my daydreams would be akin to selling my soul. The frightening truth was that I was happier with the daydreams than I was with the living [...] (Beth, 502-509).

Beth's assertion that daydreaming cessation would be 'akin to selling' her 'soul' implies a significant loss of self in the absence of her 'daydreams'. The word 'surrender' appears to imply a loss of self to someone or something external, suggesting a sense of threat associated with daydreaming cessation. Conflict is experienced in anticipation of this loss because 'daydreams' make the author happier. However, authors contemplate complete daydreaming cessation due to the functional difficulties it causes. Daydreaming therefore becomes something to 'rid' the self of:

To rid myself of it would be to lose a limb (Beth, 562-563).

To 'rid' the self of something implies removing something that is unwanted, however great value is attached to daydreaming so loss of it would be 'to lose a limb'. This suggests that, daydreaming, regardless of whether it is wanted or unwanted, is an integral part of the self that is perceived as needed, like a 'limb'. Kay further illustrates authors' conflict:

I had fought with these non-existent people for [20+] years and they still insisted on being there throwing my focus off [...] (Kay, 627-629).

Imagined others previously identified as part of the self are now 'fought with', perceived as 'non-existent' people whose motivations are externalised. Imagined others are now perceived as a burden restricting everyday functioning.

Anna further describes how a sense of shame also contributes to this conflict:

I felt embarrassed of this double life I was leading. I didn't talk about it and I didn't want to think about it even [...] I felt like living my actual life was an annoying chore that was keeping me from living in my improved reality (Anna, 385-406).

An 'improved reality' suggest awareness of a prior reality that was 'improved' upon. However, daydreaming shame contributes to authors' secrecy regarding their daydreaming, furthering their sense of detachment from 'actual life' as they appear to not want to 'talk' or want to 'think' about their 'double life'. Daydreaming is therefore preferred but now perceived as a 'problem':

I started learning about it and realizing how much it was affecting me and making me lose my grasp on life outside of my fantasy. I forced myself to stop using this coping mechanism and get back in touch with reality [...]. I broke myself of the life-long habit (Anna, 121-128).

'Life' is perceived as 'outside' of 'fantasy', therefore, to stop daydreaming appears to require 'force' and a loss of self, illustrated by Anna's assertion that she 'broke' herself.

Clara also describes resistance to her fantasy life:

[...] only living in my imaginary world. My own "dark ages" [...]. I started realizing that more or less I have to go through some serious mind-adjusting to really get rid of the self-imposed prison I was living in, because I'd either get out of it or die. [...]. (Clara, 32-41).

There is a desire to 'get rid' of the 'self-imposed prison' that is experienced as both intentional but restrictive, but the imaginary world is also presented as the 'only' place the author was 'living', thus complete cessation appears to imply a loss of self. A sense of restriction is experienced and associated with difficulty and lack, illustrated by reference to the 'dark ages'.

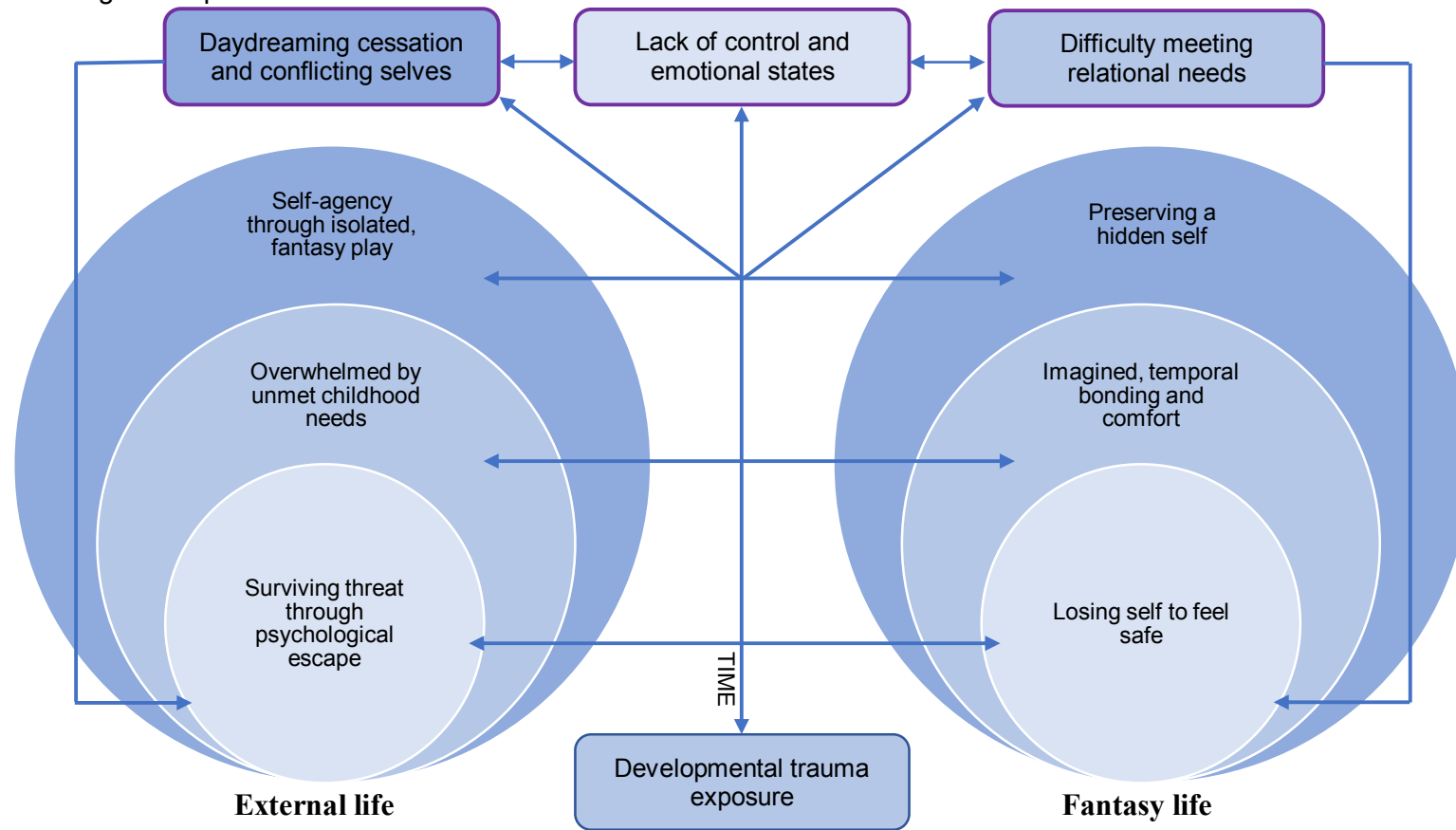
The intensity with which authors attempt to 'get rid' their daydream worlds appears to run parallel to the intensity of perceived conflict. Whilst authors prefer their fantasy lives and equate them with who they 'really are', complete daydreaming cessation appears to present a significant conflict that authors try to tame through acceptance:

Problem is that I care more about this inner world than most of what's going on around me [...] But at the end, it's not just my imagination, I realize, the reflection of my own heart is what tells me who I really am after all (Clara, 222-234).

### **Presentation of Findings: Diagrammatic Representation of Themes**

Figure 2 presents a diagrammatic representation illustrating the themes and their cyclical, multi-directional interrelationships. Superordinate themes one to three are shown in association with external or fantasy life whilst superordinate theme four bridges both, which each emergent theme within it also relating to previous superordinate themes. Time is viewed as non-linear given that daydreaming behaviour in the past appears to contribute to behaviour in the present and exposure to developmental trauma appears to intrude upon the present.

**Figure 2.** MD following developmental trauma



**Key**

- ☐ Superordinate theme 1: Counteracting threat to self
- ☐ Superordinate theme 2: Compensatory imagined relationships
- ☐ Superordinate theme 3: Becoming and preserving self
- ☐ Superordinate theme 4: Conflicting real and fantasy lives

*Figure 2.* Diagrammatic representation illustrating the cyclical, multi-directional interrelationships between nine emergent and four superordinate themes.

## **Chapter 6. Discussion**

This chapter begins with a summary of the research aims and findings. Following this, four interrelated analytic categories are discussed, considered to offer insight into the experience of MD in relation to developmental trauma. Relevant research literature and recommendations for future research are considered alongside these categories, followed by a discussion of implications for practice. The interpretation of the research findings entailed cross-theme and cross-case analysis to aid development of analytic categories that addressed patterns among the findings considered pertinent to the research aims (Bloomberg & Volpe, 2012).

### **Summary of Research and Findings**

The present study aimed to explore self-identified MD use in relation to developmental trauma as expressed in autobiographical writing in blogs. Specifically, it aimed to explore blog authors' experience of MD following developmental trauma, to consider how blog authors understand their self-identified MD use in relation to their developmental trauma histories and to consider, drawing on psychological theory and research on trauma and dissociation, any potential relationships between developmental trauma and MD.

All authors within the present study described their MD use as related to their developmental trauma histories in a manner that was multifaceted. Childhood daydreaming use was perceived as enabling psychological escape from an ongoing sense of threat in the context of developmental trauma. Detachment through daydreaming enabled authors to feel a sense of safety and protection that appeared to counteract this perceived threat. Childhood daydreaming also emerged against a



backdrop of unmet childhood needs, which seemed to coalesce around authors' relational needs and provide compensatory emotional bonding and comfort. Daydreaming also appeared to be important in becoming and preserving the self. Authors associated their childhood daydreaming with isolation that was often described as a consequence of developmental trauma exposure. However, periods of isolation sometimes became preferred as they were utilised as an opportunity to engage in daydream-based, fantasy play, through which, authors appeared to develop a sense of self-agency in relation to their daydream worlds. Consequently, authors frequently reported that their fantasy lives were an integral part of themselves, suggesting that daydreaming may have impacted upon authors' sense of self.

When reflecting upon their adulthood daydreaming, all authors expressed a sense of conflict between their real and fantasy lives, reporting daydream-related distress and interpersonal difficulties. Authors further described a lack of control in relation to their daydreaming, often relating to their experience of negative affective states, and sometimes, abuse-related memories. Daydreaming cessation therefore presented a conflict as, whilst daydreaming use contributed to distress and interpersonal dysfunction, authors also expressed a preference for their fantasy lives. Finally, daydreaming cessation appeared to be equated with a loss of self which appeared to further reinforce daydreaming use.

### **Daydreaming as Coping with Temporal, Unmet Needs**

All authors described their daydreaming use as initially emerging as a coping strategy during childhood that subsequently caused difficulty in later life. The experience of developmental trauma gave rise to a plethora of unmet childhood needs, which were experienced as overwhelming authors' ability to cope. Consequently, authors perceived their needs as partially met through daydreaming which was felt to facilitate

their ability to cope. However, as daydreaming use extended into adulthood, authors appeared to develop a preference for daydreaming in response to unmet, temporal needs, which was viewed as hindering their ability to meet their needs through other means. Therefore, taken together, the present findings are consistent with previous research findings that suggest that MD primarily emerges during childhood (Bigelsen & Schupak, 2011) and may be experienced as a “helpful coping strategy” that may become problematic with continued use in adulthood (Somer, 2002, p. 209; Somer, Somer, et al., 2016a). Furthermore, these findings suggest that, for some individuals, there is a perceived relationship between developmental trauma and MD use, supporting the view that developmental trauma may be an important factor in MD development (Somer & Herscu, 2017).

van der Kolk et al. (2005) suggests that the overwhelm experienced as a result of developmental trauma exposure may result in a complex range of behavioural and psychological adaptations, which may initially aid survival but can later contribute to psychological distress. Consequently, coping strategies adopted in response to developmental trauma “may be adaptive....but may be dysfunctional in coping with a world where abuse is not the norm” (Finkelhor, 1987, p. 355). However, coping is considered to be a dynamic process that may change over time (Walsh et al., 2011) and, accordingly, the present findings suggest that MD was utilised to cope with varying stressors and facets of temporal experience. For example, MD use appeared to facilitate generalised coping throughout authors’ lives but was also used in response to specific stressors during childhood and overwhelming emotions and interpersonal difficulties in adulthood. This may be suggestive of the flexibility and adaptability of MD as a coping strategy.

Research suggests that specific coping strategies utilised in response to developmental trauma exposure may be associated with later functional difficulties and distress (Coffey et al., 1996; Fortier et al., 2009). Yet, current understanding of the difficulties individuals may face in utilising MD as a coping strategy in response to developmental trauma is limited, although MD has also been related to distress and functional difficulties (Somer, Lehrfeld et al., 2016). One consistent pattern across the present findings that spoke to the complexity of authors' use of MD as a coping strategy was the extent to which daydreaming was used in response to a variety of unmet, temporal needs. Therefore, a more comprehensive understanding of MD use as both a generalised and specific coping method that may evolve throughout individuals' lives is required to more fully understand the nature of individuals' experience. Finally, given that MD use is not always associated with functional difficulties, and some individuals who use MD are viewed as high functioning (Bigelsen & Schupak, 2011; Schupak & Rosenthal, 2009), it is also feasible that utilising MD as a coping strategy may promote later functioning in some individuals. Future research could therefore explore MD in relation to the specific, temporal and unmet needs that daydreaming is adopted in response to.

### **Daydreaming to Meet Unmet Relational Needs**

All authors expressed how their imagined relationships were central to their experience of MD following developmental trauma. Primary caregiving relationships were described as causing distress and lacking in terms of meeting authors' relational needs. They were contrasted with imagined relationships, within which, authors often described forming emotional attachments to imagined others, and consequently attached significant value to them. Subsequently, authors reported developing a more generalised preference for imagined relationships throughout their lives, which, later in

life, was accompanied by a sense that such relations were hindering authors' desire and ability to engage in everyday, interpersonal relations.

These findings are consistent with the view of MD as providing highly rewarding, compensatory emotional support (Somer, Somer, et al., 2016a) that may enable individuals "access to emotions and experiences they lack in their real life" (Bigelsen & Schupak, 2011, p. 1641). Comparable relevant themes also exist within previous MD research with samples of individuals with and without developmental trauma histories, entitled "companionship, intimacy and soothing" (Somer, 2002, p. 204) and "relationships and family life" (Somer, Somer et al., 2016a, p. 569), respectively. Furthermore, these findings support previous findings regarding of both the negative impact of MD on everyday relationships and individuals' preference for imagined relations (Bigelsen & Schupak, 2011). The absorptive nature of MD (Somer, Somer et al., 2016a) appeared particularly prominent in relation to authors' imagined relations which were often experienced as though real, with concomitant emotional responses. These findings may possibly be understood within the context of MD experiences as entailing a powerful sense of presence (Somer, Somer, et al., 2016b), consistent with authors' accounts of their imagined relations.

However, it is unclear if MD-related interpersonal difficulties later in life (e.g. Somer, Somer et al., 2016b) can be understood as distinct from a range of interpersonal difficulties generally associated with a history of developmental trauma (e.g. Beck, Grant, Clapp & Palyo, 2009; Dorahy et al., 2013). Research suggests that interpersonal avoidance and withdrawal from interpersonal relations during childhood may have a protective function, yet this can adversely impact upon opportunities for learning within relational contexts, which may contribute to interpersonal difficulties

(e.g. D'Andrea et al., 2012). Indeed, authors in the present study described their compensatory imagined relations as a response to their unmet, childhood relational needs in a context of developmental trauma. As reported previously, emotional compensatory support through daydreaming may provide a vital source of emotional sustenance for children in aversive home environments, but then later development of MD may contribute to interpersonal difficulties (e.g. Somer, Somer et. al., 2016b). Yet, the present findings suggest that authors' childhood relations with primary caregivers also played a pivotal role in their later relational difficulties. This is consistent with research outlining how attachment disruption can impact upon a child's internal working models of the self and others that can be associated with a later adverse impact upon interpersonal functioning (e.g. Tardif-Williams et al., 2017). Furthermore, authors also expressed significant shame when discussing relational difficulties which may have further impacted upon the formation of positive relations with others (Tummala-Narra et al., 2012).

One possible understanding of these findings is that, whilst MD use later in life may perpetuate relational difficulties, it may be utilised as a response to specific relational stressors and difficulties rather than being considered as a sole contributor to relational difficulties. Thus, daydreaming use could be understood not only as a response to unmet relational needs during childhood, but also as a response to unmet relational needs in adulthood. This is consistent with the assertion that individuals who use fantasy following developmental trauma may experience a strong yearning for relational engagement alongside relational avoidance, or, what Hollander (2004) refers to as "a fierce desire for attachment that permits no sense of relationship" (p. 212). Future research might benefit from specifically exploring the interpersonal sequelae of developmental trauma in relation to MD use.

## **Daydreaming as Detachment of Self**

Childhood daydreaming was described as an escape from perceived threat and framed in terms of survival, with authors viewing their daydreaming as a means to detach from the external environment and/or from unwanted emotional experiences. This was particularly apparent when authors described specific instances of assault during childhood, during which, some authors described experiencing detachment from their external surroundings. However, authors' sense of detachment was varied; daydreaming was described as enabling detachment from a more generalised sense of threat, in the absence of imminent threat, during periods of isolated, fantasy play, and from distressing emotional states. Consequently, authors' MD use may be understood, in part, as a detachment of self.

This provides further support for Somer's (2002) conclusion that a crucial aspect of daydreaming for individuals with histories of developmental trauma is centred around experiencing a "much safer imaginary world" (Somer, 2002, p. 209). It also corresponds to previous findings within MD research outlining how individuals with childhood trauma histories may use MD to distance themselves from the experience of an inescapable painful reality, thus further suggesting that developmental trauma may play a role in individuals' later MD-related experiences (Somer, Somer et al., 2016a). Therefore, whilst MD research has shown that the majority of individuals who use MD do not have developmental trauma histories (Bigelson & Schupak, 2011), the present findings suggest that, for the present authors, later MD use began with childhood daydreaming that was related to and began in a context of developmental trauma.

This might be understood in relation to experiences of dissociative absorption (Somer, Lehrfeld, et al., 2016). Dissociative absorption necessarily implies a detachment of self and disconnection from the external environment to allow for, for example, immersion in a fantasy world (Aardema, O'Connor, Côté & Taillon, 2010; Waller, Putnam & Carlson, 1996). However, dissociative absorption is generally considered to be a non-trauma related, non-clinical form of dissociation (Soffer-Dudek et al., 2015), despite studies demonstrating that it can also be associated with distress (Levin & Spei, 2004). Therefore, it is unclear how this may be understood in light of the present findings that suggest that MD can be associated with both developmental trauma and distress.

Alternatively, these findings could be understood with regard to dissociative detachment, particularly with regard to the argument that detachment phenomena may occur along a continuum of experience (Holmes et al., 2005). This offers a way to understand the multi-faceted nature of the experience of detachment in the present study as occurring within a range of situations and to a variety of degrees. Regarding the latter, some earlier daydreaming experiences considered to signify a detachment of self may relate more specifically to the experience of peri-traumatic dissociation (Brewin & Holmes, 2003), thus supporting a large body of research suggesting a strong relationship between traumatic experience and dissociation (Dalenberg et al., 2012b). Accordingly, dissociative adaptations may occur as a defence in response to trauma, leading individuals to experience alterations in consciousness as a “detachment from awareness of self and experience” (Cook et al., 2005, p. 394).

However, it is unclear how dissociative detachment could extend to understanding authors' experiences of MD and MD-related distress in later life. Whilst MD has been associated with dissociative phenomena more generally through use of the DES,

individuals were reported to score much highly on the absorption sub-scale of the DES, suggesting that dissociative detachment experiences were less relevant to MD experiences (Somer, Lehrfeld, et al., 2016). However, more recently, MD has been found to be associated with daily elevations in detachment experiences of derealisation and depersonalisation in a longitudinal study design (Soffer-Dudek & Somer, 2018), further suggesting the complexity of the temporal relationship between varying dissociative experiences. These findings raise further questions for future research regarding the differentiation between dissociative experiences discerned as absorption or detachment and, also, regarding the possibility that dissociative absorption can be associated with distress (Soffer-Dudek et al., 2015).

### **MD-related Distress**

Authors described distress and dysfunction in relation to their daydreaming which primarily related to experiencing a conflict between their external and fantasy lives. Authors reported a lack of control, relational difficulties and distress related to their MD use. However, detachment through daydreaming appeared to facilitate authors' attempts to reduce their MD-related distress. Furthermore, daydreaming was often described as 'soothing', with imagined relations providing emotional comfort. These findings are consistent with previous MD research that emphasised the importance of MD-related distress, functional difficulties and lack of control regarding daydreaming use (Soffer-Dudek & Somer, 2018; Somer, Lehrfeld et al., 2016). Additionally, whilst the present findings appear consistent with the lifelong engagement in fantasy that characterises fantasy-proneness, the findings of MD-related distress are inconsistent with findings suggesting that extensive fantasy use, such as fantasy-proneness, is typically not associated with distress (Rhue & Lynn, 1987), unlike MD (Somer, Soffer-Dudek & Ross, 2017). However, within the present study, MD-related lack of control



often occurred in response to negative affective states. This raises questions as to whether the lack of control experienced by individuals with developmental trauma histories relates more specifically to difficulties related to affect regulation as broader research suggests that developmental trauma survivors may utilise coping strategies to manage dysregulated affect (D'Andrea et al., 2012).

Finally, there appeared to be close relationships between authors' MD-related lack of control and reported distress. In their conflict between their external realities and fantasy lives, authors expressed difficulties in their external realities regarding relational difficulties, lack of control regarding MD use and unsuccessful attempts at complete MD cessation. The outcome for the majority of authors regarding such difficulties appeared to be an increase in daydreaming. Taken together with a view of MD as a coping strategy, these findings appear to suggest that experiences in external reality reinforced MD use. This vicious cycle in relation to MD has been outlined previously by (Somer, Somer, et al., 2016a). However, within the present study, MD-related distress was also associated with daydreaming cessation.

### **Daydreaming, Isolation and Sense of Self**

Authors described a sense of temporal isolation in relation to both their experience of developmental trauma and their MD use. This appeared to facilitate extensive involvement in daydreaming throughout authors' lives which subsequently appeared to impact upon authors' sense of self. Isolation was described in relation to developmental trauma exposure and authors appeared to withdraw from threatening interpersonal relations as a consequence. This contributed to authors developing a preference for daydream-based, fantasy play and activities during childhood and adolescence. These were kept hidden from others and consequently, authors continued to hide their daydreaming use throughout their lives, which appeared to

further contribute to their isolation. Ongoing daydreaming use in a context of isolation further appeared to facilitate a sense of daydream-based, self-agency and impact upon authors' sense of self, with authors sometimes describing their fantasy lives and/or imagined others as an integral part of themselves. This appeared to influence authors' later conflict between their external and fantasy lives as daydreaming cessation often appeared to be equated with a loss of self.

Consistent with the present findings, Somer, Somer et al. (2016b) suggest that both childhood trauma and isolation may be important contributory factors to later MD development, with isolation being a possible consequence of prolonged MD use. Furthermore, Bigelsen & Schupak (2011) found that eighty-two per cent of their sample of ninety individuals who self-identified MD use reported keeping their fantasy lives hidden from family, friends and significant others. However, the findings from the present study suggest further that individuals with histories of developmental trauma may have additional reasons to keep their daydreaming behaviour hidden during childhood, due to the context of a sense of threat and their reliance on daydreaming to meet their temporal needs. Accordingly, daydreaming exposure during childhood could have had the adverse impact of external interference and/or disruption to the ability to engage in daydreaming thus potentially diminishing the adaptive utility of daydreaming within an aversive childhood environment.

The adaptive function of daydreaming within the present study appeared to enable detachment, affect regulation and compensatory emotional support despite a challenging and distressing environment. Furthermore, authors appeared to identify with a part of themselves that was perceived as safe and distinct from experiences of abuse which appeared to provide a foundation for daydream-based, fantasy play and

activities, albeit tied to authors' daydreaming use. However, this later manifested as a conflict concerning daydreaming cessation which appeared to be perceived as a threat to the self. Further exploration of the relationship between MD and individuals' sense of self and self-identity in relation to their fantasy lives may provide further insight that may be of relevance to further understanding effective daydreaming cessation. These findings support research suggesting fantasy is pivotal for children in resolving conflict (Marks-Tarlow, 2017; Tornero & Capella, 2017).

### **Implications for Practice**

The present findings suggest a complex relationship between developmental trauma exposure and MD use. Therefore, it may be beneficial for practitioners to explore the possibility of MD use in individuals with complex trauma histories, who are shown to sometimes engage extensively with daydreaming (Dalenberg et al., 2012). Additionally, exploration of specific unmet, temporal needs and interpersonal difficulties that may relate to MD use may highlight areas in which to introduce learning of alternate coping strategies.

Research suggests that individuals who use MD may rarely disclose their experiences to mental health practitioners as they may fear being misunderstood or having their MD-related concerns dismissed (Bigelsen & Schupak, 2011; Somer, Somer, et al., 2016b). Additionally, the present findings suggest that daydreaming cessation may present a significant conflict for individuals. Therefore, recognition of the nature of MD as multi-faceted and distinct from related constructs may in itself be a great relief to many individuals who seek help (Somer, 2013). Furthermore, consideration of individuals' fantasy lives as characterised by temporality and complex emotional experiences may facilitate a deeper understanding of individuals' lived experience.

However, therapeutic intervention that aims for complete daydreaming cessation may be perceived by some individuals as a threat and reinforce daydreaming; targeting more specific elements of daydreaming distress and dysfunction may therefore be beneficial. These considerations may further promote increased daydream-related disclosure.

Finally, the present findings suggest that creative arts appeared to be a preferred means of expressing daydream-related content, therefore expressive arts therapies may be a useful therapeutic approach as they have been identified as a useful alternative to talking therapies (van der Kolk, 2003) and may be perceived as a safer means to engage in daydream-related dialogue.

### **Study Limitations**

There are several identified limitations of the present study. First, the data utilised was incredibly rich and multifaceted and thus it was beyond the scope of the present study to fully explore all themes of interest. Secondly, whilst not verifiable, the demographic information obtained within the present study indicated that all authors were female, which may have impacted upon the findings. Additionally, this may be representative of MD use, given previous research suggests a tendency towards high proportions of females within MD research (e.g. Bigelsen & Schupak, 2011, Somer, Lehrfeld et al., 2016). Thirdly, the inclusion criteria required that blogs were written in English, and therefore the sample may reflect individuals primarily from English speaking countries. Yet, dissociative experiences, in particular, following developmental trauma may manifest differently in different cultures (Somer, 2006) and therefore this may have also influenced the findings. This may also speak to the broader requirement within MD research to recruit participants from within a researcher's home country and rely less on IMR. Finally, it is possible that blogs in the public domain contain less

disclosure than might be present within restricted-access blogs, or than might be provided within the context of a therapeutic relationship (Somer, 2002).

## Chapter 7. Conclusion

Following previous MD research, IMR was one of the few viable means to access individuals who self-identify MD use (e.g. Bigelsen & Schupak, 2011; Somer, Somer et al., 2016b). However, unlike previous MD studies, the present study utilised naturally occurring, documentary data published electronically as blogs, enabling prioritisation of authors' presentation of their accounts of experience (Sixsmith & Murray, 2001). The present study therefore attempted to surpass ethical obligations pertaining to the protection of participants and access "the experiences, thoughts and feelings of people whose voices might not otherwise be heard" (Sixsmith & Murray, 2001, p. 423).

As mentioned previously, it came to the researcher's attention that one of the blogs authors, Anna, sadly took her own life. Without assuming the reasons that may have led to this decision, this appears to be a reminder of the fragility of people's experiences. Despite coping strategies such as MD, sometimes people's experience can simply be too overwhelming.

It appears that blog authors may decide to share their experiences through blogging, reaching out to others and engaging within a broader, intersubjective element of experience. Forming a narrative of experience through writing may, at times, facilitate the management of complex emotional experiences, providing a way to integrate overwhelming feelings (Pennebaker, 1999). According to one popular MD blog author, such feelings are pivotal in MD:

Behind every daydream, there is a *feeling* (Eretaia, 2016).

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## Appendices

### Appendix A. Literature Search Strategy

#### Example search string 1

("developmental trauma" OR "child\* trauma" OR "child\* abuse" OR child\* neglect' OR "child\* maltreat\*")

#### AND

("maladaptive daydreaming" OR fantas\* OR daydream\* OR absorpt\* OR "imaginative involvement")

#### Example search string 2

("complex trauma" AND child\*) OR ("interpersonal trauma" AND child\*) OR ("child\* adversity" OR "adverse childhood experiences")

#### AND

("maladaptive daydreaming" OR fantas\* OR daydream\* OR absorpt\* OR "imaginative involvement")

#### Search terms

'Maladaptive daydreaming', 'maladaptive daydreamer', 'daydream', 'daydreaming', 'dream', 'dreaming', 'daydreamer', 'fantasy', 'fantasise', 'fantasize', 'fantasising', 'fantasizing', 'imaginative involvement', 'absorption', 'fantasy proneness', 'developmental trauma', 'complex trauma', 'interpersonal trauma', 'childhood trauma', 'childhood abuse', 'childhood neglect', 'childhood maltreatment', 'victimisation', 'victimization', 'childhood adversity', 'adversity', 'adverse childhood experiences', 'ACEs', 'trauma', 'traumatic', 'traumatised', 'traumatized', 'child', 'adolescent', 'childhood'.

#### Databases

BioMed Central, Chesterrep (Chester university repository), Cinahl Plus, Cochrane Library, IBIS, IBSS International Bibliography of Social Sciences, IngentaConnect, ISI Web of Science, JSTOR, Medline, ProQuest, PsycARTICLES, PsycBOOKS, PsycINFO, PubMed, ScienceDirect, SocINDEX, Web of Science, Wiley Online Library.

#### Searches for grey literature

Bing, Firefox, Google, Google Scholar, ProQuest Dissertations and Theses, Yahoo!

## Appendix B. Blog Author Opt-Out Email

Subject: Use of blog content for MSc Psychological Trauma research

Dear blog author,

My name is Charlene Thomson and I am currently in my final year of a Master of Science (MSc) degree in Psychological Trauma at the University of Chester. I am contacting you because I am interested in your writing and I would like to notify you that I have selected your blog to use as part of my final year dissertation research.

The content used from your blog will be anonymised, so any identifying information such as names, dates and locations will be removed or altered. Therefore, your name and your blog name will not be included in the final research report.

As this research focuses on your public blog content, you do not need to take any further action. However, if you would prefer that your blog content is **not** used as part of this research, please feel free to reply to this email to inform me of this.

You can see further information about this research below. Alternatively, if you have any questions or concerns regarding the use of your blog content within this research, please feel free to contact me.

Thank you for your time.

Yours faithfully,

Charlene Thomson

### Contact information

Principle researcher: Charlene Thomson

Email address: [1221683@chester.ac.uk](mailto:1221683@chester.ac.uk)

Research supervisor: Andrew Reeves

Email address: [a.reeves@chester.ac.uk](mailto:a.reeves@chester.ac.uk)

Postal address: Centre for Research and Training in Psychological Trauma,  
Department of Social and Political Science, University of Chester, Parkgate road,  
Chester, CH1 4BJ.

### Information about the research

#### What if I do **not** want my blog content to be used in this research?

Please feel free to email the researcher using the email address provided by **4pm (UK time) on Friday 30<sup>th</sup> March 2018** to inform them that you do not want your blog content to be used within the research. In this case, content from your blog will not be included in the final research report.

#### What is the aim of the research?

This research aims to explore experiences of self-identified use of 'Maladaptive Daydreaming' in relation to developmental trauma, such as childhood abuse, using autobiographical writing in the form of blogs.

**What does participation in this research involve?**

As this research explores your public blog content and does not actively recruit participants, you do not need to take any further action.

**How will content from my blog be used?**

The researcher is interested in learning from your experiences by examining your writing. The final research report will include direct quotes of up to 200 words taken from your blog and other selected blogs.

**When will the data be selected from my blog?**

The researcher has already identified content from your blog that they would like to include in the research. No further data will be taken from your blog following this email.

**Will my blog content be anonymous?**

Any identifying information within the content selected from your blog such as names, dates and locations will be removed or altered. Your name and your blog name will not be included in the final research report. Instead, pseudonyms will be used in the place of real names.

**Who will see the research data and final report?**

The research data and final research report will be assessed by University of Chester staff and internal and external examiners involved in marking the dissertation. Data will be stored for up to five years after the award of the degree, in line with UK data protection policy. The research report may also be viewed by the general public in the event of publication.

**How can I see a final copy of the research report?**

Please feel free to email a request to the researcher using the email address provided.

**What if I have concerns or cause for complaint regarding this research?**

Please contact the principal researcher by email in the first instance. If you are dissatisfied with the response provided, you can contact the research supervisor (Andrew Reeves) using the contact information provided.

## Appendix C. Sample Transcript with Exploratory Comments

Related emergent themes.	Transcript	Exploratory comments
<p>Losing the self.</p> <p>Self-protection.</p> <p>Coping with threat to the self.</p> <p>Conflicting selves.</p> <p>Seeking safety.</p> <p><b>Survival through escape.</b></p> <p><b>Preservation of self.</b></p>	<p>When my life became unbearable, I turned to my dreams. They were the safety net for my soul. Often I felt my life slipping away into the hands of my abusers. My voice echoed loudly on the inside because my screams were stifled by a hand, either mine, my [parent]'s, or my [parent's partner]. The inner screams were drowned out by the enchantment I created in my mind. I soothed myself in this way.</p>	<p>Reflecting on the past, describing coping in an abusive environment by use of daydreaming. Daydreams as supportive, something to 'turn to', something to keep a 'soul' safe in the midst of threat. Losing part of the self Part of the self struggles to cope whilst another part experiences comfort in daydreams.</p> <p><i>Unbearable. Stifled. Screams. vs. Safety net. Enchantment. Soothed. Positive and negatively charged language to describe impact of abuse vs impact of daydreams. <u>Daydreams as an escape? How is safety understood? In contrast to perceived threat to self?</u></i></p> <p><i>'Slipping away into the hands of my abusers' <u>Part of the self became under their control? Losing part of the self or one's own 'life'? Overwhelming threat to 'self'? This is temporally nonspecific? Temporal coping?</u></i></p> <p><i>'Life slipping away' Does 'slipping' imply a gradual process? 'Safety net' (catching something so it doesn't fall?) <u>Losing a part of the self to feel safe?</u></i></p> <p><i>'Hands of my abusers' appears non-specific in reference to 'hands', part of them rather than the whole/who they are/seeing them as depersonalised. Depersonalising the abusers. <u>Does depersonalised language mirror the experience of others?</u></i></p> <p><u>How are 'screams stifled' by one's own hand?</u></p> <p><i>'On the inside...inner screams...in my mind' <u>how is what is happening on the inside discerned from what is happening on the outside? Is the distinction between inside/outside important?</u></i></p> <p><u>Part of the self screams while part is soothed. Is this so that part of the 'self' can survive? The screams are only internal?</u></p> <p><i>'Screams were stifled... Voice echoed loudly ...' Language suggests that part of the self felt silenced, with screams unheard. Suggests a sense of isolation, that no-one can hear.</i></p> <p><i>'Life became unbearable/ Turned to my dreams...enchantment...soothing' <u>Contrasting experiences. Life is experienced as unbearable whilst also experiencing safety via enchantment and soothing. Choosing to identify with preferred parts of experience?</u></i></p> <p><i>'I created...I soothed' Indicates an active role in creating the enchantment, which seems distinct from the passive role described in 'my screams were stifled' Soothed = regulating emotional responses?</i></p>

## Appendix D. Detailed Master Table of Themes Across all Blogs

**Table 4.** Detailed master table of themes across all blogs

Superordinate themes	Subordinate. themes	Author	Key words / In vivo quote	Page / line
Counteracting threat to self: <i>"I was never safe"</i>	Surviving threat through psychological escape	Beth	Blocking...all the chaos. Act of combat.	11.264, 36.864.
		Kay	Family...kill you. Soul...in intensive care.	3.69, 12.282.
	Losing self to feel safe	Anna	Escape...the abuse. Escaped...dark reality.	5.118, 15.345.
		Clara	Constant fear...never safe. Survival instinct.	5.111, 9.211.
		Beth	My fortress. Safety net for my soul.	9.208, 20.474.
		Kay	World where I was safe...loved me.	4.75.
Compensatory imagined relationships: <i>"Attached to my fantasy family"</i>	Overwhelmed by unmet child needs	Anna	Security blanket. A protector...safe inside.	15.343, 16.360.
		Clara	<i>Help...never to sink. Feel...protected.</i>	9.202, 10.229.
		Beth	If I felt unloved. One little word: "Help".	19.459, 16.376.
		Kay	I received the...opposite. Lack of love.	3.58, 17.392.
	Imagined temporal bonding and comfort	Anna	Didn't have a normal life. Not enough.	14.311, 19.441.
		Clara	Needed...a father. Wanted my...to like me.	6.127, 17.414.
		Beth	Created...family...didn't have. Held me.	3.71, 5.120.
		Kay	Attached...fantasy family. Roommates in.	12.272, 14.324.
Becoming and preserving self: <i>"A reflection of your own heart"</i>	Self-agency through isolated, fantasy play	Anna	Bonded...same life. People dying...cry.	3.65, 5.108.
		Clara	She...cares...helps. She'd step in.	9.207, 9.213.
		Beth	Rather play...alone. Dolls...family.	10.224, 36.875.
		Kay	Hard...keeping friends. Wrote novels.	24.564, 24.577.
	Preserving a hidden self	Clara	A best friend. Stories...imagination.	4.83, 7.163.
		Beth	Hiding it from me. Bit of me...my head.	7.158, 23.546.
		Kay	Part of, me...missing. They are me.	6.120, 14.328.
		Anna	Like a boy me. "Nobody is here".	3.56, 18.417.
Conflicting 'real' and fantasy lives: <i>"Selling my soul"</i>	Lack of control and emotional states	Clara	Reflection of...own heart. "Me" I want.	8.187, 9.219.
		Beth	Anxiety. Triggered...dreamland.	12.295, 37.886.
		Kay	Sweet poison. Flashbacks...MD.	18.419, 19.451.
		Anna	Lose...grasp. Reverting...daydreaming.	6.123, 10.232.
	Difficulty meeting relational needs	Clara	Give up...memories...flooding the mind.	4.76.
		Beth	Lost touch...friends. Real...fantasy people.	21.504, 30.719.
		Kay	Imaginary friends treated me better.	24.565.
		Anna	Seeking out thrills. Pulling me away.	17.387, 17.396.
	Daydreaming cessation and conflicting selves	Clara	Hard...relationship. Lacking...love.	10.224, 24.587.
		Beth	Selling my soul. Battle...daydreaming.	21.502, 31.735.
		Kay	Fought with these...people. To live with it.	26.627, 28.678.
		Anna	Broke myself. Life...annoying chore.	6.128, 18.404.
		Clara	Self-imposed prison. Who...really am.	2.40, 10.233.

**Table 4.** Table showing superordinate and emergent themes across all blogs

## Appendix E. Summary Table of Themes for Individual Blogs

**Table 5.** Table of themes for Blog one (Beth)

Superordinate theme	Emergent theme	Key words / In vivo quote	Page / line
Becoming a survival self	Overwhelmed child needs	Home alone. [Parent] that a child needed.	4.94, 35.843.
	Learning to adapt the self	Constantly anticipating. What they wanted.	35.855, 38.912.
	Survival through escape	Blocking out. Escape from.	11.264, 36.878.
	Isolated self in fantasy play	Play...toys alone. Less likely...wrath.	10.224, 36.873.
Safety through a loss of self	Fragmenting the self	Keeping a façade. Creating a persona.	8.182, 8.188,
	Imagined safety and protection	My Great Wall...fortress. Safety net.	9.208, 20.475.
	Imagined relational comfort	Created...family. Loving companion.	3.71, 20.487.
	Preserving the self	Guard myself. It's a part of me.	22.525, 24.564.
Temporality of trauma and MD	Conflicting selves and needs	Took over my life. Selling my soul.	20.483, 21.503,
	Conflicting relational needs	Lost touch...friends. Real...fantasy people.	21.504, 30.719.
	The social but isolated self	Knew I was not alone. Constantly afraid.	9.219. 21.509.

*Table 5.* Table showing superordinate and emergent themes for blog one (Beth)

**Table 6.** Table of themes for Blog two (Kay)

Superordinate theme	Emergent theme	Key words / In vivo quote	Page / line
Unmet childhood needs	Lack in childhood	Lack of love. Opposite...laundry list.	17.392, 3.58.
	Survival and safety of the self	Soul in intensive care. Need...to survive.	12.282, 18.424.
	The isolated self	Hard... keeping friends. Anger issues.	24.654, 24.569.
Imagined surrogacy	Real and imagined relationships	Attached...fantasy family. Relied on.	12. 272, 24.574.
	Protected self in daydreams	Part of, me...missing. They are me.	6.120, 14.328.
Temporality of the social self	Daydreaming shame	Feel like a failure. Convinced...crazy.	11.241, 23.532.
	Secrecy and isolation	Could never tell. Hiding in silence.	24.575, 26.630.
	Balancing conflicting needs	Couldn't stop. Rather live in... fantasy.	1.24, 7.144.
	Learning about MD	Light shined on me. I was not alone.	27.642, 27.654.

*Table 6.* Table showing superordinate and emergent themes for blog two (Kay)

**Table 7.** Table of themes for Blog three (Anna)

Superordinate theme	Emergent theme	Key words / In vivo quote	Page / line
Detaching self to meet temporal needs	Escape through daydreams	Escape from the abuse. Escape from reality.	5.118, 6.144.
	Hiding inside the self	Holding myself. "Nobody is here".	16.359, 18.417.
	Safety through detachment	Comfort and safety. Safe inside her head.	16.354, 16.364.
Understanding fantasy life	Meeting childhood needs	Didn't have a normal life. Not enough.	14.311, 19.441.
	Embodied impact of daydreams	Very real...intense. Brought me to tears.	5.107, 5.109.
The relational self	Daydreaming shame	My secret world. Ashamed and silly.	16.370, 18.419.
	Relating to imaginary friends	Bonded...exact same life. Offered...solidarity.	3.65, 3.64.
The conflicted self	Relational difficulties	Real life relationship. Get away...real people.	17.376, 18.401.
	Loss of control	Lose...grasp. Pulling me away.	6.123, 17.396.
	Conflicting selves	Best version of myself. Broke myself.	6.128, 16.372.
	Making sense of selves	Result of trauma. Hadn't connected it.	5.120, 15.337.

**Table 7.** Table showing superordinate and emergent themes for blog three (Anna)**Table 8.** Table of themes for Blog four (Clara)

Superordinate theme	Emergent theme	Key words / In vivo quote	Page / line
Surviving childhood	Unmet childhood needs	Needed...father. Wanted...mother to like me.	6.127, 17.414.
	Escaping threat in childhood	My primary escape. Constant fear...never safe.	7.159, 5.111.
	Isolated fantasy-based writing	Never had any close friends. Write short stories.	4.82, 7.163.
Compensatory imagined relationships	Seeking safety	Help...never to sink. A safe harbour.	9.202, 17.416.
	Imaginary protectors	She'd step in. Feel...protected.	9.213, 10.229.
	Temporality of imaginary friends	Stick with me...months...years. Remain with me.	7.157, 9.201.
Managing conflicting real and fantasy lives.	The divided self	We merge...the me I want. Half-asleep.	9.218, 18.432.
	Managing conflicting needs	Run away from myself. Still stuck.	4.75, 15.367.
	Integral role of self in fantasy	An aspect of me. Who I really am.	8.194, 10.233.
	Meeting relational needs	Hard to...a normal relationship. Lacking...love.	10.224, 24.587.

**Table 8.** Table showing superordinate and emergent themes for blog four (Clara)