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THE RELATIONSHIP BETWEEN MALADAPTIVE DAYDREAMING, ATTENTION
DEFICIT-HYPERACTIVITY, PSYCHOLOGICAL WELL-BEING AND ACADEMIC
PERFORMANCE

UNDERGRADUATE THESIS

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ABSTRACT

Previous research about maladaptive daydreaming revealed relationship with Attention Deficit Hyperactivity Disorder. In addition, it was claimed that individuals could be effective on academic achievement and Psychologic Well-being. This thesis builds on the previous literature, and explores what maladaptive daydreaming correlations by focusing on the behavioral dimensions of Attention Deficit Hyperactivity Disorder, Psychological Well-being and academic achievement. For this purpose, literature from psychology, neuroscience and cultural studies are synthesized. First of all, Maladaptive Daydreaming was analyzed in these three dimensions and then discussed. Quantitative research has been conducted to examine these correlations. A survey was applied to the students of Maltepe University. The first finding of this research is the relationship between Maladaptive daydreaming, Attention Deficit Hyperactivity Disorder and Psychological Well-being each other. On the other hand academic achievement is associated only with Attention Deficit Hyperactivity Disorder. In conclusion, this thesis purposes the relationship between Maladaptive Daydreaming, Attention deficit Hyperactivity Disorder, Psychological well-being and academic achievement of students, raises awareness of the psychology literature and makes suggestions for future research.

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CHAPTER 1

INTRODUCTION

Some people have unconscious mental activity as compulsive and uncontrollable generally. These behaviors provide escaping from aversive emotional experience such as loneliness, rejection and abuse. As academic researches, daydreaming too have potential merits, but can become harmful if used excessively. Thus maladaptive daydreamers may be dysfunction about daily life. Obsessive-compulsive behavior and thoughts, dissociative disorders, attention deficit and high sense presence during daydreaming are associated with maladaptive daydreaming according to findings of Somer, Lehrfeld, Bigelsen and Jopp study (2016). In generally, daydreaming characterized by dissociation. Dissociation is a important role of normal process and psychophysical mechanism in the psychopathology also it is determined as a lack of the normal integration of thoughts, feelings, and experiences into the stream of consciousness and memory(Bernstein and Putnam, 1986). Butler (2006) examined that normative association experiences. So according to Butler study, while academic psychologists interested in frequency, forms and character of dissociation, clinical psychologists and psychiatries interested in disorder states of dissociation. Individuals have

some degree of dissociation and mostly seems in people have major mental disorders. In the literature, dissociation is often associated with pathology, but not every dissociation experience is pathological such as daydreaming, fantasy, and absorption because of covering normative dissociation of consciousness. Because dissociative experiences are widespread, neutral, and self-conscious losing, these experiences may be unaware (Butler, 2004). So people can use dissociation to smooth or augment daily living namely daydreaming or actively for coping and creativity or recreation (e.g., listening to music, watching films) or self-soothing and psychological maintenance (e.g., meditation, trance). In sum of dissociation experiences reduces stress, boredom or distress. But the tendency of dissociative experiences can lead to maladaptive situation such as impaired concentration or losing relation with self and world (Butler,2006).

Some people can have difficulty controlling attention and impulsive behavior. According to researchs, this symptoms affect people's life. Attention Deficit/ hyperactivity Disorder (ADHD) is one of the most common childhood neurodevelopmental diseases in primary care settings (American Psychiatric Association, 2013). Therefore many researchs has been done about this problem in the world. On the other hand, psychiatric disorders in childhood can prevent normal development in the adult period (Ford, Goodman & Meltzer, 2003). Therefore, most of researchers demonstrated that ADHD is not only childhood, but also knowing as lifespan disorder (Barkley & McGrouh, 2004). Summary, ADHD affect levels of inattention, overactivity and impulsivity that begin childhood negatively (Wildenauer, 2009). Therefore people can not develop normally to adulthood.

The main purpose of the education system to ensure success, to feel happy, to live in harmony with the people around it, to live in a regular and organized way. Today, studies on ADHD and academic performance are rather limited in our country. On the other hand, there is no study between maladaptive daydreaming and academic performance in our country too. Nevertheless, existing studies have found several findings about the relationship between academic achievement and ADHD. Besides some of studies demonstrates that daydreaming affect to academic performance of people.

Consequently, there are a few studies that involve relationship between maladaptive daydreaming, attention-deficit hyperactivity disorder and academic performance of students. The present study aims to investigate these correlations on students. In the first part of introduction, historical development and definitions of maladaptive daydreaming will be

presented. In the second part attention defination-hyperactivity disorder will be described too. In the last part studies that involves these problems affect to academic performanceand psychological well-being will be examined and presented.

1.1 Concepts of Daydreaming, Mind-wandering, Fantasy and Absorption

Daydreaming is one of the most impressive phenomena that human beings have (Singer, 1975, 1976; cited in Atli & Koşan, 2017). While reading, studying, or carrying out other daily tasks, our mind often moves away from activities and focused on our inner thoughts or unrelated situations such as thinking about past memories or future events. Daydreaming is determined as mental process that involves imaginal activity (Klinger, 2008). Freud (1900/1961, 1908/1953; cited in Klinger, 2008) was associated fantasy (e.g, departs from reality or imagining incomplete of wishes). Also mental images based on perceptual representations from stored information. Besides that, daydreaming includes about half of all human thinking (Gilbert & Killingsworth, 2010; cited in Somer, Lehrfeld, Bigelsen & Jopp, 2016) and this mental activity occurs when individual is alone (Singer,1966, cited in Somer, 2002). Some people want to change their unsatisfaction life and daydream about wishes though ashamed this situation (Freud, 1908). There are some findings about relationship between life satisfaction and daydreaming in literature. Especially Mar, Mason and Litvack (2011) studied with people for seeing relationship between daydreaming and life satisfaction. So when people daydream about close to them, shows that people have social supported and their life satisfaction is greater.

While daydreaming, people anticipate, rehearse and plan such as imagining their thoughts (Butler, 2006) also they associate with their goals (Klinger, 2008). Moreover, individuals that have healthy psychology, they dream about good feelings while distressed people such as weakness or inadequacy dreams (Gold&Minor,1983; Starker, 1982; cited in Somer 2002). For instance some researches found negative relationship between daydreaming and happiness.

There is very little data in the literature about normal daydreaming. On the other hand, normal positive daydreaming is not risk factor for psychopathology as Klinger (2008) study and most of researches were showed that daydreaming is creative and beneficial (Gold, Gold, et al...1986; cited in Bigelsen & Schupak, 2010). Barth (1997) who psychotherapist and

psychoanalysis, mentioned the importance of daydreaming during therapy sessions of clients in her recent article. She argued about daydreaming allows people to access their inner world and makes it easier to understand themselves. So people have internal awareness and introspection with daydreaming.

Bigelsen, Lehrfeld, Jopp and Somer (2016) argued that subcategory of fantasy is included in daydreaming. Daydreaming and fantasy concepts are quite complex and inadequate. Fantasy determined as imagining symbols of complex object or event (English and English, 1958; cited in Klinger, 2008). People have excessive fantasy tendency to loss awareness of self (Butler, 2016). A publication about measurement of the sustaining fantasy questionnaire demonstrates that fantasy resilience based on adapting to painful situations and includes basic structures and processes (Adler, Bernstein, et al., 2010). The authors defend fantasy begins in childhood and accompanied by life. As this research, fantasies tendency adapting of painful states. Finally, some people creative defensive against stressful situations through fantasy.

Absorption is experienced in daily activities by some people such as engrossed in pastimes or immersed in work as Butler (2006). So absorption determined as process of human capacity and motivation of engaged in activities by Butler. Tellegen and Atkinson (1974) examined associated concepts of absorption in their article. They defend that absorption associated with hypnotic susceptibility. They demonstrated that hypnotic performance reflects trait absorption. People more concentrate with the focus of attention because of lost environmental and personal contexts during absorption (Butler, 2006). Normative dissociative experiences are based on highly absorbed individuals namely decreasing of sensitivity, reductions of self consciousness, suspension of reality, losing of self-reference because of activating on different areas of brain. Thus, absorption creates opportunities with fantasy for an escape or coping with challenge or worried situations. In fantasy, is allowed fanciful explorations by absorption and imaginal progress. When people in daydreaming, dissociation is seen with involuntaries and deficit memory .

As a research, people mind wander in most of daily life (Axelrod, Bar, Lavidor & Lees, 2015). Mind wandering is behavior as spontaneous and self-generated and inwardly directed (inner thought) for mental functions and it includes creativity and future planning. Meanwhile, mindwandering can be affective by external environment. The authors of this article goal is examining relationship between mind wandering and brain stimulation as

mental function. The findings demonstrate that frontal lobe and mind wandering are associated each other.

When everything is taken into account, there is little and complex data about daydreaming and associate of daydreaming concepts (Somer, 2002).

1.1.2 Development of Maladaptive Daydreaming

Maladaptive daydreaming (MD) refers extensive fantasy activity that affects human interaction with academic, interpersonal and vocational functioning (Somer, 2002). Nonetheless, maladaptive daydreaming is discussed and has little data about development and function as theoretical view. The first publication about MD had six patients that have traumatic experience. The patients could not handle their responsibilities in life. Most of patients suffered from dissociative disorder. The findings about fantasy category (Functions, Themes, and Dynamics) reveals nine themes. Thus the research MD functions included Disengagement from Stress and Pain by Mood Enhancement and Wish Fulfillment Fantasies; and Companionship, Intimacy, and Soothing. At the same time, recurrent MD themes were Violence; Idealized Self; Power and Control; Captivity; Rescue and Escape; and Sexual Arousal. Motifs that were classified as describing MD dynamics were Onset and Kinesthetic elements. In brief, Somer defended that MD is a coping strategy in response to aversive early life experiences. Meanwhile, as mentioned above Somer demonstrated relationship between maladaptive daydreaming and traumatic experiences, but other study of Somer and colleagues (2016), they couldn't find associate of maladaptive daydreaming and traumatic experiences.

In addition maladaptive daydreaming refers to excessive daydreaming (Bigelsen and Schupak, 2010). Schupak and Rosenthal (2009) examined a woman about suffering from excessive daydreaming like Somer's patients (2002) as case study. In this study demonstrates that there is relationship between excessive daydreaming and kinesthetic activity such as pacing. The authors stated that the patients want to control the fantasies because of caused distress in their life. Finally the patient discovered the web sites about maladaptive daydreaming and shared her shame about difficulty of controlling.

After the above mentioned, in early stages of maladaptive daydreaming has unusual repetitive movement with hands or arms in children (Bridges, Mahone, Prahme & Singer,

2004). This situation is determined as complex physiologic motor stereotypes such as fidgeting, waving, pacing and other rhythmic movements. Robinson and colleagues (2014) studied with 10 children for understanding relationship between motor stereotypes and intense imagery. The result of this research demonstrated that compulsive fantasies have immersive imagery experiences as kinaesthetic activity. These people have psychological problems due to wanting to control of compulsive desire of imagination. Nevertheless, there is not much research on this topic.

Finally, there were too many web sites related to maladaptive daydreaming on the internet as Somer, Somer and Jopp (2016) study. The findings demonstrated that three popular themes about maladaptive daydreaming namely being a celebrity or having relationship with celebrity, having an idealized version of self and being in romantic relationship. Furthermore, these people inspired by characters of tv shows, books, movie, videos, imaginary friends or family. The most important difference between maladaptive daydreaming and non-maladaptive daydreaming is that non-maladaptive daydreamers are based on more realistic life. Thus non-maladaptive daydreamers can live more having reality relationships with others. In general, maladaptive daydreamers can sacrifice their sleep to dream also they can be disturbed when their daydream interrupts. Consequently, maladaptive daydreaming that causes distress and unfunctioning in life, must studied more scientific and clinical attention.

1.1.3 Maladaptive Daydreaming as a Pathology

Psychoanalytic inquiry or psychotherapy research has not recognized daydreams (Somer, 2002). So daydreaming does not take place in Diagnostic and Statistical Manual of Mental Disorder. Somer, Lehrfeld, Bigelsen and Jopp (2016), demonstrated that relationship between yearning and addiction about daydreaming. Thus Maladaptive daydreaming is seen behavioral addiction. Furthermore Somer, Dudek and Ross (2017) determined comorbidity profiles of maladaptive daydreaming. The findings demonstrated that most frequent comorbidity disorders are attention deficit hyperactivity disorder (76.9%), anxiety disorder (71.8%) depressive disorder (66.7%) and obsessive-compulsive or related disorder (53.7%). Besides, they defend that maladaptive daydreamers have attempted suicide (28.2%). According to the above case study (Schupak and Rosenthal, 2009) with a woman, demonstrated that imaginative episodes associated with symptoms of mood, anxiety, personality, schizotypal, dissociative, and attentional disorders. So the woman started the fluvoxamine therapy used

for obsessive-compulsive disorders because of believing increase control of daydreaming experiences. The patient continued the medicine for 10 years because controlling easier to daydreaming. Consequently, the findings do not include normative information about abnormally extensive daydreaming as pathology because of having little data in literature (Somer, 2002).

1.2.1 Attention Deficit/ Hyperactivity Disorder

Most of scientific and clinic studies have focused on attention deficit hyperactivity disorder (ADHD) during the past century. The first scientific article about attention deficit hyperactivity was published by the German physician Hoffman in 19th century (Heinrich Hoffman, cited in Steward, 1970). This book involves ADHD definitions on children and this disorder represented by characters such as ‘Fidgety Phil’. But these definitions were inadequate for ADHD. Then Still (1902) conceptualized these problems as ‘Defects in Moral Control’ and ‘volitional inhibition’ (cited in Anastopoulos, Barkley and Shelton, 1994). Furthermore Douglas (1972) studied with hyperactive children for examining specific disabilities. His findings are important for ADHD diagnosis. As his findings, ADHD begins with early ages and these people’s behaviors are fragmented and disorganized. So he argued that hyperactive children have motor problems such as sustained attention and impulse control. So he defended that difficulty of control sustain attention and compulsive responding successfully. Therefore this situation affected to be renamed to disorder on American Psychiatric Disorder in 1980 (Anastopoulos, Barkley & Shelton, 1994). Summary, these ideas of problems have based on long tradition. This disorder has evolved over time and became clearly for neurodevelopment problems. And also the social and personal risks have revealed and the ADHD diagnosis had improvement on the world. National ADHD Awareness Day has been recognized every day since September 7, 2014 (Kring, Johnson & Davison, 2013).

1.2.2 Childhood with ADHD

Childhood period has important changes such as social, physical and cognitive development (Ercan, Bilaç, Özaslan & Ardic, 2015). Barkley (2010) determined hyperactivity as a state of heightened motor and emotional activity or excitability on his book. Furthermore he determined impulsivity is a lack of one’s actions and words before

speaking or carrying out actions. Shortly, impulsivity also determined as acting without thinking (Zalsman & Shilton, 2016). The hyperactivity is known by most of people especially teachers and parents (Kring, Johnson & Davison, 2013). For instance, a child is constantly motion such as tapping fingers, jiggling legs, impatienting to speak or fidgeting. In addition the symptoms begin before the age of five (Visser et al., 2014). Moreover, this children have haphazard activities such as wearing out their clothes quickly. Their parents and teachers are very complaining about this situation. So this children may meet diagnosis of ADHD because of having difficulty concentrating overly. Besides Pliszka (2007) discussed the clinical evolution for ADHD. So as his views involves that clinicians should interact with child's parents because of unawaring their distress. Also they should learn to family's social history for understanding to etiology of symptoms. Summary, attention deficit hyperactivity is seen in early childhood and affect their functions negatively. In fact this children have not ability to focus on single stimulus for a period time (Shilton & Zalsman, 2016). In addition, many stimulus affect child's attention easily.

1.2.3 Etiology of ADHD

Attention deficit and hyperactivity disorder's etiology has various factors such as neurobiologic, genetic, and psychologic (Davison, Johnson & Kring, 2013).

Firstly neurobiologic factors role on the brain functioning such as differences between neurotransmitter dopamine. Furthermore, perinatal-prenatal factors and environmental toxins effective to ADHD diagnosis (Davison, Johnson & Kring, 2013).

Secondly a lot of research has been done on the relationship between gene and environment. Most of genetic studies demonstrated that biologic parents have risk for their children with ADHD. For example ADHD heritability is 75% approximately and interact with environmental factors as researchs (cited in Cortese, 2012). Cooper, Eyre, Longrey and Thapar (2013) studied risk factors of ADHD critically. They findings demonstrated that some studies have misinterpretation in genetic factors. So they focused on this problem and argued that environment and gene should be taken together. Because environmental factors or culture are also effective on people. Therefore heritability consistency may not clear for ADHD.

Thirdly psychologic factors mostly involves pattern and child relationships and culture features in ADHD. Most of authors argue that childhood experiences are important for this disorder. On the other hand this disorder seen in different cultures and countries with various

symptoms (Faraone, Sergeant, et al., 2003). For example sometimes socioeconomic factors also affect to this disorder (Epstein, Rabiner, Johnson, et al., 2007, cited in Stockman, 2009). As this research findings that wealthiest children more tendency to ADHD than poorest children. In addition, the wealthiest children more likely to continuous to treatment. Besides if parental relationship is bad, children more likely to ADHD such as divorce situations on Ercan, Bilaç, Özaslan and Ardic (2015) study's findings in Turkey. Briefly people can have overwhelming experiences in early ages. So this situation may occurs ADHD symptoms varying from person to person.

From all reasons above, environmental risks, neurobiologic factors and genetic affects on the ADHD especially family effects in childhood (Wildenauner, 2009).

1.2.4 Prevalance and Gender of ADHD

There is a lot of compexity about prevalance of ADHD because of lacking concrete foundation in researches (Sheki, Kashani et al., 1985). Prevalance of disorder changes as diognastic criteria, methods and population of research. Attention deficit and hyperactivity disorder has is seen in one of twenty children as American Psychiatric Association (1994) and seen mostly USA. Then Faraone and colleauges (2003) studied about prevalance of ADHD with social and cultural interaction. So in findings demonstrated that ADHD is seen in most cultures or places. Furthermore Ford, Goodman and Meltzer (2003) studied with 10,438 British children and adolescents as structured interview. As this findings, the prevalans was 9,5% in British children and adolescents. Finally as most of research ADHD is seen between 5% and 10% in children. Besides the heritability of this disorder to adulthood rate is seen between 50% and 60% on this study.

In addition, there is few and infecient studies about prevalance of pschiatric disorders in Turkey like other developing countries. Ercan and colleauges (2015) studied for prevalance in Turkey. So findings demonstrated that the prevalance of children with ADHD is 12,7%. Furthermore one of the most frequently seen psychiatric disorder is attention deficit hyperectivity disorder. Most of findings shows that ADHD seen mostly boys in Turkey or

other countries (Davison, Johnson & Kring, 2013). But the reasons of gender differences are unclear in epidemiology (Wildenauer, 2009). For example Doğan and colleagues (2009) studied Turkish version of attention deficit-hyperactivity disorder self-report scale for development with 579 adult students. Their findings demonstrated that prevalence of ADHD seen most in girls than boys. Summary prevalence and gender differences can change from culture to culture.

1.2.5 Adults with ADHD

Sometimes psychiatric disorders in childhood may affect the normal development of adults (Ercan, Bilaç, Özaslan & Ardic, 2015). In fact ADHD symptoms decrease over time normally (Davison, Johnson & Kring, 2013). But however these symptoms do not completely disappear. Most of studies involve childhood period. So there are few studies about ADHD on literature. Barbaresi and colleagues (2013) studied for prevalence of ADHD. The findings demonstrate that approximately one-third children with ADHD continue to adulthood period.

Adults with ADHD have some problems such as intimacy, marital function, cohabitation, disability to planning, unbalanced sexual activities, managing time, paying attention or medical problems (Barkley, 2010). Furthermore as Adler and Cohen's (2004) study, these adults with ADHD have mood symptoms and problems at work or home. Also child symptoms and adult symptoms of ADHD are similar. For instance aimless restlessness in childhood can be purposeful restlessness in adulthood. These people can have unbalanced relations such as marital problems. So these adults with ADHD have difficulties for years and these symptoms can occur dangerous consequence in their life namely accidents at work. Consequently the aim of the solution not only current distress but also must improve adult functioning (Ford, Goodman & Meltzer, 2003).

1.2.6 DSM-V for ADHD

DSM-5 includes three subtypes about ADHD such as inattentive, hyperactive-impulsive and combined (inattentive and hyperactivity-impulsive) types for source disorder (American Psychiatric Association, 2013).

Inattention: To diagnose, there must be 6 adversely affected by the following indications and it should last at least 6 months. For older adolescents and adults (age 17 and older), at least five symptoms are required.

Difficulties paying attention to details or makes careless mistakes

Having difficulty sustaining attention in tasks or activities

Often does not seem to listen

Struggle with follow through on instructions

Often has difficulty organizing tasks and activities

Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort

Often loses things necessary for tasks or activities

Often easily distracted by extraneous stimuli

Often forgetful in daily activities

Hyperactivity and Impulsivity: To diagnose, there must be 6 adversely affected by the following indications and it should last at least 6 months. For older adolescents and adults (age 17 and older), at least five symptoms are required.

Often fidgets with or taps hands or feet or squirms in seat.

Having difficulty standing in a sitting position

Often runs about or climbs excessively with children; feeling restless with adults

Often unable to engage in leisure activities easily

Often “on the go” acting as if “driven by a motor”

Talking excessively

Often blurts out an answer before a question has been completed

Often has difficulty waiting his or her turn

Often interrupts or intrudes on others

1.3. Relationship Between Maladaptive Daydreaming, Attention Deficit-Hyperactivity Disorder and Academic Performance

The main purpose of the education system is to making the person succeed, feeling happy, adapting to around, to living in a regular and organized way. According to Bigelsen, Lehrfeld, JopP and Somer study, people with maladaptive daydreaming demonstrate that this situation occurs unfunctioning to academic tasks. For example, participants with maladaptive daydreaming on this study had interferenced with their life goals in 63% of time. Furthermore, they reported that having problems with 61% academic/occupational goals.

Also Manuzza, Klein, Bessler, Malloy and LaPadula (1993) studied with young adults (ages between 13 and 19) for role of attention deficit hyperactivity disorder. So their findings demonstrated that people with ADHD have low academic performance. Besides Somer, Dudek and Ross (2018) studied with 39 participants as structured interview and they determined comorbidity maladaptive daydreaming as 76.9%. In addition there are a lot of researches that supporting these relationships on the literature. On the other hand Sparks, Javorsky and Philips (2004) studied with people with ADHD diagnosis as empirical investigation and they couldn't relationship between academic performance and attention deficit.

1.4 Psychological Well-being (PWB)

Well-being is a concept that defined psychological experiences and functionality. Although the concept of well-being is frequently searched in the literature, the research areas are limited. In general well-being is reinforced with good feelings. Keyes, Shmotkin, and Ryff (2002) pointed out that the concept of psychological well-being, meaningfulness of objectives, individual development, and the ability to establish healthy relationships with others. At the same time they expressed with hedonist and eudaimonic traditions. The meaning of hedonism includes the pleasure, approach of seeking happiness, away from pain. For instance, family and friendship associations are delightful to the individual and help to maintain happiness. It therefore refers to different characteristics of what it means to be psychological well-being and PWB tradition focuses on human development and the existential challenges of life (Oymak, 2017). At the same time, there are two areas of well-being studies: subjective well-being for quality of life quality and psychological well-being based on theories of clinical and adult developmental psychology for self-realization and meaningful life (Telef, 2013). Both traditions include humanistic values that celebrate human capacity to examine what a good life is (Keyes, Shmotkin and Ryff, 2002).

In terms of emotional characteristics, Cecen (2002) argues that protecting one's self, affecting decision-making skills, and benefiting someone at the point of action. When these characteristics of emotions are taken into consideration, he stated that he can affect good formation considerably. There is seen that more negative situations are investigated in the discipline of psychology. Because it is aimed to reach the health of the individual by focusing on removing the negative feelings. Therefore, positive feelings seem to be ignored in literature. For example, a person who feels bad may want to go to the consultant or psychologist, but a person who feels good may not need it. Mental health research has often

focused on negative health—for example on depression and anxiety. (Springer ve Hauser, 2006). Therefore, researches are generally focused on negative emotions (Oymak, 2017). Researchs on happiness, life satisfaction and joy are inadequate (Myers ve Diener, 1997). However, the desire to examine positive aspects of mental health as well as negative ones is increasing day by day.

1.5.1 Aim of the Study

The main purpose of this study is to investigate the relationship between maladaptive daydreaming, attention deficit-hyperactivity disorder and academic performance among university students. This study provides to understanding maladaptive daydreaming and attention deficit-hyperactivity disorder have reciprocal causality and they affect to academic performance of students negatively. This study allows that demonstration to difference age and gender of students with this distresses.

1.5.2 Hypotheses

The hypotheses of the present study are following:

- a.** Students with higher levels of maladaptive daydreaming are also more likely to cause attention deficit-hyperactivity disorder, and psychological well-being
- b.** Students with higher levels of maladaptive daydreaming and/or attention deficit-hyperactivity disorder are also more likely to cause low academic performance.
- c.** Students with higher levels of attention deficit-hyperactivity disorder are also more likely to low academic performance, low psychological well-being scores.
- d.** Students with higher levels of psychological well-being are also more likely to cause low academic performance
- e.** Female students morelikely have high levels of maladaptive daydreaming, attention deficit hyperactivity disorder, psychological well-being and academic achievement than male participants.

CHAPTER 2

METHODOLOGY

In this section, analyzes and findings about the aims of this researcher will be processed. The validity reliability studies and statistical techniques of the scales used in this study are explained.

2.1 Participants

The research will be study with 150 students (men and women) of Human Sciences Faculty, Maltepe University. Data collection method will be through paper and pencil.

2.2 Measures

The demographic information form was prepared by the researcher and was aimed at gathering information about participants' sex, age grade point average and pathological distress. It is aimed to collect information about the maladaptive daydreaming level of the individuals and the attention deficit-hyperactivity levels which are thought to affect the

academic achievement and psychological well-being levels with this prepared form. Three scales will be applied to students such as The 16-item Maladaptive Daydreaming Scale (MDS-16), Adult Attention Deficit Hyperactivity Disorder Self-report Scale (ASRS-v1.1) and Psychological Well-Being Scale (PWB).

2.2.1 The 16- item Maladaptive Dydreaming Scale

The maladaptive daydreaming scale developed by Somer, Lehrfeld, Bigelsen and Jopp (2015). MDS-16 is a new version of Maladaptive Daydreaming Scale by Somer (2017). The method is discriminate individuals with MD from normal controls and to have good agreement with each other when an MDS cutoff score of 50 (MDS range, 0-100) is used to define Maladaptive Daydreaming. On the other hand in normally Maladaptive Daydreaming Scale is 14 items as a 3-correlated-factors model best presented the underlying dimensions Yearning, Kinesthesia and Impairment. It should be noted that, this scale has no Turkish version. But the authors studied with people from 45 different countries. So there are not many obstacles to the implementation of this scale. Besides Şar (2017) translated Turkish version of this scale (MDS-16).

2.2.2 Adult Attention Deficit Hyperactivity Disorder Self-Report Scale (ASRS-v1.1)

The reliability and validity of the Turkish version of the World Health Organization's Adult Attention Deficit Hyperactivity Disorder Self-report Scale (ADHD) studied by Doğan, Öncü, Varol-Saraçoğlu and Küçükgöncü (2009). This scale has 18 items based on DSM-IV. Furthermore it has two substyles such as 9 items that involves attention deficit symptoms and 9 items that involves hyperactivity/impulsivity items. This attention deficit dimensions cut off score is 39.53% and hyperactivity/impulsivity dimensions cutoff score is 37.7%. It is a five-point likert-type measure that ranks between "never" and "very often".

2.2.3 Psychological Well-being Scale (PWB)

The psychological well-being scale was developed by Diener and colleagues (2009-2010) to measure socio-psychological well-being, complementing the present good-being measurements. The reliability and validity of the Turkish version was studied by Telef (2013). The items of psychological well-being scale are answered between 1-7 as "I absolutely disagree" and "I absolutely agree". All materials are expressed positively. The scores range from 8 (if I do not agree with all the items I agree with) to 56 (if I agree completely with all the items). A high score indicates that the person has many psychological

resources and power. Although individual measures of scale wellness are not available, they provide an overview of positive functions in different areas we believe to be important (Diener et al., 2010).

CHAPTER 3

ANALYSIS

3. 1: Descriptive Information of Mesures

150 students from various faculties of Maltepe University participated in the research. Descriptive features such as the number of participants, means, standard deviations, minimum and maximum scores and reliability coefficients (Cronbach's Alpha) of the present study's variables were calculated (see Table 1). These variables are Maladaptive Daydreaming Scale, Adult ADHD Self-Report Scale (ASRS-v1.1), Psychological Well-being Scale (PWB) and Grade Point Average (GPA) for academic success level.

Table 1. Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
GPA	135	,60	3,90	2,7454	,61178
MDS	150	1,50	9,75	4,8392	1,69610
Attention Deficit	149	1,00	8,22	2,8468	,70845

Hyperactivity/Impulsivity	150	1,00	5,00	2,6837	,60841
PWB	150	1,00	11,75	5,4817	1,01915
Valid N (listwise)	134				

Note.

GPA= Grade Point Average

MDS= Maladaptive Daydreaming Scale

Attention Deficit= Adult ADHD Self-Report Scale Sub-Scale (ASRS-v1.1)

Hyperactivity/Impulsivity= Adult ADHD Self-Report Scale Sub-Scale (ASRS-v1.1)

PWB= Psychological Well-being

3.2 Differences of Demographic Variables on The Measures of The Study

In this section, gender differences, and cases affected by a psychiatric diagnosis will be examined for correlations.

3.2.1 Differences of Gender on Measures

To investigate the gender differences (male, female) on the measures of ASRS-v1.1, MDS-16, GPA and PWB was conducted t-test Independent Samples (see Table 2).

According to analysis there was no significant differences between gender groups on MDS-16 scores ($t = -.655, p > .05$). At the same time, the Attention Deficit ($t = -.859, p > .05$), Hyperactivity/Impulsivity ($t = -.789, p > .05$) and Psychological Well-being ($t = -.720, p > .05$) scores were not significantly different for gender groups according to data analyses.

On the other hand, grade point average ($t = 2.985, p < .05$) scores were significantly different between female ($M = 2,8948$) and male ($M = 2,5892$) participants on analyses. This means female participants academic performance scores higher than male participants.

As a result, there was only a relationship between academic performance and gender groups.

Table 2. Independent Samples Test

	Levene's Test for Equality of Variances		t-test for Equality of Means							
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference		
								Lower	Upper	
MDS-1	Equal variances assumed	,936	,335	-.655	148	,514	-,18167	,27750	-,73005	,36672

	Equal variances not assumed			-,655	147,5 20	,514	-,18167	,27750	-,73006	,36673
Attention Deficit	Equal variances assumed	,085	,771	-,859	147	,392	-,09975	,11618	-,32935	,12986
	Equal variances not assumed			-,860	136,7 44	,391	-,09975	,11596	-,32905	,12955
Hyperactivity/ Impulsivity	Equal variances assumed	,346	,557	-,789	148	,431	-,07852	,09948	-,27510	,11806
	Equal variances not assumed			-,789	147,9 77	,431	-,07852	,09948	-,27510	,11806
PWB	Equal variances assumed	,097	,756	-,720	148	,473	-,12000	,16670	-,44941	,20941
	Equal variances not assumed			-,720	139,1 37	,473	-,12000	,16670	-,44959	,20959
GPA	Equal variances assumed	,194	,661	2,985	133	,003	,30554	,10235	,10309	,50799
	Equal variances not assumed			2,982	132,0 34	,003	,30554	,10245	,10289	,50819

3.2.2 Situation of Psychiatric Disorders on Measures

In the reports, participants were asked if there was any psychiatric disorder. The reason for this is to examine the frequency of comorbidity with research's measures. 8 participants stated that there was a psychiatric diagnosis. These are shown in the table below.

Table 3. Psychiatric Disorder Diagnosis

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	142	94,7	94,7	94,7
Borderline	1	,7	,7	95,3
Behavior Disorder	1	,7	,7	96,0
Attention Deficit	1	,7	,7	96,7
Obsessive/Compulsive Disorder	3	2,0	2,0	98,7
Panic Attack	1	,7	,7	99,3
Panic Attack/ Anxiety	1	,7	,7	100,0
Total	150	100,0	100,0	

3.3 Reliability of Measures

The scales applied, although research in Turkey in previous studies except MDS-16, validity and although the reliability testing and compliance proven, every new sample, it revealed a new social situation, the reconstruction of the reliability test, apply equally well to study the current of said scale it is of great importance to know whether or not it exists. For this reason, reliability analyzes of the scales were conducted in this section (see Table 3, Table 4, Table 5).

According to the reliability statistic findings, the MDS-16 reliability score is .619 (Cronbach'Alpha), ASRS-v1.1 reability score is .841 (Cronbach's Alpha)) and the PWB reliability score is .688 (Cronbach's Alpha). So this means that the reliability scores were quite high. The ASRS-v1.1 reliability is more higer than other measures.

Table 4. MDS-16 Reliability Statistis

Cronbach's Alpha	N of Items
.619	8

Table 5. ASRS-v1.1 Reliability Statistics

Cronbach's Alpha	N of Items
.841	16

Table 6. PWB Reliability Statistics

Cronbach's Alpha	N of Items
.688	18

3.4 Correlations of Measures

In this section, analysis was conducted to determine whether there is a relationship between the researcher's hypotheses (see Table 7). According to the analysis results there was no relationship between Maladaptive Daydreaming and GPA ($r = -.097, p < .05$). On the other hand there were poztive relationship between maladaptive daydreaming and inattention

($r=.174$, $p<.05$) and significantly positive relationship between maladaptive daydreaming and hyperactivity ($r=.290$, $p<.01$). Moreover there is negative relationship between maladaptive daydreaming and psychological well-being ($r= -.167$, $p<.05$). Summarize, According to Maladaptive Daydreaming scale findings, this measure only not relationship with academic performance of participants. That means, the hypothesis of reseach is not verified except other measures.

On the other hand, GPA was significant negative relationship with attention deficit ($r= -.278$, $p=.001$) and negative relationship hyperactivity ($r= -.218$, $p<.05$). Further more there was no relationship between GPA and psychological wellbeing ($r=.072$, $p>.05$). So that means, academic performanse only relationship with attention deficit and hyperactivity scores. So only two of the research hypotheses have been verified about academic performance.

As for ASRS, there was significant positive relationship between attention deficit and hyperactivity ($r=.395$, $p<.01$) subscales. So according to this suscscales , there was negative relationship between attention deficit and psychologicsl wellbeing ($r= -.200$, $p<.05$) and there was no relationship between hyperactivity and psychological well-being ($r=.141$, $p>.05$). Summarize ASRS was only relationship with maladaptive daydreaming and academic performance.

Table 7. Correlations

		MDS-16	GPA	Attention Deficit	Hyperactivity	PWB
MDS-16	Pearson Correlation	1	-,097	,174*	,290**	-,167*
	Sig. (2-tailed)		,264	,034	,000	,041
	N	150	135	149	150	150
GPA	Pearson Correlation	-,097	1	-,278**	-,218*	,072
	Sig. (2-tailed)	,264		,001	,011	,405
	N	135	135	134	135	135
Attention Deficit	Pearson Correlation	,174*	-,278**	1	,395**	-,200*
	Sig. (2-tailed)	,034	,001		,000	,014
	N	149	134	149	149	149
Hyperactivity/ Impulsivity	Pearson Correlation	,290**	-,218*	,395**	1	-,141
	Sig. (2-tailed)	,000	,011	,000		,086
	N	150	135	149	150	150

PWB	Pearson Correlation	-,167*	,072	-,200*	-,141	1
	Sig. (2-tailed)	,041	,405	,014	,086	
	N	150	135	149	150	150

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

As a result, GPA relationship only ASRS-v1.1 subscales and Psychological Well-being only relationship with hyperactivity/impulsivity and MDS-16. All the rest of the scales were related to each other.

CHAPTER 4

CONCLUTIONS

This study aims to determine some relations of Maladaptive Daydreaming Scale which is characterized by thought, behavioral dysfunction and distress as a clinical syndrome which has not attracted much attention in the psychology literature. So This chapter concludes this project and the implications of the findings will be discussed. Building on findings, recommendations will be made for future research correlations between Maladaptive Daydreaming , Adult Attention Deficit Hyperactivity Disorder , Psychological Well-being and Academic achievement.

4.1 Examination Of Maladaptive Daydreaming with Other Measures

In particular, this study tested for the first time in Turkey focusing on maladaptive daydreaming and most of the expected hypothesis was confirmed. The psychometric properties of the newer term Maladaptive Daydreaming scale have not yet been published, and no Turkish validity and reliability studies have been conducted. In addition, there is only Turkish translation. Although the reliability istatistical results of MDS, it is still not sufficient to fully interpret the scale. For this, Turkish validity and reliability studies and more extensive researches on this subject should be done.

Firstly maladaptive daydreaming had not found difference between gender groups in development and validation of the Maladaptive Daydreaming Scale (Somer, Lehrfeld, Bigelsen and Jopp, 2016) like this reseach findings. So The relationship between MDS and character features of people should be examined. Thus the relationship between girls and boys can be examined with a wider population.

Secondly, according to MDS researchs there was determined most frequent disorder is Attention Deficit Hyperactivity Disorder as comorbidity. Therefore, the relation with Adult Attention Deficit Hyperactivity Scale (ASRS1.1) was investigated in this study to be applied in university students. First of all, worked with participants between the ages of 18 and 29 because of ASRS age limit. According to maladaptive daydreaming studies (Somer, Lehrfeld, Bigelsen and Jopp, 2016), if level of MD increases, age will be decreases. On the other hand, Critical situations for ADHD are mentioned in literature. Thus maladaptive daydreaming (especially in Turkey) and age analysis done for ADHD will make an important contribution in the psychology literature. Meanwhile, in this research there was pozitiv relationship between MDS and ADHD. This demonstrates that there is consistency with previous researches. Therefore, more research on maladaptive daydreaming in psychopathology is needed. Furthermore, it is suggested to investigate the common causes of ADHD and maladaptive daydreaming, as individuals will vary in age, gender, environment, living conditions, character features, and so on. In addition, those who are educated in mental health can use the findings of ADHD and MD triggering each other to develop behavioral strategies to cope with imaginative impulsivity. It was also mentioned that the ADHD-related gender differences are unclear because it changes from culture to culture (Wildenauer, 2009). There was no relationship between gender groups and ADHD in this study. This situations has shown that the expected result has not been achieved, and it is suggested that this feature be examined in a wider population.

According to Psychological Well-being results, there was negative relationship between MD and PWB. That means PWB scores will decrease when MDS scorers are increses. Positive impressions of individuals' experiences, past and future impressions, positive experiences of life, pleasure and satisfaction, goals, hopes and lived time affect the psychological well-being (Seligman ve Csikszentmihalyi, 2000). According to Mar, Mason and Litvack (2011) research, dayreaming may by a seymptom of dissatisfaction withone's life. While there is no consensus on the role of imagination in emotional well-being, imagination provides a useful way to escape from boring life. So Mar and his colleagues did

research on life satisfaction and happiness with daydreaming. According to findings, they found negative relationship between daydreaming and happiness. Therefore, the relationship between psychological well-being and MD has been in the expected direction in this research. But it is still unknown what the participants imagined. Therefore, more qualitative research should be included. Moreover, they had found difference between gender groups. So this means individual differences and content of daydreams are important to consider correlations between happiness and spontaneous thoughts. But in this research, there was no relationship MD with gender groups. On the other hand, while Kuyumcu (2012) reported that female participants had higher levels of PWB than male in research, Ryff and colleagues (1999) reported that they did not differ between gender group in their research. In this research, there was no relationship between psychological well-being ile gender groups. Considering these reasons, it is suggested that the demographic information of the participants be increased, while the cultural activity is not influenced by the living conditions of the social activity.

Ryff (1989) suggests that development continues not only in childhood and youth, but also in later life. This situation also suggested the relationship with ADHD. And according to the results of the research, there was no relation with hyperactivity / impulsivity when PWB had a relationship with attention deficit. Therefore, in future studies, character features of individuals should be investigated the relationship between attention deficit and hyperactivity.

Finally the grades of the students were taken to assess the academic achievement in this research. But there was no relationship between academic achievement and maladaptive maydreaming. This situation did not consistency with Somer' research (2002). If this is to be investigated, it is possible that 16 participants did not specify the grade average. This demonstrates that this situation disturbed people. Therefore, the surveys should be taken so that people are not distributed among peer groups. Another factor is that students are in different departments and classes. In addition, gender groups only differed on GPA scores. However, there was no relationship between academic achievement and psychological well-being too. So these demographic factors should be considered in future research. Moreover a relationship between academic achievement and ADHD was expected and a negative relationship was determined. The findings demonstrate that not only ADHD symptoms may be effective on university students' academic achievement level at any time. At the same time, grade average is not enough to measure academic achievement. Because there are very limited research on this subject, it is recommended that more extensive studies.

Consequently, the relationships in our study are limited in terms of evaluation and not sufficient for a clinical diagnosis. It should not be forgotten that, in the future researches, individuals should be changed from culture to culture and pathological disorders should be determined with this correlations.

In this chapter, there are assessment of the results findings and suggestions have been made for future research. The findings of this thesis can provide an insight into future research about maladaptive daydreaming and at the same time provide the understanding of the maladaptive daydreaming conditions of mental health workers. This thesis attracts attention to this situation by the academic and health services community and at the same time creates awareness in society.

APPENDICES

APPENDIX A

INFORMED CONSENT

Gönüllü Katılım Formu

Değerli katılımcı,

Bu çalışma Yrd. Doç. Dr. Kuntay Arcan danışmanlığında Maltepe Üniversitesi lisans eğitimine devam etmekte olan Hilal Yılmaz tarafından yürütülen tez çalışmasıdır. Günümüzde yaygın olarak görülen bazı psikolojik rahatsızlıkların ilişkilerinin anlaşılmasına yönelik çalışma kapsamında dolduracağınız formlarda kendiniz ile ilgili konularda çeşitli değerlendirmeler yapmanız istenecektir. Bu işlem ortalama 15 dakika sürmektedir. Bu formu okuyup onaylamanız, araştırmaya katılmayı kabul ettiğiniz anlamına gelmektedir. Çalışmaya katılmak gönüllülük esasına dayanmaktadır ve uygulamayı reddetme ya da istediğiniz zaman bırakma hakkına sahipsiniz. Çalışma sadece bilimsel amaçlar için kullanılacak olup kişisel bilgileriniz gizli tutulacaktır.

Bütün soruları eksiksiz bir şekilde cevaplamanız çalışmanın gerçeği yansıtması açısından oldukça önemlidir. Çalışma sonucu ile ayrıntılı bilgi almak isterseniz yilmaz.94@hotmail.com adresine e-posta yoluyla sorularınızı ulaştırabilirsiniz. Çalışmaya yapmış olduğunuz katkıdan dolayı teşekkür ederim.

Yukarıdaki metni okudum ve katılmam istenen çalışmanın kapsamını ve amacını, gönüllü olarak üzerime düşen sorumlulukları anladım. Kişisel bilgilerimin özenle korunacağı konusunda güven verildi.

Bu koşullarda araştırmaya kendi isteğimle katılmayı kabul ediyorum.

Tarih:

İmza:

APPENDIX B

DEMOGRAPHIC INFORMATION FORM

- Cinsiyetiniz: Kadın: () Erkek: ()
- Doğum Yılı
- Bölümünüz:
- Sınıfınız:
- Tanısı konulmuş psikiyatrik bir rahatsızlığınız var mı? Var: () Yok: ()
- Varsa nedir? :
- Akademik başarı notunuz (Gano):

APPENDIX C

PSYCHOLOGICAL WELL-BEING SCALE

Aşağıda katılıp ya da katılmayacağınız 8 ifade vardır. 1-7 arasında derecelendirmeyi kullanarak her bir madde için uygun olan cevabınızı belirtiniz.

Derecelendirme:

1. Kesinlikle katılmıyorum
2. Katılmıyorum
3. Orta derecede katılmıyorum
4. Orta derecede katılıyorum
5. Biraz katılıyorum
6. Katılıyorum
7. Kesinlikle katılıyorum

3. Biraz katılmıyorum
4. Kararsızım

7. Kesinlikle katılıyorum

1.	Amaçlı ve anlamlı bir yaşam sürdürüyorum	
2.	Sosyal ilişkilerim destekleyici ve tatmin edicidir	
3.	Günlük aktivitelereime bağlı ve ilgiliyim	
4.	Başkalarının mutlu ve iyi olmasına aktif olarak katkıda bulunurum	
5.	Benim için önemli olan etkinliklerde yetenekli ve yeterliyim	
6.	Ben iyi bir insanım ve iyi bir hayat yaşıyorum	
7.	Geleceğim hakkında iyimserim	
8.	İnsanlar bana saygı duyar	

APPENDIX D

THE 16- ITEM MALADAPTIVE DAYDREAMING SCALE (MDS-16)

Aşağıdaki soruları yanıtlarken lütfen geçen ay içerisindeki hayal kurma (gündüz düşü) yaşantılarını dikkate alınız. Başka zamana ait ise belirtiniz. Deneyimlerinize en uygun şıkkı seçiniz. Örneğin: Bazı insanlar kendilerini hayale o kadar çok kaptırırlar ki nerede olduklarını unuturlar. Hayal kurma sırasında nerede olduğunuzu unutma ne sıklıkla olmaktadır? Örnekte yanıt olarak % 20 seçilmiştir.

%0 %10 **%20** %30 %40 %50 %60 %70 %80 %90 %100
Hiçbir zaman Çok sık

1. Bazı insanlar, belirli müziklerin hayal kurmayı başlattığını fark ederler. Müzik sizin hayal kurmanızı ne ölçüde aktif hale getirmektedir?

%0 %10 %20 %30 %40 %50 %60 %70 %80 %90 %100
Hiçbir zaman Çok sık

2. Bazı insanlar, dış dünyadaki bir olayın böldüğü hayal kurma durumuna devam etme gereksinimi duyarlar. Dış dünyadaki bir olay sizin hayal kurmanızı böldüğünde, sizin yarım kalan hayal kurma durumuna olabildiğince çabuk dönme gereksininiz ya da isteğiniz ne kadar güçlüdür?

%0 %10 %20 %30 %40 %50 %60 %70 %80 %90 %100
Hiç yok Çok fazla

3. Hayal kurma durumunuza ne sıklıkla ses veya yüz ifadesi değişikliği eşlik eder? (örneğin gülme, konuşma veya çene çalma)?

%0	%10	%20	%30	%40	%50	%60	%70	%80	%90	%100
Hiç değil										Çok

4. Belirli bir zaman diliminde gerçek dünyadaki sorumluluklarınız yüzünden hayal kurmadığınızda hayal kurmak için uygun bir zaman bulmayı ne kadar dert edersiniz?

%0	%10	%20	%30	%40	%50	%60	%70	%80	%90	%100
Hiç değil										Çok

5. Bazı insanlarda hayal kurma durumu günlük iş veya görevlerine engel olur. Sizin hayal kurma durumunuz basit gündelik işleri yapma kapasitenizi ne kadar etkiler?

%0	%10	%20	%30	%40	%50	%60	%70	%80	%90	%100
Hiç engellemez										Çok engeller

6. Bazı insanlar, hayal kurmaya harcadıkları zamanın miktarı konusunda endişeli veya sıkıntılı olurlar. Siz, halen hayal kurmaya harcadığınız zamanın miktarını ne kadar dert ediyorsunuz?

%0	%10	%20	%30	%40	%50	%60	%70	%80	%90	%100
Hiç değil										Çok

7. Önemli veya zor bir şeyle karşılaştığınızı bildiğinizde dikkatinizi vermek veya o işi bitirmek için göreve odaklanmak veya hedefe ulaşmak amacıyla hayal kurmaktan uzak durmak sizin için ne kadar zordur?

%0	%10	%20	%30	%40	%50	%60	%70	%80	%90	%100
Hiç zor değil										Çok

8. Bazı insanlar, kendi hayal kurma durumlarının kendileri için en önemli şeyleri engellediğini fark etmişlerdir. Kendi hayal kurma durumunuzun sizin tümüyle yaşam amaçlarınızı başarmanıza engel olduğu hissini ne ölçüde duyuyorsunuz?

%0	%10	%20	%30	%40	%50	%60	%70	%80	%90	%100
Hiç engellemez										Çok engeller

9. Bazı insanlar, kendi hayal kurma eğilimlerini kontrol altına almakta veya sınırlamakta zorlanırlar. Hayal kurma eğiliminizi kontrol altında tutmak sizin için ne ölçüde zordur?

%0	%10	%20	%30	%40	%50	%60	%70	%80	%90	%100
Hiç zor değil										Çok zor

10. Bazı insanlar, dış dünyadaki bir olay hayal kurmalarını engellediğinde öfkelenirler. Dış dünya sizin hayal kurmanızı engellediğinde genellikle ne kadar öfkelenirsiniz?

%0	%10	%20	%30	%40	%50	%60	%70	%80	%90	%100
Hiç değil										Çok öfkeli

11. Bazı insanlar, kendi hayal kurma eğilimlerinin akademik/mesleki veya kişisel başarılarını engellediğini fark ederler. Sizin hayal kurma eğiliminiz akademik/mesleki başarınızı ne ölçüde engellemektedir?

%0	%10	%20	%30	%40	%50	%60	%70	%80	%90	%100
Hiç engellemez										Çok engeller

12. Bazı insanlar, hayal kurmayı başka şeylere tercih ederler. Siz diğer insanlarla yakın ilişki kurmak veya sosyal aktivitelere katılıp hobi edinmektense hayal kurmayı ne ölçüde tercih edersiniz?

%0	%10	%20	%30	%40	%50	%60	%70	%80	%90	%100
Hiç										Son derecede

13. Sabah uyandığınızda ilk olarak hayal kurmaya hemen başlamak için ne kadar güçlü bir eğilim duyarsınız?

%0	%10	%20	%30	%40	%50	%60	%70	%80	%90	%100
Hiç										Çok

14. Sizin şimdiki hayal kurma durumunuza, yürüme, ayaklarınızı veya ellerinizi sallama gibi fiziksel aktiviteler ne sıklıkla eşlik etmektedir?

%0	%10	%20	%30	%40	%50	%60	%70	%80	%90	%100
Hiç										Çok sık

15. Bazı insanlar, hayal kurmayı severler. Siz hayal kurarken bu durumunuzu ne kadar rahatlatıcı veya zevkli bulursunuz?

%0	%10	%20	%30	%40	%50	%60	%70	%80	%90	%100
Hiç eğlenceli değil										Çok eğlenceli

16. Bazı insanlar için müzik dinlemedikleri zaman hayal kurma durumlarını sürdürmek zordur. Sizin hayal kurmanız müzik dinlemenin eşlik etmesine ne ölçüde bağlıdır?

%0	%10	%20	%30	%40	%50	%60	%70	%80	%90	%100
Hiç bağlı değildir										Çok bağlıdır

APPENDIX E

ADULT ATTENTION DEFİCİT HYPERACTİVİTY SCALE (ASRS-V1.1)

Sayfanın sağında gösterilen açıklamalara göre, kendinizi değerlendirip aşağıdaki soruları yanıtlayınız. Soruları yanıtlarken 6 ay içinde nasıl hissettiğiniz ve nasıl davrandığınız konusunda sizi en iyi tanımlayan kutuya (X) işareti koyunuz.

	Asla	Nadi-ren	Bazen	Sık	Çok sık
1. Üzerinde çalıştığınız bir işin/projenin son ayrıntılarını toparlayıp projeyi tamamlamakta sorun yaşar mısınız?					
2. Organizasyon gerektiren bir iş yapmanız zorunlu olduğunda işlerinizi sıraya koymakta ne sıklıkta sorun yaşarsınız?					
3. Yükümlülüklerinizi ve randevularınızı hatırlamakta ne sıklıkta sorun yaşarsınız?					
4. Çok fazla düşünmeyi ve konsantrasyonu gerektiren bir iş yapmanız gerekiyorsa ne sıklıkta başlamaktan kaçınır ya da geciktirirsiniz?					
5. Uzun bir süre oturmanız gerektiğinde, ne sıklıkta huzursuzlaşır, kıpırdanır ya da el ve ayaklarınızı kıpırdatırsınız?					
6. Ne sıklıkta kendinizi aşırı aktif ve sanki motor takılmış gibi bir şeyler yapmak zorunda hissedersiniz?					
7. Sıkıcı veya zor bir proje üzerinde çalışmanız gerektiğinde, ne sıklıkla dikkatsizce hatalar yaparsınız?					
8. Monoton veya tekrarlayıcı bir iş yaparken ne sıklıkla dikkatinizi sürdürmekte güçlük çekersiniz?					

9. Doğrudan sizinle konuşuyor bile olsalar, insanların size söylediklerine yoğunlaşmakta ne sıklıkla güçlük yaşarsınız?					
10. Evde veya işte eşyaları bulmakta veya nereye koyduğunuzu hatırlamakta ne sıklıkta güçlük yaşarsınız?					
11. Etrafınızdaki hareketlilik ve gürültü ne sıklıkta dikkatinizi dağıtır?					
12. Orada oturmanız beklendiğinde, bir toplantı veya benzer durumda ne sıklıkla yerinizden kalkarsınız?					
13. Ne sıklıkla kendinizi huzursuz, kıpır kıpır hissedersiniz?					
14. Kendinize ait boş zamanınız olduğunda ne sıklıkla gevşemekte ve rahatlamakta güçlük çekersiniz?					
15. Sosyal ortamlarda bulunduğunuzda, ne sıklıkta kendinizi çok konuşurken yakalarsınız?					
16. Bir sohbet ya da görüşmede, ne sıklıkla karşınızdaki kişi cümlesini bitirmeden onun cümlesini bitirdiğinizi fark edersiniz?					
17. Sıraya girmek gerektiğinde, ne sıklıkta sıranızın gelmesini beklemekte güçlük çekersiniz?					
18. Başka bir işle meşgul olduklarında diğer insanları araya girip engeller misiniz?					

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