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Research Article

Representations of maladaptive daydreaming and the self: A qualitative analysis of drawings

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ABSTRACT

This paper presents an inquiry of art products produced by 9 individuals with maladaptive daydreaming who provided pictorial and verbal descriptions of both their condition and themselves. We found that the perceived benefits of maladaptive daydreaming for our respondents included the ownership of a self-controlled means of emotional regulation that served as protection from grim external and internal realities combined with the gratifying joy of an easily accessible internal entertainment mechanism. Although such daydreaming was depicted as an intensely rewarding experience, there was also an allusion to diminished sense of control over the flow of fantasies. The self in the artwork of participants was often represented as a fragmented experience of duality: an inert, and an emotionally dismal, dreary and dysfunctional sense of existence in reality compared to an emotionally rich, lively and pleasurable experience associated with their gratifying states of consciousness. This schism was pictorially conveyed through: (1) graphic boundaries that demarcated the two distinct states of consciousness, (2) a richer palette of colors applied to represent the inner world and (3) thematically, an inner world represented as more busy and rewarding compared to a sense of emptiness or malfunction that emanates from representations of reality.

Maladaptive Daydreaming (MD) was first described as a distinct mental construct at the beginning of the millennium (Somer, 2002) and more recently documented as a discrete disorder of daydreaming (Somer, Soffer-Dudek, Ross, & Halpern, 2017). This study aims to extend the understanding of the experience of MD by examining pictorial artifacts of individuals diagnosed with the condition. While daydreaming is a prevalent, ordinary mental activity experienced by nearly everyone (Klinger, 1990; Singer, 1966), earlier research identified forms of daydreaming related to guilt, dysphoria, and lack of attentional control (Crawford, 1982; Segal & Singer, 1976; Starker & Singer, 1975). Fantasy proneness (FP; Wilson & Barber, 1981), a personality trait associated with the propensity for extensive daydreaming, has been found to represent a risk factor for major psychopathology (Rauschenberger & Lynn, 1995). However, Klinger (2009) pointed out that the relationship between FP and psychopathology should be attributed to the fact that the measure for FP is confounded and includes items measuring unusual experiences unrelated to daydreaming (e.g. feeling that one can predict things in the future, feeling directed by something outside self or, having had intense religious experiences). Conversely, people who experience MD feel compelled to engage in extensive, fanciful imagery with an intense sense of presence. Some people who experience MD report that their reveries involve compensatory narratives featuring idealized versions of themselves, while others report absorptive stories like popular television drama scenarios unfolding in their minds, with characters aging appropriately over the years (Bigelsen & Schupak, 2011; Somer, 2002; Somer, Somer, & Jopp, 2016a). MD is an immersive and behavioral addictive fantasy activity that can consume 50% of the individual's waking hours and is characterized by stereotypical kinesthetic activity and exposure to evocative music (Bigelsen & Schupak, 2011; Somer, 2002; Somer, Somer, & Jopp, 2016b). MD is defined by its social, work and academic maladaptation and subsequent distress (Somer, 2002). A controlled study on people who experience MD also showed that the participants met diagnostic criteria for several forms of DSM disorders; most had at least four additional diagnoses, most commonly: Attention deficit disorder/hyperactivity, anxiety, depressive and obsessive-compulsive disorders (Somer et al., 2017).

Further substantiation of the usefulness of the MD construct was established with the validation of the Maladaptive Daydreaming Scale (MDS). The MDS demonstrated good face, convergent, and divergent

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validity with excellent sensitivity and specificity (Somer, Lehrfeld, Bigelsen, & Jopp, 2016c). Furthermore, a highly reliable structured clinical interview was developed based on proposed diagnostic criteria for MD (SCIMD; Somer et al., 2017).

Despite the accumulating evidence for the usefulness of this proposed diagnostic nosology, the ontological understanding of its essence is still debatable. A theoretical analysis concluded that MD could be classified under several nosological categories (Somer, 2018). For example, MD may represent the pathological end of dissociative absorption spectrum experiences, considered a normal form of dissociation associated with hypnotizability (Smyser & Baron, 1993). Indeed, Somer, Lehrfeld, Bigelsen, and Jopp (2016c) have provided evidence about the relationship between the Maladaptive Daydreaming Scale (MDS) and dissociative experiences, in general, and with dissociative absorption in particular. MD can also be construed as a disturbance of attention. Daydreaming has often been described as characteristic of ADHD (e.g., Bokor & Anderson, 2014), mind wandering (Marcusson-Clavertz, Cardeña, & Terhune, 2016) and sluggish cognitive tempo, a constellation of behaviors that includes daydreaming, difficulty sustaining attention and underactivity (Jacobson et al., 2012). Conversely, MD can also be construed as a behavioral addiction. A core characteristic of MD is its lure. A review of the MD literature based on the participation of hundreds of respondents consistently indicated that MD is so rewarding that people who experience MD feel compelled to extend and repeat their experience as long and as often as they can (Bigelsen & Schupak, 2011; Somer et al., 2016a). To shed further light on the ontological question of MD, we sought to explore the non-verbal experience of MD by analyzing pictorial artifacts of individuals diagnosed with the condition.

Artwork can be considered an embodied statement of being in the world. As such it is of value for researchers interested in understanding the experiential worlds and health-processes of informants (Gerge & Pedersen, 2017). Moreover, an analysis of pictorial artifacts of a particular clinical group could potentially provide assessment criteria, similar to those derived from projective drawing tests. For example, Human Figure Drawings (HFD) yielded reliable assessments of learning disabilities and associated behavior problems (Neale & Rosal, 1993). A literature review found consistently robust evidence across studies to show that HFD seems to be effective in reliably differentiating persons with dementia/Alzheimer's disease from normal (non-patient) older adults (Panek, Hayslip, Jenkins, & Moske, 2015). The Draw-A-Person Questionnaire (DAPQ; Karp, 1990), a projective technique with an objective component, significantly differentiated between incest survivors and controls and proved to be a valuable method to detect long-lasting psychological consequences associated with severe childhood maltreatment (Waldman, Silber, Holmstrom, & Karp, 1994). McPhee and Wegner (1976) found that the Kinetic-Family-Drawing (K-F-D, Burns & Kaufman, 1972) may relate to adjustment levels, and is used for diagnostic purposes as well as an assessment tool in individual and family therapy (Hammer, 1983). Assessment aimed at capturing meaning in the artwork of individuals experiencing Dissociative Identity Disorder (DID) has been formulated and studied by Cohen and Cox (1989, 1995). Their Ten Category Model resulted from discussions with clients and the classification of nearly 4000 pictures drawn by 200 or more clients over a 10-year period. It provided a conceptual framework to help in the identification and comprehension of the complex communications offered by individuals with DID. Finally, researchers demonstrated that Formal Elements Art Therapy Scale (Kin-man Nan & Hinz, 2012) yielded correlations between structural aspects of the art and specific Diagnostic and Statistical Manual diagnoses (American Psychiatric Association, 2013).

In the hope of adding valuable projective data to the ontological question of MD, we aimed to shed further light on the condition by exploring pictorial images describing the experience and self-representation of people diagnosed with MD. The specific research questions we hoped to resolve were:

1. How do people who experience MD represent their condition pictorially and how do they describe it verbally?
2. How do people who experience MD represent their experience of themselves pictorially and how do they describe it verbally?

Methods

Qualitative research approach

We were inspired by Housen's Visual Thinking Strategies (VTS, 1992, 2002), a model that describes how people develop visual competencies and the process by which they are applied to make meaning from imagery (Curtis, 2011). VTS stresses the process of discovery, guided by such questions as: What do you see going on in this picture? What do you see that makes you say that? What more can you find? The approach we adopted involved both (a) a process of professional/scientific decoding of art pieces (e.g. translating clinical phenomenological material from images), (b) contingent on respondents' explanations.

Participants

Participants were recruited from a cohort who had partaken in a previous study testing the reliability of a structured clinical interview based on proposed diagnostic criteria for MD (SCIMD; Somer et al., 2017) and had expressed interest in participating in future MD research.

Thirty invitations were sent out and 8 people agreed to participate. A ninth participant was invited by one of the authors after responding to an earlier call for MD research participants and having previously shared some of her artwork.

The 8 participants from the earlier study had been assessed for a previous study using the 16-item Maladaptive Daydreaming Scale (MDS-16; Somer et al., 2016a; approx. 10 min). They all scored above 50, the cut-off point indicative of suspected MD. The 8 participants had been interviewed via Skype with the Structured Clinical Interview for Maladaptive Daydreaming, (SCIMD; Somer et al., 2017; approx. 10 min) and were all independently diagnosed by the first and third authors who were blind both to the respondent's MDS-16 score and to each other's evaluations. The individuals selected for this study were assessed by both clinicians as meeting the suggested diagnostic criteria for MD (Somer et al., 2017). Before acceptance into the current study, the ninth participant was also assessed by the first author with the MDS-16 and the SCIMD as meeting the diagnostic criteria for MD. For this respondent assessor blindness was not feasible. All participants signed an informed consent. There was no payment for being involved in the study. Five females and 4 males from 8 countries; took part in this investigation (see Table 1). Perhaps indicative of the social withdrawal identified among people who experience maladaptive daydreaming (Somer et al., 2016a), 7 out of the 9 participants were not dating or in a significant relationship.

The 9 participants in our study were compatible in terms of sample size with those in equivalent studies on pictorial artifacts, featuring 10 (Eisenbach, Snir, & Regev, 2015), 8 (Terry-Clark, 2016) or even 3 participants (Curtis, 2011).

Procedures

The invitation to participate in the study asked respondents to submit 2 pieces of unsigned artwork and no more than 100 words to describe their work. A variety of drawing materials such as pens, markers, charcoal, water colors and oil colors could be utilized on an A4 size paper (30 × 21 cm). This paper size was recommended because it is available in most households. These materials offer the artist a good combination of resistive and fluid materials (controllable yet easily manipulated; Lusebrink, 1990). The subject matter of the artwork was

Table 1
Demographic characteristics of participants.

Participant	Gender identity	Age	country	Education	Occupation	Relationship status	MDS-16 score	Other known diagnosis
1	F	33	Italy	B.A.	Sales assistant	Married		No
2	M	29	Australia	B.A.	Tax accountant	Not dating		No
3	F	25	Belgium	Post graduate	Ph.D. student	Not dating		No
4	M	20	Swaziland	High school	Student	Not dating		No
5	F	23	Croatia	B.A.	Student	Not dating		No
6	M	23	Brazil	B.A.	Student	Not dating		OCD
7	M	63	USA	Ph.D.	Teacher	Not dating		No
8	F	33	Italy	Post graduate	Unemployed	Not dating		No
9	F	38	Indonesia	B.A.	Unemployed	Married		BPD, OCD

Note: F = female, M = male, B.A. = Bachelor of Arts, Ph.D. = Doctor of Philosophy, OCD = Obsessive Compulsive Disorder, BPD-Bipolar Disorder.

instructed to be a) a self-representation and b) a representation of the participant's experience of MD. Participants were given free rein to choose the style of their artwork: realistic, symbolic, or abstract. The artwork could be created specifically for the study or pre-created since becoming aware of their MD, (as long as the pieces met the material and size criteria).

Seventeen high-resolution digital photos of artwork and their respective verbal comments were submitted for analysis in this study. Participants consented to their submitted artwork being included in our analysis. Except for participant 2, all participants consented to their artworks appearing in a published report. In this paper, the artwork of participant 2 has been analyzed but is not presented. All three co-authors received copies of the photos of the artwork and related texts and analyzed the materials separately, searching for common denominators. The second author, who performed her own independent evaluation, also collated the analyses of the co-authors and extracted themes that seemed to demonstrate an inter-rater agreement. These themes were discussed between the authors in email exchanges until consensus was achieved.

Data analysis

We decided to adopt Interpretative Phenomenological Analysis (IPA; Smith, 1996) as our analytical blueprint because it was commensurate with our interest in a subjective, phenomenological perspective. Furthermore, in line with our research topic, Smith, Flowers, and Larkin (2009) pointed out that they think "…of IPA's core interest group as people concerned with the human predicament" (p. 5). Additionally, we considered IPA as compatible with VTS (discussed above, Housen, 1992).

In IPA, the researcher should strive to achieve a thorough understanding of the participants' 'lived experiences' for the respondents' descriptions to make-sense interpretively. The essence of the approach is to understand, interpret and amplify the "lived experiences" of the research participants that the research project is investigating (Alase, 2017). The authors (particularly the first) have studied, interviewed and treated individuals with MD previously, and therefore, meet this important requirement.

Before identifying common topics, we first familiarized ourselves independently of the pictorial artifacts by transcribing them, verbally, and by reading several times participants written narrations. Following are examples of our transcription work. We described the materials used (e.g., "an oil pastel painting"), the color palette applied (e.g., "the drawing contains distinct monochrome and polychrome elements"), our impression of the participant's style (e.g., "a schematic pencil drawing depicting stick-figures"), the general use of space (e.g., "the paper is divided into two main parts apparently representing the inner- and outer realities") and the visible affect expressed (e.g., "the protagonist is smiling and seems happy").

We, then, read the entire resultant data set several times. The transcribed data assisted us in identifying the emerging pictorial themes. Subsequently, we condensed the first generic themes to the *core essence* of what our respondents were actually communicating. The next data analysis process was led by the second author who collated the judgements of the other two co-authors to identify inter-rater agreements and to conduct the team's discussion and subsequent synthesis of the research themes. The final process of data interpretation was led by the first author in an effort to understand the phenomenological significance of MD representations and how MD impacted the participants.

Trustworthiness

Several methodologists of qualitative research recommend "prolonged engagement" between the investigator and the participants in order to gain an adequate understanding of a research target group and to establish a relationship of trust between the investigator and the participants (e.g., Erlandson, Harris, Skipper, & Allen, 1993; Merriam, 1995). Credibility (Lincoln & Guba, 1985) in this study was achieved through the long-lasting engagement of the first author in the study of MD that included engagement in online MD communities, corresponding with hundreds of people who experience MD from diverse backgrounds, and conducting many dozens of hours of in-depth interviews with individuals with MD (e.g., Somer et al., 2016a,b). This clinical and research experience has gained him sufficient familiarity with the MD experience to test for misinformation. Credibility was also attained by a two-pronged triangulation (Sim & Sharp, 1998): 1. We used different data sources and corroborated the themes emerging from the pictorial representations and from our impressions of them with the respondents' own written descriptions and comments. 2. We also used multiple investigators: the themes presented in this paper demonstrate the agreement between 3 co-authors. Credibility was also accomplished by member check (Korstjens & Moser, 2018): feeding back data and its interpretations to members of the investigated sample to seek clarification and verification when necessary.

Findings

Pictorial representations of the MD experience

MD was consistently described as an inviting emotional state, engaging, vivid and colorful. We found several distinct pictorial characteristics in our respondents' artwork. Their pictorial representations were enhanced by their written descriptions and explanations, thus illuminating their unique MD states of mind.

The benefits of full immersion

"**The daydream acts like a protecting bubble": The description of MD as a welcome protective shield was a recurrent theme**. A good illustration for this theme is featured in Fig. 1. The protagonist is seated on her bed, wearing earphones seeming to be totally absorbed in her bubble, surrounded by tiny circular images and musical notes. The

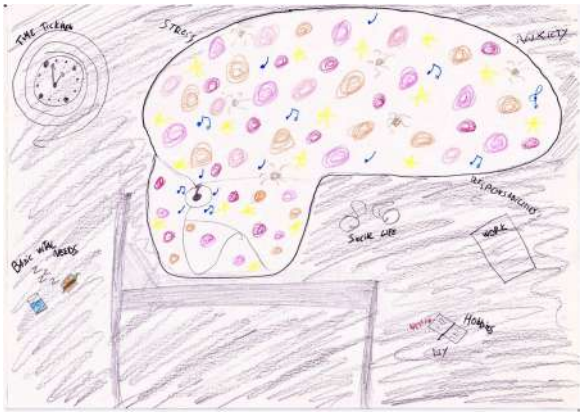

Fig. 1. The MD experience of participant 3.

sphere is isolating her from external obligations and stressors, represented not only in images but also words. This is an example of the sharply contrasted differences between inner and outer experiences. Whilst the daydreaming world seems bright and colorful, the external world of reality is shaded in gray and images are mostly presented in monochrome.

This pictorial theme was often substantiated by recurrent verbal descriptions. For example, here is what participant 3 said about this picture:

> …I drew myself having a daydream experience in my bed (it happens here 95% of the time), the daydream acts like a protecting bubble that makes me forget about all the worries of the world and makes me feel safe…

She describes the rewarding function of her daydreaming absorption: it serves not only as a distraction from daily stressors (it makes her "forget" them) but also as a regulator of distress in that it provides her with a sense of control over occurrences. The immersive daydreaming associated with MD seems to provide a rewarding experience by stopping, removing, or avoiding an aversive stimulus. The quote illustrates well the combined action of both positive and negative reinforcement processes in MD. By distracting from her existential trials, participant 3 attains a respite from her troubles (negative reinforcement). This mental activity, in turn, is also positively reinforcing as it provides her with a desirable sense of control and entertainment.

"**In the absence of real-life entertainment, boy creates his own happy ending": MD as a coping strategy.** Fig. 2 provides an excellent pictorial illustration of the usefulness of MD as a means of coping. The participant presents a humorous cartoon-like image in which he conveys that he actually possesses a built-in entertainment system that is

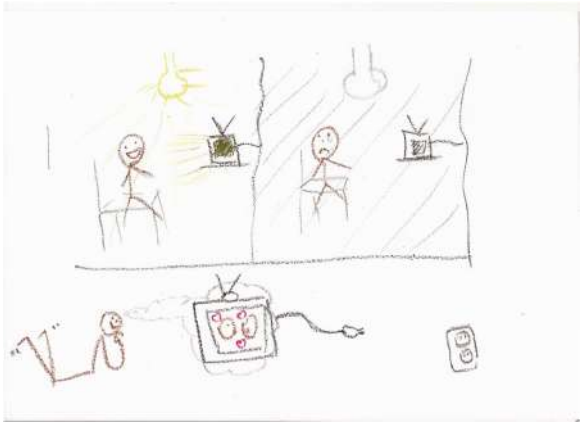

Fig. 2. The MD experience of participant 6.

Fig. 3. The MD experience of participant 9.

independent of electrical power.

In the upper level of the drawing he depicts two scenes: 1. A light is turned on, the TV set is working, stick-figure is happy. 2. The light is off, TV is not working, stick-figure is unhappy. The daydreaming story is presented beneath: The TV set appears to be in a thought bubble, is unplugged but is playing, nevertheless, much to the apparent satisfaction of the stick-figure. Worthwhile noting is the presence in this image of the theme described above: external reality is mostly depicted in gray monochrome, except for the turned-on light. However, the internal fantasy, as embedded in the imagined unplugged TV screen, is colorful. Here is how this respondent described his drawing: "In the absence of real-life entertainment, boy creates his own happy ending through his imagination.

"**It's all in my head": accessible entertainment in a dull world.** Fig. 3 too is an intense example of the experienced brilliance of daydreaming among our respondents. The inner world is depicted in saturated colors and crowded with moving surreal, burlesque characters juxtaposed on a dense cityscape, fantastic flamboyant skies and flying critters.

The detailed liveliness of the fantasy is starkly contrasted with the pitch darkness of the visually empty outer world. As would be expected, for many respondents, absorptive daydreaming seems to obliterate external reality. The depicted character, although smiling broadly and dancing, is presented in grayish monochrome because her body is in the real world. Why is the drawn figure smiling? The respondent provides us with her own spontaneous answer to this question by shedding literal light on the sources of her happiness. The sources of her happiness are obviously all "in her head", because the external world is absent, concealed in opaque blackness. Another example of this dichotomy as presented in Fig. 3.

Scripted hallucinations

The prevailing sense among participants in the current study was

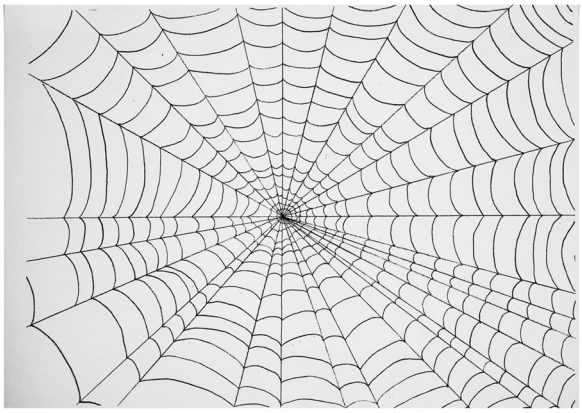

Fig. 4. The MD experience of participant 4.

that one of the unique joys associated with this mental activity is the opportunity to be the masters/mistresses of their universes.

"**I'm controlling the stories happening in it and what happens to my characters": desired sense of controllability.** To use Fig. 1 again as an illustration for this theme, the artist portrays herself sitting calmly on her bed immersed in her lovely inner world, while the signifiers of her obligations and real-world challenges are floating haphazardly in space. Referring to her daydreaming, respondent 3 said: "…(it) makes me feel…relief and in control as I'm controlling the stories happening in it and what happens to my characters."

Another example of feeling in absolute control during MD is expressed in Fig. 4.

This is what participant 4 had to say about his sketch:

> The drawing of the spider web is meant to capture the exclusiveness of my daydreaming experience. Similarly, to how a spider is the only creature that can traverse its own web without getting caught, I feel that I am the only person who can fully understand my own imaginary world. Any attempts that have been made by alien forces to venture into my mind thus far have been unsuccessful.

The daydreaming content is portrayed here as deliberately encrypted. It is the private world of the daydreamer created for him exclusively. The daydreaming experience is not only deliberately scripted in code to serve the artist only, the spider web also provides protection of his cherished dreaming space from the threatening, alien human world. The precise control exercised and experienced is also graphically conveyed by the use of a sharp pencil and a ruler to execute this exact sketch. Noteworthy is also the participant's use of a circular image. Mandalas (literally meaning 'circle' in Sanskrit) are said to convey a sense of confidence and security because of their wholeness. Carl Jung claimed: "The mandala really is…the Self, the wholeness of the personality, which if all goes well is harmonious" (Jung, 1963, pp. 195–196). Subsequently, his disciple Marie-Louise von Franz argued: "The mandala serves a conservative purpose—namely, to restore a previously existing order. But it also serves the creative purpose of giving expression and form to something that does not yet exist, something new and unique…" (Jung, 1964, p. 225). These analytical conceptualizations highlight the importance of MD not only as a source of creativity but also as the participant's efforts to achieve safety and stability.

The compulsory nature of MD

Not all MD experiences are lived through as wholly willful and fully controlled mental events. It seems that the compulsory nature of this inner activity is also associated, in some cases, with involuntariness.

"**Everything is absurd and nonsense": an unstoppable circus**. Participant 1, for instance, describes her MD experience as a circus by saying "Everything is absurd and nonsense. Even the weirdest thing is normal in this world." In Fig. 5 she depicts a surreal scene of playful rabbits emerging from a magician's hat and hopping about. However, it seems that the wizard may have lost control over his act. While the protagonist sits still staring into space, more and more rabbits are uncontrollably emerging out of the top hat. Conceivably, not unlike the experience of the unrestrained chain of fantasies that continuously flood her consciousness.

Fig. 5. The MD experience of participant 1.

Pictorial self-representations

In almost all the pictorial self-representations we found information depicting the influence of MD on the manner in which participants see themselves. It was apparent that MD had become an integral part of their self-perception.

MD in representations of the self. In Fig. 6, the participant used fairy tale images to describe how she experiences herself. She said: "I love the woods and I feel comfortable in them. When I was a little girl I used to dream a lot about a fairytale house in the woods". The fantastic nature of the picture and the mushrooms depicted invoked in the authors, hallucinogenic-like associations which some MD patients have previously described to the first author. Although her snail-like body is exposed and vulnerable, she seems relaxed while resting comfortably on the supple mushroom. As we found in our earlier analysis of MD experiences, reality in this self-representation is represented as far less vivid and dynamic than the MD word. In contrast to Fig. 5 that described her MD experience, this picture portrays a stationary scene painted in a narrow palette of colors. In other words, the fantasy world seeps into the experience, or even the definition of the self. Nevertheless, the self is portrayed motionless and in bland color.

"**I feel MD has been weighing me down**": **A costly price tag**. The infiltration of the MD experience into the very self-image of people with

Fig. 6. A self-representation of participant 1.

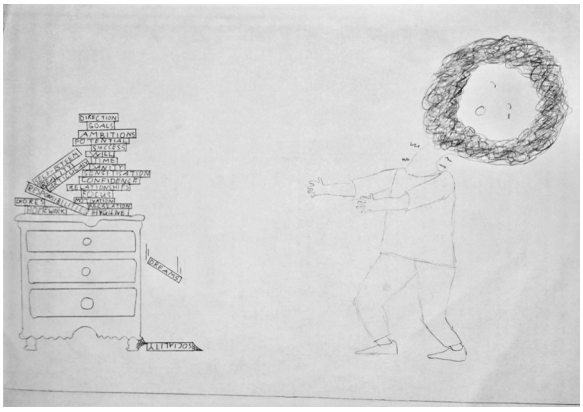

Fig. 7. A self-representation of participant 4.

this condition was also apparent in several other images. Due to the overpowering experience of his extensive fantasizing, everything the artist of Fig. 7 wants in real life is out of his reach. Although he is desperately trying to step forward and reach toward his real-life needs, goals and responsibilities, his head is tilted backwards, away from his destination, bogged down by the burden of his mental activities. The faint figure is unsuccessfully trying to bridge between the two worlds. A gaping mouth and a teary eye signify that the entire experience is painful.

Here is how this respondent described his self-image:

> This piece is my attempt at illustrating what Maladaptive Daydreaming is doing to me and how it is affecting my life. Depicted on the right is me. My abnormally large skull is supposed to be a literal image of how I feel MD has been weighing me down and preventing me from reaching the things I would otherwise have accomplished. Furthermore, the array of colours, visible on the character's face, are an abstraction of the complexity of my daydreams. The colours (daydreams) themselves are what are causing the character's head to swell.

Fig. 8. A self-representation of participant 3.

Again, the Self is inseparable from the MD experience and is, in turn, separated from the coveted aspirations in real life.

"**Two lives in one**": **A divided sense of self.** Our analysis yielded one other recurrent theme often linked with self-representations in MD. Participant no. 3 described her perception of herself as a divided self. In her own words she experienced herself as having: "Two lives in one." In Fig. 8 she placed herself on a dividing line that splits her Self into two separate worlds. The half-face imbedded in the imaginary world winks with a smile, while the other half, that is anchored in real life conveys a sad expression.

Except for this schematic face depiction, all the rest of her self-representation is offered in words, not images. She describes her real-life Self from a cerebral, analytic perspective, illustrating an existence characterized by flat emotion. Noteworthy here is the use of bright yellow color to mark the rewards of daydreaming. The split between the inner and her outer worlds is also evident by clarifying remarks at the bottom of the page. While her mother tongue used in her real life is French, she daydreams in English.

Finally, here is another striking example of a divided self-representation. Fig. 9 portrays a black-and-white image of a prone dreamy face resting on her hand. The protagonist, placed at the bottom of the paper, is presenting with a peaceful smile and seems to be wrapped in a floral-patterned cloth.

The drawing is executed with precision. We note several pictorial boundaries, mostly horizontal and wavy. Above the monochrome figure, occupying about two thirds of the space, is a starry night sky containing an intensely colorful cloud, probably a thought bubble. The daydream bubble is divided internally into segments marked by distinct colors and patterns. Could they stand for parallel distinct inner-worlds?

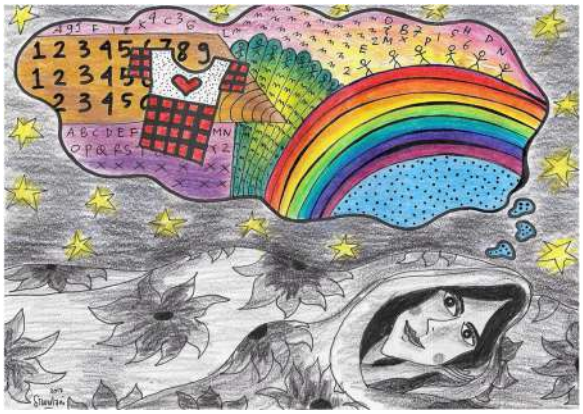

Fig. 9. A self-representation of participant 9.

In response to our request to provide a pictorial artifact to stand for her Self, she cannot differentiate it from the essence of the captivating MD experience, presented earlier (Fig. 3). For many of our respondents, the MD experience seemed to define their essence. The striking contrast between the self-image drawn in shades of gray, and the fantasy world, described in vivid saturated colors, is reminiscent of Fig. 1 discussed in the section describing the MD experience. The reader may notice the similarity between these pictures (drawn by different individuals): in both cases MD is symbolized as a busy, colorful bubble juxtaposed with the gray/monochrome representation of real life. Noteworthy, however, is the fact that when MD is portrayed as an experience, the respondent places her persona within the bubble, whereas when asked to present her self-representation, participant 9 places her image outside the MD bubble. The representations of Self vis-à-vis symbols of daydreaming, highlight an apparent experiential overlap between the Self and the MD experience. We recognize that the context of the art making, a study on MD, might have contributed, in part to this finding. However, for many of our respondents their products were visibly interchangeable, possibly because some participants felt defined by their MD. A good example of this overlap would be the images presented by participant 5 (Figs. 10 and 11). Her horizontal picture represents the Self (at home) and the vertical work is a representation of her MD (In the classroom). Clearly, both images reflect an identical drawing style and use of materials. The images seem very similar. Surrounded by other people, the protagonist is at the center of both. She is obviously preoccupied both in fantasy and in real life with her social interactions.

Discussion

Nine individuals who have been reliably diagnosed as living with MD responded to our call to provide pictorial and verbal descriptions of both their condition and themselves. Our analysis identified several recurrent themes that could be summarized as following: The perceived benefits for our respondents in this immersive form of daydreaming seemed to include a self-controlled means of emotional regulation that served as protection from grim external and internal realities combined with the gratifying joy of an easily accessible internal entertainment mechanism. Although MD was depicted in this group as an intensely rewarding experience, there was also an allusion to the sense of concomitant diminished sense of control over the overwhelming flow of fantasies. The processes of negative and positive reinforcements have been implicated in the development of addictions in general (Wise & Koob, 2014) and, MD in particular (Somer et al., 2016b). Yet, in the current inquiry, most indicators of psychopathology were represented in our respondents' portrayal of themselves, rather than their descriptions of the disorder. Psychopathology is primarily determined by its deviation from the norm, its detrimental interference in the individual's life and the distress it causes (Davis, 2009). MD's deviance from norm has been presented as a core experience of people who experience this condition (Somer et al., 2016a). The self-image of individuals with MD uncovered in the current study presents a painful schism between a vibrant inner-life that is painfully dissociated from the experience of a dull reality (distress), feelings of being bogged down by the burden of daydreaming (distress) and, the resultant failure to attain important goals in life (dysfunction).

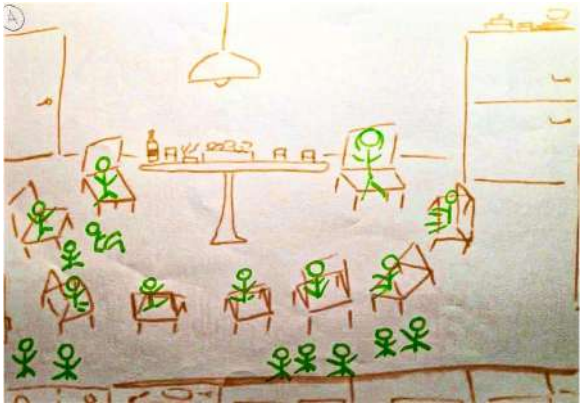

Fig. 10. A self-representation of participant 5.

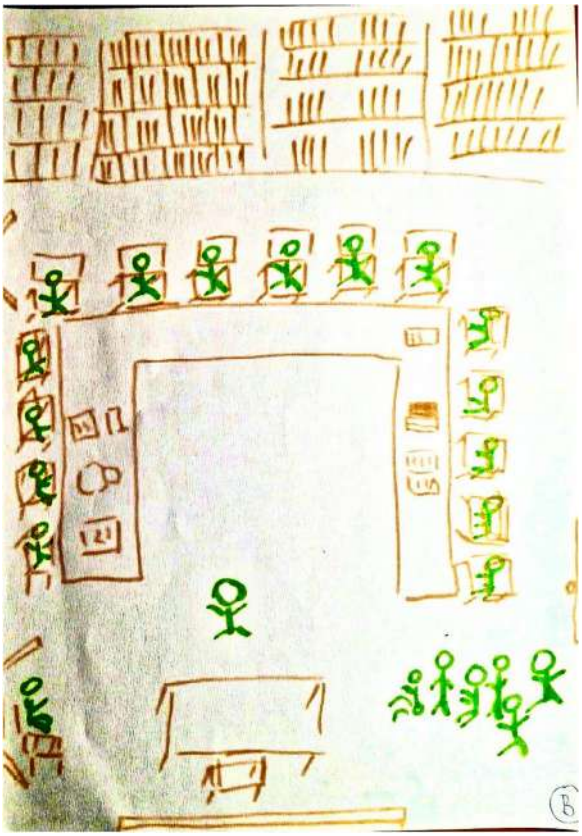

Fig. 11. The MD experience of participant 5.

MD has already been conceptualized as a disorder of dissociative absorption that can evolve into a behavioral addiction (Somer, 2018). Indeed, we concluded that our data show some pictorial markers of dissociative psychopathology. Nevertheless, a comparison of our findings with those collected among individuals with dissociative identity disorder (DID) shows that despite some superficial resemblance, pictorial self-representations of MD and DID are distinct. Graphic expressions of DID clients have been observed to convey a manifestation of conflict, echoes of abuse, and the externalization of anger (Spring,

1985); multiplicity of body parts, twins, or other images of multiplicity (Lev-Wiesel, 2005); and an array of themes to include: pictorial images of fragmentation, a depiction of the inner alter-personality system, pictorial/graphic evidence of switching while drawing, a sense of internal chaos, graphic symbols of barriers, signs of hypnotic trance, and evidence for artistic abreaction of traumatic events (Cohen & Cox, 1991; Cohen & Cox, 1995). The main similarity between images by individuals with a disorder of dissociative absorption (MD) and those of individuals with DID is associated with the experience of a divided existence. The Self in the artwork of people who experience MD was often represented as an experience of duality: divided between an inert, and an emotionally dismal, dreary and dysfunctional sense of external existence, on the one hand, and an emotionally rich, lively and pleasurable experience associated with the gratifying daydreaming. This schism is pictorially conveyed through several means: (1) graphic boundaries often demarcate the two distinct states of consciousness, (2) a richer palette of colors is applied to represent the inner world and (3) thematically, the inner world is represented as far more busy, interesting, rewarding compared to a sense of emptiness or malfunction that emanates from depictions of real life. Although similar motifs could be identified in the artwork of individuals with DID, drawings by individuals with MD presented in the current study showed no markers of trauma, conflict, chaos, switching or clear multiplicity of identity. Although we did find sporadic signs suggestive of other potential mental health issues that might suggest co-morbidity, only future research on larger collections of MD art could determine if these signs form recurrent themes.

Limitations

This is a pioneering inquiry into artistic representations of MD. Despite the wide array of countries represented in this study, its results should be seen as preliminary. We acknowledge several limitations associated with this study. First, although our sample size did not diverge from similar qualitative studies (e.g., Curtis, 2011; Eisenbach et al., 2015; Terry-Clark, 2016) we believe we would have reached a better saturation in our data had several more individuals responded to our invitation. Still, we maintain that this study meets validity and reliability standards in qualitative research: we used a purposeful sampling of rigorously assessed individuals, our choice of methodology was appropriate for answering the research question and we used both triangulation of researchers and respondents, as well as triangulation of resources (Finfgeld-Connett, 2010). Second, because we analyzed a self-selected sample, it is conceivable that it may not be wholly representative of the entire group of diagnosed people who experience MD we recruited from. Nevertheless, our data seem to be based on a properly diagnosed group and in line with accumulated knowledge of the MD experience. We, therefore, argue that our findings, though preliminary, are ecologically and epistemologically suitable for initial conceptualization (Leung, 2015). Further qualitative research of artistic representations of MD and the Self among diagnosed clients is necessary before definitive recommendations can be made with regard to suggested diagnostic artwork markers of MD.

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