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Original Article

Experiential Avoidance, Perfectionism, and Self-Compassion in Maladaptive Versus Adaptive Daydreaming: A Comparative Study in Iran

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Abstract

Objective: This study aimed to compare experiential avoidance, perfectionism, and self-compassion between individuals with maladaptive and adaptive daydreaming tendencies within Iranian cultural context.
Method: The study utilized an online survey distributed via social media to a convenience sample of Iranian adults. The final sample consisted of 428 participants, who were divided into an MD group (n = 210) and a normative group (n = 218). This classification was based on a conservative cutoff score of ≥ 50 on the Maladaptive Daydreaming Scale-16 (MDS-16). Participants also completed the Self-Compassion Scale (SCS), the Multidimensional Perfectionism Scale (MPS–H), and the Brief Experiential Avoidance Questionnaire (BEAQ). A series of multivariate one-way analyses of variance (MANOVAs) were conducted to compare the groups.
Results: The MANOVA revealed a significant overall statistical difference between the groups. Compared to the normative group, individuals with MD reported significantly higher levels of experiential avoidance. The MD group also scored significantly higher on the negative components of self-compassion, including self-judgment, isolation, and over-identification, and scored significantly lower on the positive component of mindfulness. Furthermore, maladaptive daydreamers scored significantly higher on other-oriented and socially-prescribed perfectionism. No significant differences were found for self-oriented perfectionism, self-kindness, or common humanity.
Conclusion: This study provides empirical evidence that, within an Iranian sample, MD is associated with higher levels of experiential avoidance, other-oriented and socially-prescribed perfectionism, and deficits in self-compassion. These findings highlight crucial psychological factors potentially involved in the maintenance of MD. Therapeutic approaches may be enhanced by fostering self-compassion, addressing maladaptive perfectionistic beliefs, and employing strategies to reduce experiential avoidance.

Key words: *Experiential Avoidance; Maladaptive Daydreaming; Perfectionism; Psychopathology; Self-Compassion*

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Daydreaming is a common and natural mental activity, often characterized by fanciful imagery, in which attention turns inward to imagined scenarios of images and events with varying degrees of probability of actually occurring (1). It encompasses a wide range of mental experiences, from fantasizing about the future and imagining alternate realities to replaying past conversations or events with different outcomes (2). While daydreaming itself is a normal aspect of human cognition and can provide benefits such as enhancing problem-solving (3), creativity, and mental relaxation, it becomes maladaptive when it takes an excessive and disruptive role in an individual's life (3, 4). Somer (2002) introduced the concept of maladaptive daydreaming (MD) to describe an intense form of immersive daydreaming characterized by complex, fantastical plots and vivid imagination (5). MD becomes pathological when individuals are drawn so fully into elaborate fantasies, often losing track of time and experiencing a strong sense of presence within their daydreams (6). Although further empirical research is needed, current evidence suggests that MD may be better conceptualized as lying on the dissociative spectrum of absorption or as a behavioral addiction, rather than a deficit of attention (7).

Unlike adaptive daydreaming, MD has distinct behavioral features: an uncontrollable urge to daydream whenever possible, frustration when prevented from doing so, and repeated but unsuccessful attempts to reduce or stop the activity. These patterns mirror other behavioral addictions (4, 7). These experiences, although clearly distinguishable from reality, can become so intense and persistent that they occupy many hours daily, promote feelings of shame or guilt, impede the accomplishment of personal goals, and lead to substantial distress as well as impairment in social and occupational functioning (8). Despite often seeking professional help, Maladaptive Daydreamers (MDers) remain largely unfamiliar to scholars and mental health professionals. This lack of awareness often leads to dismissed concerns, inadequate treatment, and increased feelings of loneliness and distress (2).

Maladaptive Daydreaming and Self-compassion

Compassion refers to "*the feeling that arises in witnessing another's suffering and that motivates a subsequent desire to help*" (9). Applied inwardly, this becomes *self-compassion*, defined as responding to one's own pain with warmth, care, and a desire to mitigate one's own distress (10). Imaginative ability has been linked to empathy (11). However, it remains unclear whether individuals who frequently engage in MD also experience this empathy for themselves. One study has found that a high level of immersion in fantasy may enhance emotional resonance, including empathy for fantasy characters and empathy involving feeling personal distress when others are in distress. Yet, these findings indicate no associations between daydreaming and empathic concern for others or perspective-taking ability. Therefore, it is also plausible that comorbid psychopathology frequently reported in individuals with MD may interfere with empathy in real life —potentially not only toward others but also toward themselves (12).

To date, no study has explored how these empathic feelings manifest as self-compassion. Although imagery skills contribute to compassion practice, other factors such as elevated depressive symptoms, low self-esteem, heightened daily stress, and diagnosis of a mood or anxiety disorder may also play a key role (13). Individuals with MD often experience high levels of shame, including feelings of inadequacy and self-doubt (4), which may further hinder their ability to cultivate self-compassion.

Maladaptive Daydreaming and Perfectionism

Perfectionism is a personality trait defined by the pursuit of flawlessness and the imposition of excessively high standards of performance, typically accompanied by tendencies for critical evaluations of one's behavior (14). Perfectionism can be categorized into three forms: self-oriented, other-oriented, and socially prescribed. Self-oriented perfectionism (SOP) reflects rigid standards that individuals adopt for themselves. Other-oriented perfectionism (OOP) is about setting high standards for others, and socially prescribed perfectionism (SPP) stems from believing others have strict expectations that one must meet (15, 16). A dedication to perfection, both from internal expectations and societal pressures, can create a cycle that perpetuates MD as individuals seek refuge in their idealized internal worlds. Individuals with MD construct elaborate imaginary worlds filled with diverse characters who interact much like in a story or play. MDers often harbor idealized and unattainable fantasies, reflecting very high standards (17). Both internal and external perfectionistic demands may reinforce MD, as individuals retreat into elaborate fantasies where these standards are perfectly realized. In MD, the imagined self often embodies the main character who has skills, qualities, and attributes that they lack in their real life but strongly desire (5), offering elaborate narratives of recognition, ideal relationships, and flawless achievements (17). Such daydreams may intensify dissatisfaction with actual circumstances and perpetuate perfectionistic cycles. A highly developed fantasy life may serve as an imagined way of being perfect, reflecting a rigid idea of how things ought to turn out (18).

Although direct research is scarce, qualitative studies have frequently referenced this connection. For instance, in a pilot case report, Somer observed that a participant fantasized about an ideal romantic future with a "perfect" girlfriend (other-oriented) or envisioned himself as a successful academic or an accomplished musician (self-oriented). The report also noted that his perfectionism, combined with obsessive doubts, significantly impaired his ability to establish and sustain a fulfilling long-term

relationship. Moreover, his perfectionism often hindered his therapy progress while fueling compensatory fantasies (19).

Maladaptive Daydreaming and Experiential Avoidance

Experiential avoidance refers to a transdiagnostic factor that involves the unwillingness to remain in contact with unwanted internal experiences, such as painful thoughts and emotions and is frequently posited as a key mechanism underlying various forms of psychopathology (e.g. OCD, self-harm)(20). Daydreaming can be a highly rewarding experience in itself by evoking pleasant emotions (e.g., excitement, confidence), However, the deep immersion and prolonged engagement in these fantasies often serve as an escape from difficult emotions or unresolved issues, leading individuals to engage in this behavior as a form of emotional avoidance (17, 21). For many with MD, fantasy provides a refuge from stressful reality, by engaging in vivid daydreams that act as a shelter (22). Returning to reality after an intense daydreaming episode can be a jarring and even devastating experience. Upon returning to reality, the daydreamer is confronted with a painful realization of missed opportunities and lost time (21). Additionally, neglected relationships, unfulfilled responsibilities, and the need for personal growth suddenly come into focus, leading to intense regret and shame—emotions that can drive them to seek refuge in even more daydreaming. Ultimately, this creates a vicious cycle where daydreaming becomes a persistent avoidance strategy (7).

Nowacki *et al*. investigated the differences between individuals with MD and those without MD in relation to coping styles and frustration intolerance. Their findings indicated that MDers exhibited significantly greater reliance on avoidant coping strategies compared to non-MDers. This form of avoidance from confronting and processing painful life experiences aligns closely with the concept of experiential avoidance. Building on these findings, we hypothesize that individuals with MD may exhibit higher levels of experiential avoidance, as their daydreams become a coping mechanism for avoiding emotional distress and difficult situations. In such cases, daydreaming provides a temporary escape, shielding individuals from confronting the realities of their inner emotional world and the challenges of their external life (23).

Current Study

Taken together, existing theory and research support the proposition that MD may be associated with heightened experiential avoidance and perfectionism, as well as reduced self-compassion. However, no study to date has directly examined these factors across two comparable groups. Furthermore, research on MD within the Iranian context remains limited. Without sufficient empirical data specific to this cultural context, there is a risk of misinterpreting the manifestation and impact of MD. As such, conducting research on MD within the Iranian context is not only crucial for addressing these gaps but also for ensuring that psychological care for individuals with MD is both relevant and effective in Iran. The current study aimed to compare experiential avoidance, perfectionism and self-compassion among individuals with MD and those with more adaptive daydreaming tendencies. By better understanding these dynamics, the study hopes to contribute to the development of more effective therapeutic interventions for individuals struggling with MD and its associated psychological challenges.

Materials and Methods

Participants and Procedure

Following ethical approval from the university research board, the required sample size was estimated using G*Power 3.1.9.2. Based on an effect size of 0.35, a power of 0.80, an alpha level of 0.05, and two independent groups, the analysis recommended 180 participants per group (total N = 360) (24). Data were collected through an online survey maker software, www.porsline.ir, that was prepared and shared via various social media platforms (e.g., Instagram). All participants were assured anonymity, and informed consent was obtained through the survey link prior to survey administration. Participation was entirely voluntary, and participants were guaranteed that their data would not be used without authorization. Participants were included if they fell within the 18 to 60 age range, demonstrated proficiency in Persian (Farsi), and provided informed consent. Data were collected via convenience sampling, yielding an initial sample of N = 438 participants. Seven participants with incomplete data were excluded using listwise deletion. Outliers were assessed via Mahalanobis distance ($P < 0.001$), resulting in the removal of three multivariate outliers. The final sample comprised N = 428 participants (age range: 18–60 years) with women constituting the majority. Although the corrected cutoff score for identifying clinical-level maladaptive daydreaming using the MDS-16 is 40 (25), the present study employed a more conservative cutoff of 50. This decision was made to increase the specificity of the MD classification, ensuring that the MD group included only participants with actual symptoms. Additionally, this cutoff helped achieve approximately equal sample sizes between the MD group and the normative group, supporting balanced statistical comparisons. Participants who scored ≥ 50 on the MDS were classified as the MD group (n = 210; M = 27.37, SD = 11.37), while those who scored below 50 comprised the normative group (n = 218; M = 29.59, SD = 12.57). Sociodemographic characteristics for both groups are presented in Table 1.

Table 1. Sociodemographic Characteristics of Maladaptive and Adaptive Daydreamers

Variables	Category	Normative group (n = 218)		Maladaptive Daydreamers (n = 210)	
	Age	M	SD	M	SD
		29.59	12.57	27.37	11.37
		Frequency	Percent	Frequency	Percent
Gender	Female	165	75.7	141	67.1
	Male	53	24.3	69	32.9
Marital status	Single	142	65.1	158	75.2
	Married	76	34.9	52	24.8
Education level	Middle school	12	5.5	17	8.1
	High School	55	25.2	54	25.7
	Bachelor	95	43.6	104	49.5
	Master	42	19.3	31	14.8
	PhD/Doctorate	14	6.4	4	1.9

Data Analysis

Statistical analyses were conducted in IBM SPSS Statistics 24. Descriptive statistics were calculated, including means (M) and standard deviations (SD) for continuous variables, and frequencies and percentages for categorical variables. Preliminary assumption testing confirmed normality and homogeneity of variances across all measures. Seven participants with incomplete data were excluded using listwise deletion. Outliers were assessed via Mahalanobis distance ($P < 0.001$), resulting in the removal of three multivariate outliers. Preliminary analyses revealed no significant group differences in gender distribution ($\chi^2 = 3.83$, $P = 0.054$), education level ($\chi^2 = 8.34$, $P = 0.080$), or age ($t = 1.92$, $P = 0.056$), allowing these variables to be excluded from further analyses. A series of multivariate one-way analyses of variance (MANOVAs) was then conducted to compare the MD group ($n = 210$) and the control group ($n = 218$) on study variables.

Measures

1.Maladaptive Daydreaming Scale-16 (MDS-16)

Developed by Somer, The Maladaptive Daydreaming Scale-16 assesses symptom severity in maladaptive daydreaming. MDS-16 contains 16 items (e.g., *"Some people experience difficulties in controlling or limiting their daydreaming. How difficult has it been for you to keep your daydreaming under control?"*) rated on a scale from 0% (never) to 100% (very often), in 10% increments. The total score is obtained by averaging across items (26). A score of 50 was *intentionally* used as the cut-off point for stricter inclusion, classifying individuals who scored above 50 points into the MDers group. The Cronbach's alpha coefficient for the Persian version of the MDS was 0.93 (27). A Cronbach's alpha of 0.87 was obtained in the current study, indicating strong internal consistency.

2.Self-Compassion Scale (SCS)

The SCS is a 26-item questionnaire measuring overall self-compassion (total score) and components of self-compassion organized under three broader theoretically related domains: self-kindness vs. self-judgment, common humanity vs. isolation, and mindfulness vs. over-identification. Items are rated on a 5-point Likert scale (1 = almost never; 5 = almost always). The SCS has demonstrated robust reliability with a total Cronbach's α of 0.92 and subscale values ranging from 0.75 to 0.81 (28). The Persian version of this scale demonstrated a Cronbach's alpha of 0.86 for the total score, with subscale values ranging from 0.76 to 0.855 (28). Cronbach's α for the current study was 0.90.

3. Multidimensional Perfectionism Scale Hewitt-Flett (MPS–H)

The MPS–H consists of 45 items and measures SOP (15 items), SPP (15 items), and OOP (15 items) (29). Responses are recorded on a 7-point Likert scale (1 = strongly disagree; 7 = strongly agree). Sample items include: *"I strive to be as perfect as I can be"* (SOP), *"Everything that others do must be of top-notch quality"* (OOP), and *"The people around me expect me to succeed at everything I do"* (SPP). The original scale has demonstrated strong reliability (SOP: α = 0.89, SPP: α = 0.86, OOP: α = 0.79) and validity throughout the years (30). The Persian version of this scale demonstrated a total Cronbach's alpha of 0.80, with subscale values of 0.90 (SOP), 0.91 (OOP), and 0.81 (SPP), indicating good internal consistency (31). Cronbach's alpha for the current study was found to be 0.87.

4.Brief Experiential Avoidance Questionnaire (BEAQ)

The BEAQ is a 15-item short version of the MEAQ designed to capture six dimensions of experiential avoidance. Example items include *"I go out of my way to avoid uncomfortable situations" and "When something upsetting comes up, I try very hard to stop thinking about it."*. The total score range is from 15 to 90, with higher scores indicating greater experiential avoidance. Items are rated on a 6-point Likert scale (1 = strongly disagree; 6 = strongly agree), with higher scores indicating greater avoidance. The BEAQ demonstrates

high internal consistency with a mean Cronbach's α of 0.84) (32). In the Persian version of this scale, internal consistency via Cronbach's α was not provided; rather, the validation focuses on construct validity through factor analysis, which revealed a KMO coefficient of 0.96 and a significant Bartlett's test result ($\chi^2 = 4333.09$, $P < 0.0001$) (33). In the present study, the BEAQ demonstrated acceptable internal consistency, with a Cronbach's α of 0.79. This meets the commonly accepted threshold for research purposes ($\alpha \geq 0.70$), indicating adequate reliability.

Ethical Consideration

The study was approved by the Research Ethics Committee of Shahid Beheshti University of Medical Sciences (ethical approval code: IR.SBMU.RETECH.REC.1403.270).

Before participation, informed consent was obtained from all individuals included in the study. The guidelines on research involving the use of human subjects (beneficence, non-maleficence, integrity, confidentiality, and voluntarism) were strictly adhered to according to the Helsinki Declaration. Participants did not incur any cost by participating in this study, and there was no financial inducement.

Results

Table 2 provides the descriptive statistics (means and standard deviations) for self-compassion, perfectionism, and experiential avoidance, reported separately for the MD and normative groups.

Table 2. Means and Standard Deviations of Study Variables for Maladaptive and Adaptive Daydreamers

Variables	Component	Normal		Daydreamers	
		M	SD	M	SD
MD	Total score	33.94	11.16	63.57	9.75
Self-compassion	Self-kindness	3.12	0.93	3.09	0.87
	Self-judgment	3.11	0.94	3.48	0.76
	Common humanity	3.34	0.90	3.20	0.84
	Isolation	3.14	0.95	3.61	0.82
	Mindfulness	3.44	0.83	3.24	0.74
	Over-identification	3.21	0.97	3.64	0.80
Perfectionism	Self-oriented	74.90	14.80	74.37	14.09
	Other-oriented	59.20	11.68	62.30	10.59
	Socially-prescribed	59.69	13.00	64.56	10.52
Experiential avoidance	Total score	52.79	10.60	58.27	10.45

To assess the significance of the differences observed in Table 2, both univariate and multivariate analyses of variance were conducted to compare the study variables between the maladaptive daydreamer and normative groups. The results are summarized in Table 3.

Table 3. Multivariate Analysis of Variance Comparing Study Variables between Maladaptive and Adaptive Daydreamers

	Value	F	Hypothesis df	Error df	P	Partial η^2
Pillai's Trace	0.173	8.707	10	417	0.001	0.173
Wilks' Lambda	0.827	8.707	10	417	0.001	0.173
Hotelling's Trace	0.209	8.707	10	417	0.001	0.173
Roy's Largest Root	0.209	8.707	10	417	0.001	0.173

Given the significance of Box's Test ($F = 2.175$, $P = 0.001$), Pillai's Trace was selected for group comparisons due to its robustness to violations of the homogeneity of covariance matrices. As shown in Table 4, the significance level associated with Pillai's Trace indicates a statistically significant overall difference between the maladaptive daydreamer and normative groups in the combined measures of self-compassion, perfectionism, and experiential avoidance. Table 4 provides the results of the between-subjects effects analyses, illustrating

group differences across each dependent variable separately. According to Cohen's (1988) conventional benchmarks, effect sizes of 0.01, 0.06, and 0.14 are interpreted as small, medium, and large, respectively (34).

Table 4. Between-Subjects Effects on Self-Compassion, Perfectionism, and Experiential Avoidance Scores in Maladaptive Daydreamers and Normal Groups

Variables	component	SS	Df	MS	F	P	Partial η^2
Self-compassion	Self-kindness	0.05	1	0.05	0.07	0.799	0.00
	Self-judgment	14.64	1	14.64	20.08	0.001	0.05
	Common humanity	2.15	1	2.15	2.83	0.093	0.01
	Isolation	24.05	1	24.05	30.47	0.001	0.07
	Mindfulness	4.18	1	4.18	6.70	0.010	0.02
	Over-identification	19.51	1	19.51	24.62	0.001	0.06
perfectionism	Self-oriented	30.30	1	30.30	0.15	0.704	0.00
	Other-oriented	1029.74	1	1029.74	8.27	0.004	0.02
	Socially-prescribed	2531.08	1	2531.08	18.03	0.001	0.04
Experiential avoidance	Total score	3214.99	1	3214.99	29.01	0.001	0.06

Compared to the normative group, maladaptive daydreamers reported significantly higher levels on all negative aspects within the self-compassion components, including self-judgment, isolation, and over-identification ($P < 0.05$ for all comparisons). In contrast, mindfulness—a positive component of self-compassion—scores were significantly lower in the MD group ($P = 0.010$). No significant group differences were observed for self-kindness and common humanity, the other positive components of self-compassion.

Furthermore, the maladaptive daydreamer group scored significantly higher than the normal group in other-oriented and socially prescribed perfectionism. However, no significant differences were observed for self-oriented perfectionism. In addition, the MD group scored significantly higher than the normative group on the total score of experiential avoidance.

Discussion

Summary of Findings

This study aimed to investigate the differences between individuals exhibiting MD and those with adaptive daydreaming patterns concerning levels of self-compassion, perfectionism, and experiential avoidance within an Iranian sample. Grounded in the theoretical conceptualization of MD as a potentially addictive or dissociative phenomenon often linked to emotion regulation difficulties (35), we hypothesized that individuals with MD would demonstrate lower self-compassion, higher perfectionism, and greater experiential avoidance compared to their adaptive counterparts. The findings largely support these hypotheses, offering valuable insights into the psychological correlates of MD and extending previous research by examining these variables concurrently and within a specific cultural context.

Self-Compassion

The findings regarding self-compassion revealed a significant deficit among individuals with MD, primarily concerning the negative aspects of the construct. Compared to the normative group, MDers reported significantly higher levels of self-judgment, isolation, and over-identification. This indicates a tendency towards harsh self-criticism when facing difficulties, feeling isolated and disconnected from others in their suffering, and becoming excessively absorbed in negative thoughts and emotions. These findings aligned with descriptions of MDers experiencing shame, guilt, and distress related to their daydreaming behavior and its impact on their lives. The lack of self-compassion, particularly the heightened self-judgment and isolation, may exacerbate the distress associated with MD and hinder help-seeking or coping efforts. Compassion is grounded in recognizing and responding to one's own reality (36). When individuals habitually avoid their lived experience, they may never feel sufficiently connected to their lives to cultivate self-compassion.

Furthermore, MDers scored lower on mindfulness, one of the positive components of self-compassion, suggesting difficulty maintaining a balanced awareness of painful thoughts and feelings without suppression or exaggeration. This lack of mindful awareness could also contribute to the tendency to escape into daydreams (experiential avoidance). Consistent with the findings of Soffer-Dudek *et al*. (2023), our results provide an empirical basis for the efficacy of mindfulness-based interventions for MD. Their pioneering randomized controlled trial demonstrated that a brief, eight-session program focusing on mindfulness significantly reduced MD symptoms in 353 participants (37). Our observation that individuals with MD exhibit lower levels of mindfulness is consistent with this finding, suggesting

that a lack of mindful awareness is a core deficit of the condition that can be effectively targeted by therapy.

However, no significant differences were found for the other positive components of self-compassion: self-kindness and common humanity. This suggests that while MDers struggle significantly with self-criticism, isolation, and emotional overwhelm, their capacity for self-kindness (actively soothing oneself) and recognizing suffering as a shared human experience may not be significantly different from adaptive daydreamers, or at least not captured as different by this measure in this sample. The lack of a significant difference in self-kindness is particularly interesting. Given that compassion involves a desire to alleviate suffering, perhaps this desire exists but is overshadowed by self-judgment or ineffective coping strategies in MDers. Paradoxically, the act of retreating into elaborate daydreams could, in some instances, be a *misguided attempt* at self-soothing. Although maladaptive in its overall impact, the initial impulse might stem from a desire to escape distress and find comfort, which aligns with the *intent* of self-kindness. The daydream itself could be a (flawed) strategy to be kind to oneself by providing an escape or a sense of control/achievement not found in reality. It is possible that adaptive daydreamers and maladaptive daydreamers both already possess a decent level of self-kindness, making the gap between them and MDers smaller on this specific aspect. The rich, character-driven narratives in maladaptive daydreams often involve complex social interactions and emotional experiences. Through these imagined worlds, MDers might vicariously explore a wide range of human emotions and situations, potentially fostering an *intellectual* understanding of common humanity. They see struggles, triumphs, and pain in their characters, which could resonate with the idea that everyone experiences such things. Over all, MD might more directly fuel and be fueled by self-criticism (e.g., "I'm a failure, so I retreat to my daydreams where I'm successful"), isolation (e.g., "No one understands me, so I create characters who do"), and over-identification with emotions (e.g., the intensity of emotions in daydreams blurring with reality). Self-kindness and common humanity might be less directly implicated in the core maladaptive cycle.

Perfectionism

Individuals with MD scored significantly higher on OOP and SPP than the normative group. This suggests that MDers may impose unrealistically high standards on others and perceive significant external pressure to meet demanding expectations. This resonates with qualitative observations and theoretical proposals suggesting that MD narratives often involve idealized relationships or scenarios where the daydreamer achieves flawless recognition or meets external benchmarks perfectly. Daydreams might serve as a mental space where the perfectionistic demands perceived from others (SPP) or imposed on others (OOP) can be flawlessly met or played out, perhaps compensating for perceived shortcomings or interpersonal difficulties in reality. Moreover, Iranian culture, like many Middle Eastern cultures, tends to be more collectivistic. There can be intense pressure for achievement, particularly in academics and professional life, to bring honor to the family. This can fuel a type of socially prescribed perfectionism (believing others expect one to be perfect) and self-oriented perfectionism driven by a desire to meet these high external standards. Interestingly, no significant difference was found in SOP between the groups. This finding is somewhat counterintuitive, given that MD narratives often feature an idealized version of the self, possessing desired qualities or achieving great success, which might suggest high personal standards. However, the perfectionistic drive in MD might be more strongly linked to interpersonal dynamics and societal pressures than to internally imposed standards for the self. Alternatively, the measure of SOP used might not fully capture the specific nature of perfectionistic striving within the fantasy context itself. It could also be that while daydreams *contain* idealized self-representations, the *conscious striving* for personal perfection characteristic of SOP is not significantly elevated in MDers compared to controls in their general life orientation, or is overshadowed by the external pressures reflected in SPP. Further research is needed to disentangle the complex role of different perfectionism facets in MD.

Experiential Avoidance

A key finding was the significantly higher level of experiential avoidance reported by the MD group compared to the normative group. This result aligns strongly with theoretical frameworks suggesting that MD functions as an escape mechanism from distressing realities, painful emotions, or unresolved conflicts. Engaging in vivid, immersive fantasies provides temporary relief and a sense of control or reward, reinforcing the behavior as a coping strategy (23). Previous research indicated a greater reliance on avoidant coping styles among MDers (23), and our findings directly support the role of experiential avoidance the unwillingness to remain in contact with unpleasant private experiences – in MD. The intense engagement in daydreaming can be seen as an active attempt to modify or avoid internal states (thoughts, emotions, sensations) and external situations perceived as aversive. This avoidance, however, likely contributes to a detrimental cycle where the failure to confront real-life issues and the subsequent negative feelings upon returning to reality (e.g., shame, regret) fuel further daydreaming. The medium effect size observed for this difference underscores the potential clinical significance of experiential avoidance in MD.

Contextual Considerations and Implications

By confirming significant differences in components of self-compassion, specific types of perfectionism, and experiential avoidance, the findings underscore the

potential cross-cultural relevance of the psychological correlates of MD, as seen in the Iranian sample, although cultural nuances in the expression and interpretation of these constructs should always be considered. For example, the content of maladaptive daydreams might be culturally inflected (e.g., themes of achieving great success that brings honor to the family). Therefore, a culturally informed understanding is vital for developing effective interventions. Therapeutic approaches might need to be adapted to resonate with Iranian cultural values and norms regarding emotional expression, self-concept, and help-seeking. According to these findings, interventions for MD may benefit from incorporating strategies that target experiential avoidance, such as Acceptance and Commitment Therapy (ACT) techniques, which aim to increase willingness to experience difficult internal states. Addressing maladaptive perfectionistic beliefs, particularly those related to social evaluation and expectations from others (SPP), might also be crucial. Furthermore, fostering self-compassion, specifically targeting reductions in self-judgment, isolation, and over-identification, and enhancing mindfulness skills, could be a vital component of treatment, helping individuals relate to their distress and the MD behavior itself with greater kindness and less shame.

Limitation

Several limitations should be considered when interpreting these findings. First, the study relied exclusively on self-report questionnaires, which are susceptible to response biases. Future research could benefit from incorporating clinical interviews or behavioral measures. Second, the cross-sectional design precludes conclusions about causality; while we found associations between MD and the psychological variables, we cannot determine the direction of these relationships. Longitudinal studies are needed to understand how these factors interact and develop over time. Third, the use of online surveys and the convenience sampling method may limit the generalizability of the findings, as the sample may not be representative of the broader Iranian population or all individuals with MD. The sample was also predominantly female and single, so caution should be exercised when generalizing the findings to other demographic groups, particularly regarding findings related to interpersonal perfectionism and self-compassion, which can have gendered expressions. Fourth, while statistical significance was achieved for many comparisons, some of the effect sizes (Partial η^2) were small (e.g., 0.02 for other-oriented perfectionism and mindfulness; 0.04 for socially-prescribed perfectionism). Therefore, the practical and clinical significance of these findings should be interpreted with greater caution. The methodology's use of a 50-point MD cutoff was intended to improve precision; however, it risks a higher rate of Type II errors. This may have excluded individuals with milder cases of MD, potentially skewing the results and limiting the generalizability of our findings to more severe cases. Future research should aim to replicate these findings in more diverse samples and employ longitudinal designs. Investigating the specific *content* of daydreams in relation to perfectionism and self-compassion could offer deeper insights. Exploring the role of comorbid psychopathology (e.g., anxiety, depression) in the relationship between MD and the studied variables would also be valuable. Finally, developing and testing interventions that explicitly target experiential avoidance, perfectionism, and low self-compassion in individuals with MD is a critical next step for improving clinical care.

Conclusion

In conclusion, this study provides empirical support for the association between MD and higher levels of experiential avoidance, other-oriented and socially-prescribed perfectionism, and deficits in self-compassion (specifically higher self-judgment, isolation, over-identification, and lower mindfulness) within an Iranian sample. These findings highlight key psychological factors potentially involved in the maintenance of MD and suggest important targets for therapeutic intervention. By understanding the interplay between avoidance tendencies, perfectionistic strivings, and low self-compassion, clinicians may be better equipped to help individuals struggling with this often distressing and impairing condition.

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Conflict of Interest

None.

Author’s Contribution

Author 1 contributed to conceptualization, investigation, project administration, resource acquisition, and writing both the original draft and the review and editing of the manuscript. Author 2 provided primary supervision,

contributed to conceptualization, and assisted in reviewing and editing the manuscript. Author 3 was responsible for data curation, formal analysis, methodology, and software development. Author 4 offered additional supervisory support.

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