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# Exploring The Role Of Internet Addiction And Childhood Trauma In Maladaptive Daydreaming: Comparison Across Different Generations

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**Abstract:** *The present study aims to explore the relationship between internet addiction, childhood trauma and maladaptive daydreaming along with comparison of different generations on maladaptive day dreaming. The sample comprised of 251 individuals between 13 to 60 years of age gathered through convenience sampling technique. Three scales were applied on the sample named as Internet Addiction Test (Short form) (Valenti, Craparo, & Faraci, 2025), Rating of Emotional Abuse in Childhood (REACH-23) Questionnaire (Goodall & Sawrikar, 2023) and Maladaptive Daydreaming Scale (MDS-16; Somer, Soffer-Dudek & Ross, 2016). Results confirm the assumptions with positive correlation between internet addiction and maladaptive daydreaming, as well as between childhood trauma and maladaptive daydreaming. One way ANOVA also depicts differences on maladaptive daydreaming between generation X, Millennials and generation Z with highest scores attained by generation Z. The study highlights the importance of childhood experiences in finding refuge in maladaptive daydreaming with internet fuelling it further. It is important to exercise some control mechanisms on internet usage which makes generation Z more at risk than the older generations.*

**Keywords:** Internet addiction, childhood trauma, maladaptive daydreaming, Generation Z, Millennials, Generation Z

## Introduction

Today, digital screens have become a central part of daily life, often replacing direct interaction with the real world. Social media platforms, powered by algorithms, learns from user engagement patterns, trapping users in endless cycles of attention-grabbing content. The more one uses these platforms, the more are the chances to find escape in the world of daydreaming and avoiding objective reality (Pietkiewicz & Soffer-Dudek, 2018). Underneath this digital noise, there may lie unresolved pain from childhood that pushes many to hide in made-up worlds where they feel safe and in control. This is how normal daydreaming may convert into excessive maladaptive daydreaming that is, an overwhelming urge to dive into vivid fantasies that disrupts one's daily life. As compared to the Millennials and Generation X, Generation Z were born in the age of cell phones, it is important to study the role of social media on their online crafted world that may speed up this mental escape.

Maladaptive Daydreaming (MD) is characterized by excessive, immersive fantasy activities that interfere with daily functioning and replace real-world interactions (Somer, 2002; Schimmenti, Somer, & Regis, 2019). Individuals with MD often experience vivid, structured daydreams lasting hours, triggered by emotional distress or external stimuli such as media content (Somer et al., 2016). Clinically significant features include distress over lost productivity, sleep disruptions, and difficulty controlling fantasies (Soffer-Dudek & Somer, 2018).

Problematic social media use, often conceptualised as an addiction, is increasingly recognized as a potential contributor to Maladaptive Daydreaming. Social Media refers to digital platforms that enable users to create, share, and interact with content (e.g., Instagram, TikTok). These platforms are designed to maximize engagement through algorithmic recommendations, infinite scrolling, and personalized feeds (Andreassen, 2015). Shaw and Black (2008) define internet addiction as distress and impairment in daily functioning due to poorly exercised internet use. Studies associate prolonged social media use with dissociative behaviours, including maladaptive daydreaming, as users may retreat into fantasy worlds to avoid real-life stressors (Pietkiewicz et al., 2018). Marino et al. (2018) found Problematic social media use (PSMU) linked to reduced real-world engagement and dissociative tendencies, factors conceptually related to MD. which could exacerbate MD by providing material for fantasies. Pezzi et al. (2024) linked many types of problematic online behaviours including social media use with maladaptive daydreaming. Öğüt (2024) also proved a significant relationship between Maladaptive Daydreaming and behavioural addictions among young adults. The study suggests individuals scoring high on MD also score high on gaming, social media use, food consumption, pornography, and compulsive buying as compared to low scorers on MD. It is also probable that the fantasy material in MD supported by social media content, may serve as a platform for idealized scenarios related with one's childhood. For example, childhood trauma survivors may use MD to regulate emotional pain, by reliving experiences of neglect, or abuse by crafting rescue or revenge themes in their fantasies.

MD is not yet included in DSM-5 classification but research does relate it with trauma, anxiety, and obsessive-compulsive traits (Pietkiewicz et al., 2018). Childhood Trauma encompasses exposure to adverse experiences—such as abuse, neglect, or household dysfunction—before age 18 (Felitti et al., 1998). These experiences are linked to long-term psychological consequences, including dissociation, emotional dysregulation, and maladaptive coping strategies like MD (Soffer-Dudek & Somer, 2018). Trauma survivors often engage in fantasy to mentally escape distress or reenact unresolved scenarios, such as idealized rescues or revenge (Somer, 2002). Research indicates that individuals with higher Adverse Childhood Experiences (ACEs) scores are more likely to develop MD as a compensatory mechanism for unmet emotional needs (Bigelsen et al., 2016). This supports the hypothesis that childhood trauma predicts elevated MD levels. Trauma survivors often use MD to process unresolved pain, with studies showing themes of idealized families or violent reenactments in their fantasies. Research suggests MD serves as an emotional regulation strategy, particularly among those with unresolved trauma or unmet psychological needs (Bigelsen et al., 2016). This aligns with the present study's hypothesis that childhood trauma survivors may use MD to process distress, while social media's immersive content could act as a catalyst for fantasy-based escapism.

Interesting to note is the technological worlds the different generations were born in. Generation Z's (born 1997–2012) has opened their eyes in the technologically advanced world with life not only limited to physical encounters but also exposure to social media platforms that may heighten their susceptibility to MD as compared to older cohorts, who experienced less pervasive digital integration during formative years (Twenge, 2017).

Studies suggest Gen Z's tech-saturated upbringing could correlate with higher MD prevalence, as they are more likely to use digital content to fuel escapist daydreams (Pietkiewicz et al., 2018). Millennials (born 1981–1996) entered adulthood during the rise of social media, their digital engagement began later in life compared to Gen Z, resulting in moderate screen time and lower rates of digital-native dissociation (Pew Research Center, 2019; Twenge, 2017). In 2008 Millennials' experienced economic instability which might have influenced their coping strategies, but their lower childhood tech integration suggests less MD levels than Gen Z. (U.S. Census Bureau, 2022).

As Generation X (born 1965–1980) experienced analog childhoods and transitioned to digital technology in adulthood (Pew Research Center, 2019). Their formative years lacked social media, with media consumption limited to television and early video games (Twenge, 2017). This cohort's limited

early exposure to immersive digital content may explain lower MD prevalence compared to Gen Z and Millennials (Pietkiewicz et al., 2018). Gen X's limited early tech exposure may result in the lowest MD levels among the three cohorts, as their coping mechanisms developed pre-internet.

**Rationale**

The rapid rise of social media, along with increasing reports of childhood trauma as well as generational shifts in technology use, underscores the need to assess the association of maladaptive daydreaming (MD) with these variables. In an era where digital platforms dominate daily life, individuals—particularly younger generations—are navigating immersive online content, which may fuel escapist behaviours like MD. Simultaneously, childhood trauma remains a pervasive issue, with lifelong psychological repercussions that often manifest in maladaptive coping mechanisms. Despite growing awareness of MD, limited research explores its intersection with social media habits, trauma histories, and generational disparities. This study addresses critical gaps by investigating how these factors interact, offering evidence to inform tailored interventions for at-risk populations.

**Objectives:**

1. To examine the relationship between internet addiction and maladaptive daydreaming,
2. To assess the association between childhood trauma and maladaptive daydreaming.
3. To compare maladaptive daydreaming across generations (Generation Z, Millennials, Generation X).

**Hypotheses**

1. Internet addiction and childhood trauma will be positively associated with Maladaptive Daydreaming.
2. Generation Z will exhibit higher scores on Maladaptive Daydreaming than Millennials and Generation X

**METHODOLOGY**

**Sample**

The sample consisted of 251 participants age ranging from 13 to 60 years (M=; SD=), with a distribution of 189 males and 62 females, making up 75.3 % males and 24.7% females. Data was collected using the convenience sampling technique. The participants belonged to the different regions of Pakistan and came from diverse academic and professional backgrounds.

**Instruments**

To measure the variables under investigation, there are a total of three standardized psychological scales which were used. All instruments selected have been widely used in psychological research and demonstrate strong psychometric properties.

**Maladaptive Daydreaming Scale (MDS-16)**

Developed by Somer and collegues in 2016 is an extended version of MDS-14 also developed by Somer and collegues in 2016. that is designed to assess frequency, emotional valence, and functional impairment of daydreaming. The scale comprises 16 items, each rated on a 11 point Likert scale ranging from 0 to 100 with mostly every item using differernt scoring, as for item 1; 0= Never and 100= Very often, whereas for item 16; 0= Not dependent and 100= Totally dependent. The scale has demonstrated excellent internal consistency in various populations, with Cronbach's alpha of .93. This indicates that the scale has a high degree of reliability and consistency. It has been validated across various cultural and age groups, demonstrating construct, convergent and discriminant validity.

**Internet Addiction Test (Short form)**

Developed by Valenti and colleagues in 2023, the Internet Addiction Test (Short form) (2025) is derived from and is the modification of Young's Internet Addiction Scale originally developed by Young in 1998 and assesses an individual's level of internet addiction by measuring characteristics and behaviours associated with compulsive online use. The scale comprises of 7 items, each rated on a 6-point Likert scale (0 = Not applicable, 5 = Always). Higher scores indicate greater Internet Addiction. The scale has demonstrated excellent internal consistency in various populations, with Cronbach's alpha ranging from 0.75 to 0.89. This indicates that the scale has a high degree of reliability and consistency. It has been validated across various cultural and age groups, demonstrating high convergent validity.

**Rating of Emotional Abuse in Childhood (REACH-23)**

Developed by (Goodall & Sawrikar, 2023) Rating of Emotional Abuse in Childhood (REACH-23) Questionnaire, assesses threatening (e.g parental hostility), devaluing (humiliation) and emotional abuse. The scale comprises of 23 items, each rated on a 5-point Likert scale (1 = Never, 5 = A great deal). Higher scores indicate greater history of childhood trauma. The scale has demonstrated excellent internal consistency in various populations, with Cronbach's alpha ranging from 0.93 to 0.98. This indicates that the scale has a high degree of reliability and consistency. It has been validated across various cultural and age groups, demonstrating concurrent, convergent and discriminant validity.

**Procedure**

This study employs a mix of correlational and causal comparative research design to examine the relationships among Maladaptive Daydreaming, Social Media use, Childhood Trauma and differences among different generations (Gen Z, Millennials, Gen X) on maladaptive day dreaming.

The study employed a dual-mode data collection approach including both physical and online. 157 responses filled the study questionnaires through Google Forms, while 94 filled it physically. Physical administration took place in controlled group settings to ensure proper completion. For online data collection, the questionnaire was converted to a Google Form and distributed through social media platforms like WhatsApp. The digital form maintained the same sequence of scales as the physical version and included automated submission, ensuring incomplete forms were not accepted.

Before distributing the questionnaires in both physical and online forms, each participant received clear and respectful guidance about the research's nature and purpose. And before starting the questionnaire, every participant was given a brief explanation of what the study was about. They were told clearly that their participation was voluntary. Their responses would be kept anonymous and confidential. All participants were informed about the purpose of the study, and their participation was entirely voluntary. No financial compensation was provided. The completion of the questionnaire took between 10 and 15 minutes depending on the participant.

Data from both sources were compiled and transferred into statistical software (SPSS) for cleaning, coding, and analysis. Incomplete or invalid responses were removed before running statistical test.

**RESULTS**

**Table 1**

*Demographic characteristics of the sample*

| Variable | *N* | *%* |
|---|---|---|
| Gender | | |
| Male | 189 | 75.3 |
| Female | 62 | 24.7 |
| Region | | |
| KPK | 164 | 65.3 |
| Islamabad | 5 | 2.0 |

| | | |
|---|---|---|
| *Sindh* | 20 | 8.0 |
| FATA | 62 | 24.7 |
| Age | | |
| Generation Z (13-28) | 148 | 59.0 |
| Millennials (29-44) | 58 | 23.1 |
| Generation X (45-60) | 45 | 17.9 |

*Note.* n=sample size, %=percentage

The table shows that the majority of participants were male (75.3%), while females made up only 24.7% of the sample. Most respondents came from the Khyber Pakhtunkhwa (KPK) region, accounting for 65.3% of the total, followed by participants from the Federally Administered Tribal Areas (FATA) at 24.7%. Smaller proportions were from Sindh (8%) and Islamabad (2%). In terms of age, the largest age group was between 13 to 29 years old (Generation Z), making up 59% of the sample. Participants aged 29 to 44 (Millennials) made up 23.1%, and those aged 45 to 60 (Generation X) comprised 17.9%. This data suggests that the sample was predominantly young, male, and largely from the KPK region.

**Table 2**

*Psychometric properties of MDS-16, IAT-7 and REACH-23*

| Scale | No of Items | *M* | *S.D* | Range | Cronbach's alpha |
|---|---|---|---|---|---|
| MDS-16 | 16 | 578.43 | 298.78 | 20-1140 | .92 |
| IAT-7 | 7 | 16.14 | 6.14 | 1-35 | .71 |
| REACH-23 | 23 | 53.14 | 20.76 | 23-115 | .95 |

*Note. MDS-16*= Maladaptive Daydreaming Scale, IAT-7= Internet Addiction Test, REACH-23= Rating of Emotional Abuse in Childhood Questionnaire.

The above table presents the psychometric properties of the MDS-16, IAT-7, and REACH-23 scales, including item count, mean scores, standard deviations, and score ranges. All three scales demonstrate acceptable to excellent internal consistency, with Cronbach's alpha values ranging from .71 (IAS-7) to .95 (REACH-23). This indicates that the scales are generally reliable for assessing fear of Maladaptive Daydreaming, Internet Addiction, and Childhood Trauma.

**Table 3**

*Inter scale correlation between Maladaptive Daydreaming with Internet Addiction.*

| Variable | *n* | *M* | SD | 1 | 2 |
|---|---|---|---|---|---|
| 1. IAT-7 | 251 | 16.20 | 6.15 | --- | |
| 2. MDS-16 | 251 | 578.43 | 296.30 | .425** | --- |

*Note.* ** = p < .01. *MDS-16*= Maladaptive Daydreaming Scale, IAT-7= Internet Addiction Test.

The table 3 shows a positive correlation (r = .425) between social media and Maladaptive Daydreaming which is significant at .01 This suggests that higher social media usage is associated with high levels of Maladaptive Daydreaming among the participants, which means increase in social media usage will also increase Maladaptive Daydreaming.

**Table 4**

*Inter scale correlation between Maladaptive Daydreaming with Childhood Trauma.*

| Variable | *N* | *M* | SD | 1 | 2 |
|---|---|---|---|---|---|
| 1. REACH-23 | 251 | 53.34 | 20.75 | --- | |
| 2. MDS-16 | 251 | 578.43 | 296.30 | .370** | --- |

*Note.* ** = p < .01. *MDS-16*= Maladaptive Daydreaming Scale, REACH-23= Rating of Emotional Abuse in Childhood Questionnaire.

The table 4 shows a positive correlation (r = .370) between Childhood Trauma and Maladaptive Daydreaming which is significant at .01 This suggests that higher level of Childhood Trauma is

associated with high levels of Maladaptive Daydreaming among the participants, which means higher rates of Childhood Truma will increase Maladaptive Daydreaming.

**Table 5**

ANOVA showing differences in MDS-16 among Generation Z, Millennials, Generation X.

| Variable | Generation Z | | Millennials | | Generation X | | *F* ratio | *P* | $\eta^2$ |
|---|---|---|---|---|---|---|---|---|---|
| | *M* | *S.D* | *M* | *S.D* | *M* | *S.D* | | | |
| MDS-16 | 681.7 | 280.1 | 476.10 | 229.5 | 313.77 | 238.9 | 38.5 | .00 | .85 |

*MDS-16*= Maladaptive Daydreaming Scale, η2 =Eta-square

The ANOVA results reveal significant differences in maladaptive daydreaming (MDS-16 scores) across generations ($F = 38.5$, $p < .001$). With a large effect size, i.e., eta-squared ($\eta^2$) of 0.85, 85% of the variance in scores is explained by generational group membership. Generation Z scored highest (M = 681.7), followed by Millennials (M = 476.10) and Generation X (M = 313.77) respectively, indicating younger generations report markedly more severe maladaptive daydreaming. The effect is both statistically and practically significant.

## DISCUSSION

The results confirmed the first research hypothesis by showing significant positive correlation (r=.42, p<.01) between internet addiction and maladaptive daydreaming. As social media platforms are engineered in a way to maximize user engagement through algorithmically tailored content, it creates a dependency among users. Platforms like TikTok, Instagram, and YouTube employ machine learning to deliver hyper-personalized content. Short videos, memes, or influencer narratives—that resonate with users' deepest fears, desires, or insecurities repeatedly reappear over time creating a psychological "echo chamber," with users bombarded with stimuli that amplify existing emotional states. For individuals prone to MD, these stimuli act as triggers, compelling them to construct elaborate fantasies as a means of coping with feelings of inadequacy, envy, or social exclusion. For example, a user who feels overshadowed by peers' curated success stories might daydream about achieving viral fame or idealized relationships, effectively substituting real-world social challenges with controllable mental simulations. Chirico et al., (2022) related MD with a number of variables including internet addiction showing Problematic Social Networking Use and MD interfering with life. This aligns with the *Compensatory Internet Use Theory* (Kardefelt-Winther, 2014) , which posits that individuals turn to online environments to compensate for unmet psychological needs. The findings of the current study also support this theory as the participants with high social media engagement reported using MD to "escape" negative emotions fuelled by social media itself, such as fear of missing out (FOMO) or social comparison. Notably, Primack et al., (2017) demonstrated that excessive social media use correlates with perceived social isolation, a precursor to MD. In this study, participants who scored high on both social media use and MD described their daydreams as "safe zones" where they could rewrite social failures into triumphs, suggesting a feedback loop between online dissatisfaction and fantasy-based coping.

The results also indicate a significant positive correlation (.37, p<.01) between Childhood Trauma and Maladaptive Daydreaming. Experiencing childhood trauma may disrupt the development of healthy emotional regulation, leaving individuals ill-equipped to confront stressors and retreating into dissociative states. Costanzo et al. (2021) studied the mediating role of MD between attachment styles and problematic social media use. The results reveal that MD partially explained the association between insecure attachment style and social media use, hence proving that our painful childhood

experiences may promote our online time supporting our escape from reality. Somer and Otgar (2024) conducted a qualitative study on the survivors of childhood trauma who told that they had daydreams that corrected, or presented more positive versions of negative life experiences. Many participants reported no confusion between daydreaming and actual experiences. This finding highlights the multifaceted interchange between suffering, recollections, and daydreaming in Maladaptive Daydreaming.

MD, in this context, functions as a structured form of dissociation—a self-constructed mental sanctuary where trauma survivors regain control over the situations that once harmed them. MD's immersive, repetitive nature allows individuals to "rehearse" alternate realities where they wield control, effectively numbing the helplessness associated with the past trauma. This mirrors the *Trauma-Filter Model* (Scherimmenti & Caretti, 2016), which posits that trauma distorts cognitive processing, prioritizing avoidance over confrontation. Some participants in the present study with high REACH-23 scores reported that they use MD to mentally "edit" traumatic memories (e.g., imagining confrontations with abusers where they emerged victorious). Somer et al., (2016) identified similar patterns, noting that MD often involves "corrective" fantasies where trauma survivors rewrite their pasts. Additionally, (Nijenhuis et al., 2004) *structural dissociation theory* explains how trauma fragments the self into "parts" that is one part handles daily functioning versus another part dealing with trauma content. MD could represent a "trauma-part" attempting to resolve unresolved pain through fantasy. The interplay between trauma and MD likely involves neurobiological pathways. Chronic stress from childhood trauma dysregulates the hypothalamic-pituitary-adrenal (HPA) axis, heightening sensitivity to threat and impairing prefrontal cortex function (Teicher et al., 2016).This neurobiological vulnerability may make individuals more likely to adopt dissociative coping mechanisms, such as maladaptive daydreaming, as a way to block out distressing emotional responses. Over time, however, this coping mechanism becomes maladaptive, as it prevents engagement with reality-based solutions (e.g., therapy, social support). Flickinger (2024) has found that high scores on MD were related with low scores on need to belong suggesting that MD may works as a compensation for unfulfilled need for affection.

The third research hypothesis was also supported by the findings with significant difference in Maladaptive Daydreaming among Generation Z, Millennials and Generation X ($F = 38.5$, $p < .001$) with large effect size ($\eta 2 = .85$). The life course of the three generations explains the difference between them, as Generation Z is born in the digital age along with pandemic-era isolation which has normalized MD as a default coping strategy. Unlike Millennials, who adapted to social media in adolescence, or Gen X, who experienced analog childhoods. As the Gen Z's formative years were shaped by smartphones, on-demand entertainment, and algorithm-driven content, this constant digital stimulation has blurred the line between online and offline selves, making fantasy worlds feel equally "real" and accessible. Moreover, Gen Z faces unprecedented stressors like, climate change, political polarization, and economic precarity, Gen Z may default to MD as a refuge from overwhelming realities. The *Digital Native Theory* (Prensky, 2001) posits that Gen Z's cognitive development is intertwined with digital tools, fostering unique psychological profiles. The participants of the current study belonging to Gen Z described MD as "automatic" and "unavoidable," often triggered by social media content (e.g., binge-watching TikTok trends led to daydreaming about "being part of those videos"). Twenge, (2017) links Gen Z's mental health decline to screen time, which may be related to MD. For example, Gen Z's daydreams frequently involve social media-inspired scenarios (e.g., "imagining viral fame"), suggesting platforms directly shape their fantasy content. Meanwhile, (Rideout, Fox, & Well Being Trust, 2018) state that Gen Z's social skills are honed online, reducing confidence in face-to-face interactions and fostering reliance on fantasy for social fulfilment. Generational differences may also stem from developmental timing. Gen Z entered adolescence during the 2010s—a period of rapid technological advancement and societal upheaval (e.g., COVID-19). The pandemic, in particular, forced Gen Z into prolonged isolation, accelerating reliance on digital and fantasy-based socialization. In contrast, Millennials and Gen X developed resilience through pre-digital socialization (e.g., in-person

play, unstructured outdoor activities), which may buffer against MD's pull. Neuroplasticity further explains this divide: Gen Z's brains, moulded by constant multitasking and rapid information consumption, may prioritize quick emotional fixes (e.g., MD) over sustained problem-solving (Small & Vorgan, 2008).

**Limitations and suggestions**

- A significant portion of the sample consisted of male participants, which limits the generalizability of findings across genders.
- The study primarily focused on university and college students, teachers, and professors, thus excluding individuals from other age groups, educational backgrounds, and occupational categories. This narrow demographic reduces the applicability of results to the broader population.
- The use of cross-sectional design limits the ability to draw causal conclusions. While associations can be observed, the temporal sequence of trauma, internet addiction, and the development of maladaptive daydreaming remains unclear.
- Emotional abuse was thoroughly measured by (REACH-23), however, it didn't capture other trauma types like physical neglect. This means that there might be missing parts of the childhood trauma puzzle.
- While practical, the 7-item internet addiction scale couldn't capture specific platform behaviors like doomscrolling vs. gaming.
- Different generations included in the sample were also not equally distributed. Future research should include equally distributed diverse sample from different generations to get more accurate results.
- Future work needs very precise and accurate tools to understand "how" digital habits fuel daydreaming. Though this study found striking generational differences ($\eta^2$=.85), surveys alone can't reveal whether higher MD in Gen Z stems from technology exposure, modern stressors, or both. Qualitative studies should be carried out to untangle these connections.

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