

IMPACT OF MALADAPTIVE DAYDREAMING ACADEMIC PROCRASTINATION AND PSYCHOLOGICAL DISTRESS: MODERATING ROLE OF EMOTION REGULATION

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KEYWORDS

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ABSTRACT

The aim of this present study was to explore the relationship of maladaptive daydreaming with psychological distress and academic procrastination, along with the possible moderating role of emotion regulation in this relationship among students of university. A total of 300 undergraduate students with an equal number of male and female participants (n= 150) were chosen from various universities. Data were collected after obtaining consent from higher authorities on the basis of the following three scales that were used: the 16-item Maladaptive Daydreaming Scale (MDS-16), the 16-item Tuckman Procrastination Scale (1991), the Kessler Psychological Distress Scale (K10), and the Emotion Regulation Questionnaire Short Form. The statistical data analysis was also performed with descriptive and inferential statistics like linear regression and Pearson correlation in SPSS (21). The process macro Model 1 by Hayes was done for moderation analysis. The results of the moderation analysis demonstrated that emotional regulation was a significant moderator between maladaptive daydreaming and academic procrastination. For Hypothesis 4 the relations of maladaptive daydreaming with psychological distress were not statistically significant.

I. INTRODUCTION

Time and emotion management play a vital role in academic and personal health in colleges. Onset of adulthood is that stage of development which is among adolescence and the lifespan of adulthood, which can be marked by many changes and difficult tasks, such as being not dependent financially on anyone along with making decisions about careers and romantic relationships, as well as the basis of adult life (Furnham, 2004; Miller, 2017; Schechter et al., 2018). University students are especially prone to it because they have higher rates of MD, and the risk factors connected to it, which adversely impact their academic performance (Bigelsen et al., 2016). Maladaptive Daydreaming (MD) has been initially defined by Eli Somer (2002) as a general daydreaming behavior in which the human interaction is replaced and/or impaired by academic, interpersonal or work performance. Although not official in the globally used diagnostic manual which is DSM-5, MD is considered as any syndrome with some sort of definite clinical picture (Schimmenti et al., 2019). MD is a dysfunctional imaginative interaction that can be observed in such activities as gaming, watching movies, and reading too much. Various researchers have studied and researched it. The main feature of MD is the extended durations of dense and intense daydreaming that causes people to lose track of their work and relationships in real life, causing distress and dysfunction in social

and work aspects (Rebello et al., 2019). MD is usually used as a form of escapism and can become addictive if too much time is spent with it, and can greatly affect their day to day functioning. Some of the symptoms of this illness are extended periods of detailed along with prolonged daydreaming, which involves individual's inability for stopping to daydream, body movements that are repetitive during experiencing daydreaming, along with respective facial expressions, whispering or speech. While experiencing MD, people frequently watch movies, listening music and engaging in any physical activity, which can put off everyday activities (Bigelsen et al., al 2016). According to one study, MDers spend 56% of their hour where they are awakening daydreaming, compared with 16% who are non MDers (Bigelsen et al., 2016). The literature generally agrees that MD being compulsive is used for escape to those situations which cause anxiety (Ross et al., 2020). The obsessive nature of MDers makes it difficult for them to regulate their daydreams, which lowers their quality of life (Bigelsen et al., 2016).

According to Steel (2007), A common behavioral tendency that affects human functioning, especially in educational settings, is procrastination. The academic procrastination is the deliberate delayed in academic tasks in spite of being aware of the potential drawbacks. But several studies reveal that procrastination is not just any result of bad time management skills, but may be related to psychological, emotional, motivational and environmental issues. Studies show that between 50 and 70 percent of college students regularly put off their academic assignments, demonstrating how common procrastination is among students. In addition to achieving academic achievement, this behavior has a substantial impact on stress levels, mental stability, and general life satisfaction (Bhakat et al., 2025). Academic procrastination appears to be a serious problem in students of university (Onwuegbuzie& Collins, 2001). Research has revealed that academic procrastination is associated with low self-esteem, anxiety, fear of failure in academic achievement, and certain personality traits (Rezaei-Gazki et al., 2024). Psychological distress is just a general term for emotional distress which includes depression (e.g., loss of interest, unhappiness, hopelessness) and anxiety (e.g., restlessness, tension). It is also linked to somatic symptoms, such as insomnia, headaches and low energy, which vary across situations (Horwitz, 2002).

At a global level, psychological distress is prevalent. Lack of enthusiasm, anxiety symptoms, and desperation about the future are traits of psychological distress. Each country has a different prevalence of psychological suffering. Psychological distress affects roughly 50% of university population in Italy, 40% in UK, and 50% in Spain. A quarter of the world's population is expected to experience depressed symptoms at some point in their lives. According to the American National College Health Assessment, over one out of ten undergraduates had thought about trying to end their lives, and over one-third experience some form of dysfunction as a result of psychological Distress. Nowadays, psychological Distress is an important public health issue (Li et al., 2020). Emotional Regulation (ER) refers to the conscious or unconscious recognition, apprehension and appropriate responding to one's own or another's emotions, with the intent of achieving psychological wellness and adaptive functioning (Gross, 2015; McRae & Gross, 2020). Emotional Regulation (ER) involves regulating different emotions, such as sadness, anger and anxiety, and so is related closely to mental health. The research shows that the application of the effective ER to prevent emotional distress is associated with the reduction of the risk of having psychological disorders, including depression along with anxiety symptoms, as well as mood disorders (McRae and Gross, 2020). Two emotion-regulating strategies have been identified from the model of emotion regulation process model (Gross & John, 1998), namely cognitive reappraisal and expressive suppression. Cognitive reappraisal is also a form of emotional regulation intervention which is empirically related to positive outcomes of mental health in adolescents (Chervonsky & Hunt, 2019). While expressive suppression is the struggle to hide, suppress, or limit the immediate emotional expressions. As an illustration, it is a student who, when giving seminar papers, may attempt to conceal anxiety through shallow breathing and showing confidence (Gross & Thompson, 2007; Ochsner et al., 2004).

Objectives

1. To explore the association among Maladaptive Daydreaming (MD) and academic procrastination in students of university.
2. To assess the relationship among MD and Psychological Distress.
3. To examine the moderating role of Emotion Regulation (ER) among the relationship of MD with academic procrastination, such that the association will be weaker in students with better ER skills and stronger in students with poor ER skills.

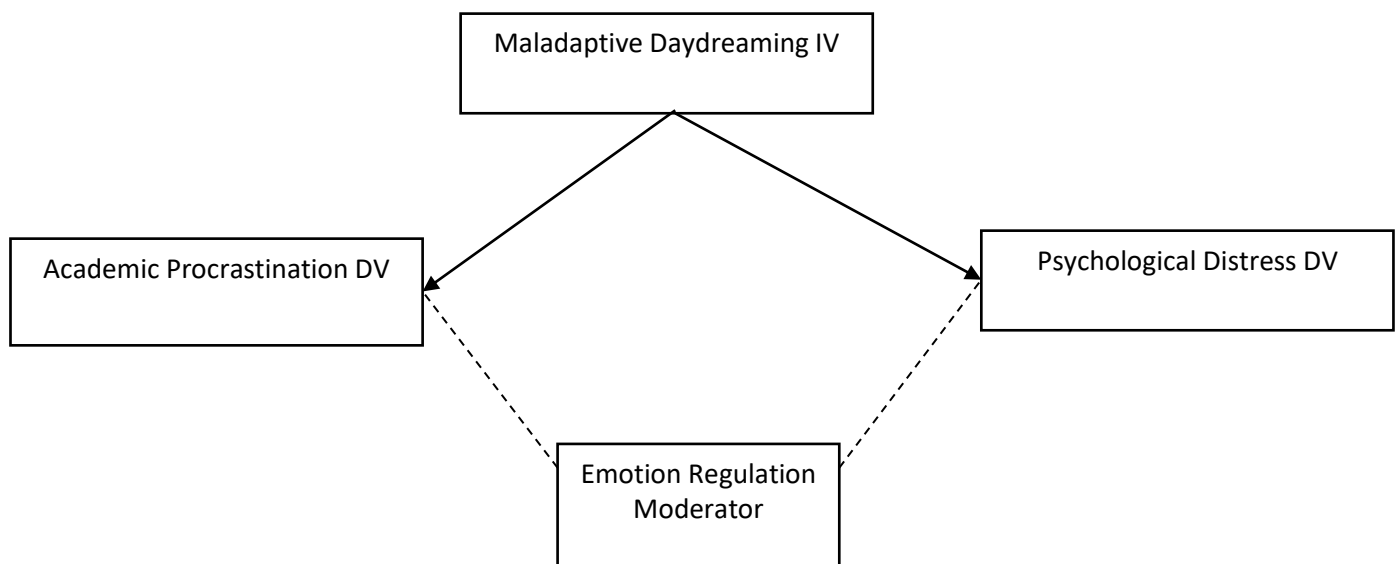
4. To examine the moderating effect of ER among the relationship of MD with Psychological Distress, such that the association will be weaker in students with better ER skills and stronger in students with poor ER skills.

Hypotheses

1. Maladaptive Daydreaming is positively related to academic procrastination among students of university.
2. Maladaptive Daydreaming is positively related to Psychological Distress among students of university.
3. Emotion Regulation moderates the association among MD and academic procrastination.
4. Emotion Regulation moderates the relationship of MD with psychological distress.

In every community, psychological problems are a disturbing trend. Assessment tools are necessary for identifying and addressing problems. Maladaptive daydreaming (MD) simply refers to the fact that you are so engrossed in fantasy that it begins to interfere with your normal life- work- life- deadlines- skip school- work- do nothing- you name it. That is not new to us university students in Pakistan, where the need to perform well in examinations, maintain club activities, and fulfill our peers is quite high pressure. Most of the studies available associate MD with procrastination and mood disorders such as symptoms of depression and anxiety along with stress, but general sample size is of generic students or in Western backgrounds, and thus, it does not really resonate with Pakistani campus living. Few other studies consider both the procrastination and the mental health aspect combined, and on top of that, very little research is conducted on how emotional regulation could assist us in dealing with MD. Through addressing these gaps, the aim of current project is provision of a better understanding of how MD affects our learning behaviors and our mental health, as well as whether learning to control our emotions can truly help us to avoid the most negative effects. The significance of this study lies in that it provides detailed evaluation of connection between MD along with most significant problems, like procrastination, depression along with anxiety symptoms and stress, which are especially hard on college students. The study also demonstrates how emotional regulation may be a game-changer, which may offer a buffer against the undermining effects of MD. In brief, the results contribute to the literature in terms of addressing both academic and psychological consequences of MD and pointing to the mediating impact of emotional regulation- data that can be used to assist the entire campus population to establish more effective coping skills and mechanisms.

Figure 1: Conceptual Framework



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II. METHOD

Participants

This cross sectional study was done on students at different universities located in Pakistan from January to February 2026. The design consisted of a one-time data collection to evaluate the prevalence and associated factors of psychological distress of the student population during the period during which the study was conducted. In this research, a cross-sectional survey approach was used. The current study sample size was 300 undergraduate students selected by the researcher through different public and private universities, males ($n = 150$), and the females ($n = 150$). The study used purposive sampling because of the unique nature of the target population – undergraduate students in bachelor's degree courses, ages 18-25.

Inclusion Criteria

1. Undergraduate university students.
2. Adults aged 18-25 years were selected
3. Adults who can understand and complete the questionnaires in English.
4. Adults who provided their voluntary consent to participate.

Exclusion Criteria

1. Report active substance use that may have an impact on cognitive or emotional functioning.
2. Be under the age specified (under 18 or over 25 years)
3. Submit incomplete questionnaires.

Measures

A socio-demographic form was developed. It comprised of age, gender, socioeconomic status, family context, living status, academic year, screen time per day, field of study, self-reported academic performance, department name, physical disability status, diagnosed medical or mental health condition, marital status, family marital status, family status, occupational status, and physical exercise for fitness. **[I]** Maladaptive Daydreaming Scale (MDS-16) – (Somer et al., 2016): Somer et al. (2017) created a questionnaire which is self-reported. It is 16 item scale to measure maladaptive daydreaming in individuals. It was an improvement on the previous scale which had 14 items, and it employed a 10-percent scale with the highest possible score being 100 (all of the time). Scores of 40 or more are suggestive of clinical levels of maladaptive daydreaming and can discriminate among self-reported maladaptive daydreamers with the non-maladaptive daydreamers. Its scale has a great internal consistency along with good temporal stability depicted through test retest reliability of $r = .92$. **[II]** Tuckman Procrastination Scale (TPS) (Tuckman et al., 1991). This Procrastination Scale is formulated by Tuckman (1991) and it is a scale with 16 items and one of the most popular scale for academic procrastination. Its items are rated on a Likert scale in 4 point that range from 1 which states that's me for sure to 4 which states that's not me for sure, with the overall range of 16 to 64 and total scores indicate higher procrastination tendencies." 12 items are positively worded, and 4 items (7, 12, 14, and 16) are reversed items. The scale depicts high reliability and has the Cronbach's alpha value of .90 (Lodha et al., 2019). **[III]** Kessler's Psychological Distress Scale (Kessler et al., 2002) K10 is a well-known questionnaire which is a self-reporting questionnaire that is formulated to determine the psychological distress or emotional well-being of a person. It is an instrument that is commonly applied in the clinical area and research purposes to filter the issues of overall mental health disorders like symptoms of anxiety along with depressive symptoms. It contains 10 questions, which cater emotional responses and psychological issues along with the instances in which the respondent experiences these indicators within 30 days are checked in the questionnaire on a Likert scale with 5 points where 1 means not at all and 5 means always. The total scores can be from 10 to 50, and the greater the score, the higher psychological distress there is (Khawar et al., 2025). **[IV]** Emotion Regulation Questionnaire- Short Form (ERQ-6) (Gullone & Taffe, 2012): This short scale with 6 items was used to measure emotion regulation abilities. It was made through choosing three questions out of the cognitive reappraisal area and three further questions out of the expressive suppression area of the past Emotion Regulation Questionnaire (Gross and John, 2003). The strength of abilities regarding emotion regulation was rated by individual on a Likert scale of 5 points where 1 means Strongly disagree as the first response and 5 means Strongly agree as the final

response; each domain provided a potential overall score of 15. The more the scores on each domain are high, the stronger the strategy about emotion regulation in that area (Gullone and Taffe, 2012).

Statistical Analysis

The results were analysed statistically by IBM SPSS program (Version 21) to obtain accurate results. Demographic data like mean along with standard deviation, frequency and percentages were utilized for description of the participants. Also, inferential statistics (Pearson correlation coefficient, Linear Regression) were used. For the test of moderating effect of emotion regulation, PROCESS Macro (Model 1) of Hayes was used.

III. RESULTS

Table I: Psychometric Properties of Study variables (N=300)

Scales	M	SD	Range	Cronbach's α
Maladaptive daydreaming	50.73	15.68	.0-100	.84
Tuckman Academic Procrastination	40.26	6.62	16-64	.724
Kessler psychological Distress	26.61	8.21	10-50	.81
Emotion Regulation Questionnaire-Short Form- Cognitive Reappraisal	13.97	4.72	3-21	.722
Emotion Regulation Questionnaire-Short Form- Expressive Suppression	14.71	5.02	3-21	.732

Note: M = Mean; SD = Standard Deviation.

Table 1 shows that all scales had Acceptable to good reliability confirming their usefulness in measuring the targeted psychological constructs. The variations in mean scores and standard deviations indicate the diversity of experiences reported by participants across these domains.

Table II: Regression Coefficient of Maladaptive Daydreaming and Academic Procrastination (N=300)

Variables	B	SE	β	P
Constant	21.16	1.66	-	0.000
Maladaptive Daydreaming	0.56	0.03	.723	0.000
R ²	.523			

An analysis of linear regression was used to examine that maladaptive daydreaming predicts academic procrastination. The R² value of .523 revealed that 52.3% variance in the Academic Procrastination was explained through Maladaptive Daydreaming with $F(1, 298) = 326.250, p < 0.001$. The regression analysis has supported the positive relationship of Maladaptive Daydreaming and dependent variables of Academic Procrastination ($\beta = .723, p < 0.001$).

Table III: Regression Coefficient of Maladaptive Daydreaming and Psychological Distress (N=300)

Variables	B	SE	β	P
Constant	15.54	1.46	-	0.000
Maladaptive Daydreaming	0.22	0.03	.417	0.000
R ²	.174			

An analysis of linear regression was used to examine that maladaptive daydreaming predicts Psychological Distress. The R² value of .174 revealed that 17.4% of the variance among Psychological Distress was explained through Maladaptive Daydreaming $p < 0.001$ was statistically significant. The regression analysis has confirmed the relationship of Maladaptive Daydreaming and dependent variables of psychological Distress ($\beta = .42, p < 0.001$).

Table IV: Hayes PROCESS Macro result for moderation of Emotion Regulation on Maladaptive daydreaming and academic Procrastination (N=300)

Variables	B	SE	T	P	95%CI	
					LL	UL
Constant	43.87	5.80	7.56	.000	32.45	55.29
Maladaptive Daydreaming	0.15	0.10	1.49	.136	-0.05	0.35
Emotion Regulation (ER)	-0.78	0.19	-4.11	.000	-1.15	-0.41
MD x ER	-0.01	.003	-4.21	.000	-0.017	-0.003
R	.742					
R ²	.550					
F	120.49***					
ΔR^2	.027					
ΔF	17.71***					

*** $p < .001$, B = Regression Coefficient, SE = Standard Error

A moderation analysis with PROCESS Model 1 (Hayes, 2022) was performed. After emotion regulation is controlled, the results show that maladaptive daydreaming did not prominently showed academic procrastination ($B = 0.15$, $p = .136$). There is a negative correlation between academic procrastination and Emotion Regulation ($B = -0.78$, $p < .001$). Maladaptive Daydreaming x Emotion Regulation is a significant statistical interaction ($B = -0.01$, $p < .001$). This is an example of the moderating effect of Emotion Regulation. Overall, the model depicts for 55% of the variance in academic procrastination ($R^2 = .55$); the interaction term added a significant amount of explained variance ($\Delta R^2 = .027$, $\Delta F = 17.71$, $p < .001$).

Table V: Hayes PROCESS Macro result for moderating role of Emotion Regulation on maladaptive daydreaming and Psychological Distress (N=300)

Variables	B	SE	T	P	95%CI	
					LL	UL
Constant	13.90	5.23	2.66	.008	3.61	24.20
Maladaptive Daydreaming	0.31	0.09	3.33	.001	0.13	0.49
Emotion Regulation (ER)	-0.07	0.17	-0.40	.69	-0.27	0.41
MD x ER	-0.002	.003	-1.10	.274	-0.009	0.003
R	.43					
R ²	.188					
F	22.79***					
ΔR^2	.003					
ΔF	1.20					

*** $p < .001$

Moderation analysis was also used to determine whether the emotion regulations moderates the relationship of maladaptive daydreaming with psychological distress. The outcomes show that Maladaptive daydreaming is significantly positively predicting psychological distress ($B = 0.31$, $p < .001$). Emotion Regulation also was negatively related to psychological distress ($B = -0.07$, $p < .001$). Furthermore, the change in variance was not significant ($\Delta R^2 = .003$, $\Delta F = 1.20$, $p = .274$) and the interaction of maladaptive daydreaming with emotion regulation was not found to be significant ($B = -0.002$, $p = .69$). Thus, Hypothesis 4 was rejected. The overall model explained 18.8% of the variance of psychological distress ($R^2 = .188$).

IV.DISCUSSION

This paper aims to investigate how maladaptive daydreaming influences academic procrastination and psychological distress among the students of university and the moderating role of emotion regulation with relationships of the two. The hypotheses were that the relationships of maladaptive daydreaming and academic procrastination, along with the relationships of maladaptive daydreaming with psychological distress and with the

moderation effect of emotion regulation. The Cronbach alpha values of all instruments that were utilized in this study were greater than 0.71, which serves as a good to excellent reliability factor and justifies the credibility of the findings (Ursachi et al., 2015). The first hypothesis (H1) was that “Maladaptive Daydreaming is positively associated with academic procrastination in university students” and was supported in the present study. The regression analysis showed that there was a significant association ($r^2 = .523$, $p < .001$) between the dependent variable and maladaptive daydreaming. Previous studies indicated that individuals with high MD have problems concentrating and regulating their thinking. This is consistent with previous studies that showed that the relationship between maladaptive daydreaming and Academic Procrastination. In the same study, the positive correlation between maladaptive daydreaming and academic performance (as measured by GPA) was not supported (Karaağaç&Korkmaz, 2025).

Previous studies found that 22.0% of the participants missed social events or classes because they were daydreaming and 36.0% had difficulty in doing their schoolwork. In addition, 49.5% acknowledged that they didn't finish assignments as they should; 48.0% acknowledged that school performance has declined. The findings support the findings of Schimmenti, Sideli, and Gori (2020), who suggested that the maladaptive daydreaming is related to not managing time well, to not focus on studying, and to not function at an optimal level of executive functioning (Agupusi et al., 2020). According to the Second Hypothesis (H2), “Maladaptive Daydreaming is positively associated to Psychological Distress in university students” was confirmed in the current study. According to earlier research, MD frequently coexists with several psychopathologies, including anxiety and depression symptoms along with, obsessive compulsive disorder, and dissociative disorders (Soffer-Dudek&Somer, 2018; Somer, 2018). The findings from this study were consistent with those of previous studies which found that psychological distress was linked to maladaptive daydreaming (Dudek and Somer, 2018; AbbuRayya et al., 2019; Chirico et al., 2024). This can affect one's social life and relationships and they may have difficulties relating, talking with others or participating in social activities due to daydreaming. People who suffer from maladaptive daydreaming can feel that they have no control over their episodes, which can be upsetting and cause feelings of helplessness and frustration.

The present study confirmed the third hypothesis (H3) which assumed that emotion regulation would have an indirect effect on academic procrastination through the moderation of maladaptive daydreaming. Moderation analysis findings depicted that maladaptive daydreaming was a strong predictor of academic procrastination ($\beta = .723$, $p < 0.001$). There is a strong positive correlation of maladaptive daydreaming with the Emotion Regulation. Gross and John (2003) claim that cognitive reappraisal modifies how affective experiences are viewed or evaluated to lessen negative emotions. According to their research, people who primarily engage in cognitive reappraisal have greater chances of maintaining good connections with others and communicate their emotions either positive or negative, which will enable them to confide in friends about their struggles (John & Gross, 2003). The fourth hypothesis (H4) was that Emotion regulation would have the moderation role on the connection of maladaptive daydreaming with psychological distress, whereby a low emotion regulation led to psychological distress in students with high levels of maladaptive daydreaming. The results of the current research is not confirmed this hypothesis. The moderation analysis has shown that there is an interaction effect among maladaptive daydreaming and also emotion regulation on psychological distress ($\beta = -0.002$, $p = .001$), and the overall model explicates 18.8% of the variance ($R^2 = .188$). Cutuli (2008), in a review study, affirmed the relationship of the emotion regulation aspects, that is, cognitive reappraisal and expressive suppression, with psychological distress. Cisler and Olatunji (2012) used meta-analysis and review studies to prove that psychological distress is strongly associated with emotion regulation. It seems that MD may be viewed as a type of inappropriate self-regulation. Research has also established that people with MD have a lower perception of themselves being less effective in self-regulation and they have more trouble with detaching themselves to negative emotions, which only adds to the inclination to daydream (Greene et al., 2020).

Limitations

- In current study, the research design that is cross sectional was used, thus limiting the ability to causally relate maladaptive daydreaming with academic procrastination, psychological distress, and emotion regulation.

- Self-report instruments were used to obtain data that can be affected by social desirability bias and subjective perception differences.
- It was a sample of university students and thus restricted the external validity of the outcomes to other different age groups and populations in general.

Implications and Recommendations

This study provides important information on how maladaptive daydreaming affects academic procrastination and psychological distress in students of higher education level. Adaptive emotion regulation interventions and programs can facilitate students with maladaptive daydreaming, minimize procrastination, and improve their psychological well-being by strengthening coping mechanisms. It is possible to identify students with high scores in maladaptive daydreaming and low quality of managing emotions at an early stage and provide psychological support and preventive interventions. The following research ought to employ a longitudinal or experimental research design to better build a causal relationship of maladaptive daydreaming, procrastination, psychological distress, and emotional regulation. The use of multi-method designs, such as behavioral, peer-reported, or physiological measurements, can help reduce the use of data which is self-reported and improve methodological rigor. It would be preferable to broaden the sample population to include adolescents or working adults or a more varied and diverse cultural milieu. Moreover, the construction and empirical testing of interventions that can help people reduce maladaptive daydreaming, suppress procrastinator behavior, and support psychological health are justified.

V. CONCLUSION

The current study aimed to investigate an association between maladaptive daydreaming and psychological symptomatology and to examine the moderating effect of emotion regulation. The empirical outcomes of this study add to the developing literature about maladaptive daydreaming and processes of emotional regulation in the domain of psychological functioning. Overall, the results of this work highlight the significance of comprehending maladaptive daydreaming in terms of the broader context of emotional regulation and psychological functioning.

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