

CHILDHOOD TRAUMA AND EXPERIENTIAL AVOIDANCE AS PREDICTORS OF MALADAPTIVE DAYDREAMING AND BORDERLINE PERSONALITY DISORDER TRAITS AMONG UNIVERSITY STUDENTS IN PAKISTAN

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ABSTRACT

The present study aimed to assess the predictive relationship of childhood trauma (CT) and experiential avoidance (EA) with maladaptive daydreaming (MD) and borderline personality disorder (BPD) traits among university students. A survey-type, cross-sectional, quantitative research design was utilized in this study to investigate how these factors influence maladaptive daydreaming and borderline personality characteristics, with a total sample of 350 university students. The sample included a considerable representation from both genders, with ages above 18 years from varying educational degrees, nationwide, based on a purposive sampling technique. Participants filled out four self-report questionnaires: Adverse Childhood Experiences Questionnaire (ACEQ), Brief Experiential Avoidance Questionnaire (BEAQ), Maladaptive Daydreaming Scale (MDS-16), and The Borderline Symptom List (BSL-23). Descriptive statistics, psychometric evaluation, correlation and regression hypothesis testing were conducted on the data. The findings revealed a substantial correlation, with participants having higher levels of childhood trauma ($r = .66^{**}$ with maladaptive daydreaming; $r = .73^{**}$ with borderline personality traits) and experiential avoidance ($r = .57^{**}$ with maladaptive daydreaming; $r = .60^{**}$ with borderline personality traits) exhibiting greater maladaptive daydreaming and borderline personality disorder traits. Through regression analysis, childhood trauma and experiential avoidance both emerged as significant predictors of borderline personality traits and maladaptive daydreaming, with childhood trauma ($R^2 = 51.1\%$ for BPD traits; $R^2 = 44\%$ for maladaptive daydreaming) showing stronger predictive power than experiential avoidance ($R^2 = 36.2\%$ for BPD traits; $R^2 = 32.8\%$ for maladaptive daydreaming). These findings emphasized the importance of considering early adverse experiences and avoidant emotion-regulation processes in addressing maladaptive daydreaming and borderline personality disorder characteristics among university students. The study highlighted the need for culturally adapted Acceptance and Commitment Therapy interventions in the Pakistani context, aiming to help individuals cope with the impact of trauma while reducing experiential avoidance and improving psychological flexibility. Additionally, trauma-focused interventions, Schema Therapy, and Dialectical Behavior Therapy may help address underlying trauma-related vulnerabilities and emotional difficulties associated with maladaptive daydreaming and borderline personality traits.

Keywords: Childhood Trauma, Experiential Avoidance, Maladaptive Daydreaming, Borderline

INTRODUCTION

Childhood Trauma (CT) and Experiential Avoidance (EA) are well-documented contributors to adult psychopathology (Gámez et al., 2022; Karaca Dinç et al., 2021), however, their combined influence on maladaptive daydreaming (MD) and borderline personality disorder (BPD) traits has not been studied sufficiently, specifically among university students, in developing countries like Pakistan. The present study addresses this gap by investigating the combined impact of Childhood Trauma and Experiential Avoidance on maladaptive daydreaming and borderline personality disorder characteristics in Pakistani university students.

Childhood Trauma

Childhood Trauma, including physical, emotional, and sexual abuse, as well as neglect is a severe threat to standard psychosocial, physiological, and emotional growth (Burke, 2025; Fan and Kang, 2024). It is estimated that 60 percent of adults all over the world have experienced at least one Adverse Childhood Experience (ACE) (Goldberg, 2023). These early adverse experiences are linked to cognitive disorders (Fan and Kang, 2025), emotional outbursts (Dvir et al., 2014), and a higher risk of psychiatric and stress-related pathology (Nelson et al., 2020). The detrimental consequences on academic, relational, and mental health outcomes establish childhood adversity as a significant health challenge that should be prioritized on the global agenda (Alsawafi et al., 2025; Maloney et al., 2025; Qu et al., 2024).

In an emerging country such as Pakistan, the burden of early adversity is heightened due to the constant social and political turmoil, natural catastrophes, and domestic abuse.

Exposure to such undesirable factors as early as possible derails normal development and predisposes trauma-exposed individuals to long-term psychological sequelae. Although there is increasing evidence on such deleterious effects, attempts to come up with culturally informed prevention are still scarce. This discrepancy

highlights the urgent necessity to conduct research that understands the influence of childhood trauma on subsequent psychological operations, especially among university students, who are often burdened with unresolved childhood trauma in circumstances that demand resilience but seldom provide solace.

As a consequence, individuals often develop a tendency to manage such profuse emotions and memories through various psychological strategies. One such strategy may include experiential avoidance (EA), a psychological tendency characterized by an individual's reluctance or suppression of unpleasant feelings, thoughts, memories, bodily sensations, or behavioral patterns associated with traumatic experiences (Wang et al., 2024). It is gradually emerging as a more common maladaptive reaction; anxiety, fear, and other psychopathological symptoms have been linked to elevated levels of experiential avoidance (Hayes-Skelton & Eustis, 2020). Early life trauma (up to age 16) is associated with increased risk of psychiatric disorders and functional impairment in adulthood (Copeland et al., 2018).

Childhood adversity, including physical, emotional, and sexual abuse and neglect, disrupts emotional and cognitive development (Fan & Kang, 2025; Burke, 2024). Globally, high rates of adverse childhood experiences (ACEs) have been reported and linked with emotional dysregulation, cognitive impairment, and psychiatric vulnerability (Dvir et al., 2014; Nelson et al., 2020).

Research suggests that MD may function as a coping mechanism for trauma exposure.

Moment (2023, 2024) found a positive relationship between ACEs and MD severity, particularly in cases involving emotional and sexual abuse, neglect, and family mental illness exposure. Tuğyıldız et al. (2025) further demonstrated that social anxiety mediates the relationship between childhood trauma and MD, while emotional self-efficacy moderates this pathway, suggesting a complex emotional regulation mechanism. Defense mechanisms also

play a role, as Musetti et al. (2023) found that neurotic, immature, and mature defenses mediate the relationship between trauma and MD, suggesting that maladaptive coping styles increase vulnerability to excessive fantasy engagement.

Experiential Avoidance

Experiential avoidance refers to a psychological proclivity in which people tend to have difficulties remaining in the present with unpleasant or uncomfortable feelings such as distressing thoughts, feelings, memories, or physical sensations (Hayes-Skelton and Eustis, 2020). The effect of these distancing attempts can apparently be a momentary reprieve, but in the longer term, they further lead to accumulating, amplified distress over time and also restrict the behavioral flexibility of an individual (Hayes-Skelton and Eustis, 2020). It is a two-pronged concept; (a) avoidance of the experience of aversive personal phenomena and (b) behavior that is aimed at alteration of the experience or the stimuli that trigger the experience (Chawla and Ostafin, 2007). EA is further associated with greater intra- and interpersonal emotional dysregulation, relational stress, as well as dissociation (Kelsey et al.). People who suffer from borderline personality disorder (BPD) are more likely to experience experiential avoidance (Gecha et al., 2024). Although experiential avoidance has been significantly correlated with borderline personality disorder traits, its predictive relationship remains understudied specifically among university students (Iverson et al., 2012).

Earlier studies assumed that Experiential Avoidance (EA) mediates the relationship between borderline personality disorder (BPD) and non-suicidal self-injury; nevertheless, new evidence points out that it might be more complex and act as a parallel vulnerability and not just as an intermediary (Chapman, Specht, and Cellucci, 2005). In line with this position, developing studies indicate that EA among emotionally dysregulated groups co-exists with increased self-harm behaviors and exaggerated borderline personality traits (Chapman et al., 2005).

Research consistently identifies experiential avoidance as a key mechanism in BPD. Jiang (2024) found that childhood adversity predicts

BPD severity through experiential avoidance, which maintains emotional dysregulation. Iverson et al. (2012) demonstrated that experiential avoidance strongly predicts BPD symptom severity, even when controlling for depression. Similarly, Gecha et al. (2024) found that higher EA is associated with poorer treatment outcomes in BPD. Jones et al. (2019) and Schramm et al. (2013) further confirm EA as a transdiagnostic factor in adolescents, strongly associated with emotional dysregulation and borderline traits. Brereton & McGlinchey (2019) highlight EA's role in self-harming behaviour, functioning as a mechanism to escape emotional pain. Gratz et al. (2008) also found that EA mediates the relationship between anxiety sensitivity and BPD symptoms, reinforcing its central role in emotional dysfunction.

Maladaptive Daydreaming

Maladaptive daydreaming (MD) is an understudied clinical condition described as a compulsive pattern of becoming fully absorbed in a self-created, richly detailed fantasy, often accompanied by music or repeated movements such as pacing and gestures (Somer et al., 2025). While it feels rewarding, it is also significantly time-consuming and attention-demanding, interfering with social, occupational, and important areas of functioning (Somer et al., 2025). The main difference between MD and regular daydreaming or spontaneous mind-wandering is that it consumes a considerable amount of time of the person in their wakefulness, and it is persistent, as it is accompanied by detailed stories in the mind that are frequently supported by music or kinesthetic movement (Schimmenti, Somer, and Regis, 2019).

Maladaptive daydreaming is described as a persistent and intense fantasy activity that extends beyond normal mind-wandering or daydreaming. Unlike ordinary imagination, MD involves vivid, elaborate scenarios that can overpower attention and impair daily functioning (Schimmenti et al., 2019). Research distinguishes MD from related phenomena such as autistic imagination, dissociative preoccupation, sluggish cognitive tempo (SCT), and lucid dreaming. Its clinical relevance lies in its disruptive impact on internal,

social, and behavioural functioning (Schimmenti et al., 2019).

Maladaptive daydreaming is a concerning issue; globally, prevalence is estimated at 2.5% in the general population and 5.5–8.5% among students (Soffer-Dudek and Theodor-Katz, 2022). In Pakistan, evidence remains limited but suggestive, with 90.9% of participants in an online self-selected community meeting MD criteria (Akhtar et al., 2025). Among medical students, MD prevalence has also been reported, with significant associations with academic impairment, anxiety, and reduced GPA (Bashir, 2021; Alenizi et al., 2020). Further research links MD with depression, stress, procrastination, behavioural addictions, and academic avoidance (Karaağaç & Korkmaz, 2025; Öğüt, 2024).

MD has been conceptualized as an escapist psychological response rooted in childhood adversity, especially emotional neglect and abuse (Somer et al., 2021). Individuals exposed to childhood maltreatment often use immersive fantasy to manage emotional pain and unresolved conflicts (Abu-Rayya, Brenner, and Somer, 2021). Childhood trauma is positively correlated with MD, particularly sexual abuse and emotional neglect (Abu-Rayya et al., 2021).

Recent evidence suggests that MD is more intense in individuals with borderline personality disorder, where it may function as a coping mechanism for affective instability and social dysfunction (Pyszkowska et al., 2023). MD has also been linked with experiential avoidance, emotional dysregulation, dissociation, and borderline traits (Celban & Nowacki, 2024). It is conceptualized as a dissociative and avoidant process where fantasy provides temporary relief but maintains long-term dysfunction (Soffer-Dudek & Somer, 2022; Wang et al., 2024).

Borderline Personality Disorder Traits

Borderline personality disorder (BPD) is a complex psychiatric condition classified under cluster B personality disorders (DSM-5-TR; APA, 2022). It is characterized by emotional instability, identity disturbance, impulsivity, fear of abandonment, unstable relationships, self-harm, chronic emptiness, and dissociative or paranoid symptoms under stress (APA, 2022). BPD affects

approximately 1–2% of the general population but is significantly higher in clinical and high-risk groups (Leichsenring et al., 2023; Bartsch et al., 2024). It is strongly associated with comorbid disorders including depression, anxiety, and substance use (Leichsenring et al., 2023). Etiologically, BPD is linked to an interaction of genetic vulnerability and childhood trauma, particularly abuse and neglect. Psychotherapy, especially dialectical behavior therapy and psychodynamic approaches, remains the most effective treatment (Leichsenring et al., 2023).

Experiential avoidance has been consistently identified as a key mechanism in BPD. Childhood adversity predicts BPD severity through EA, which maintains emotional dysregulation (Jiang, 2024). EA also predicts symptom severity and poor treatment outcomes (Iverson et al., 2012; Gecha et al., 2024). It functions as a transdiagnostic mechanism linked to emotional dysregulation and self-harm (Jones et al., 2019; Brereton & McGlinchey, 2019). Both MD and BPD share common psychological mechanisms, particularly emotional dysregulation, dissociation, and trauma exposure (Skaug et al., 2022; Somer et al., 2021).

Overlap has also been observed between MD, dissociation, and disrupted emotional processing (Simor et al., 2010; Ross et al., 2020). Overall, both conditions appear to involve maladaptive coping through dissociation and fantasy engagement, particularly in individuals with early trauma exposure.

Theoretical Framework

The present study has its roots in three corresponding theoretical models that collectively help explicate how childhood adverse experiences and experiential avoidance can contribute to the development of maladaptive daydreaming and borderline personality disorder traits. The stated frameworks include the Traumagenic Dynamics Model (Finkelhor & Browne, 1985), the Experiential Avoidance Model within Acceptance and Commitment Theory (Hayes et al., 1996), and the Theory of Structural Dissociation of the Personality (van der Hart, Nijenhuis, & Steele, 2006). The models collectively serve as a comprehensive foundation for helping understand how childhood adversity may lead to

maladaptive daydreaming and borderline personality disorder (BPD) traits by means of experiential avoidance and dissociative methods.

Traumagenic Dynamics Model

According to Finkelhor and Browne's (1985) Traumagenic Dynamics Model, a comprehensive and structured understanding of childhood adversity, predominantly sexual abuse, is provided in terms of its potential psychological consequences. Central to the model are four core traumagenic dynamics: traumatic sexualization, betrayal, stigmatization, and powerlessness (Finkelhor & Browne, 1985). These interconnected systems disrupt a child's emerging self-concept, sense of trust, and autonomy, which can potentially increase susceptibility to future relationship and affective complications (Finkelhor & Browne, 1985). Trauma-related consequences and psychological susceptibility among victims can be assessed and predicted through these dynamics.

In support of this conceptualization, Zanarini et al. (1997) reported that individuals suffering from borderline personality disorder confirm substantially high rates of early exposure to abuse and neglect, predominantly including emotional isolation, unreliable caregiving, and affective rejection by caretakers. These findings suggest that such adverse experiences, specifically neglect and inconsistent caregiver responses, are substantial predictors of borderline pathology (Zanarini et al., 1997). Collectively, these findings complement the Traumagenic Dynamics Model's proposition that early adverse experiences, specifically betrayal and powerlessness, contribute to enduring emotional dysregulation and unstable self-concept.

Within this study's framework, this theory provides an explanation of how childhood adversity serves as a fundamental predictor of maladaptive coping strategies, such as maladaptive daydreaming, which potentially develops as a dissociative response and strengthens borderline personality disorder traits (Zanarini et al., 1997).

Theory of Structural Dissociation of the Personality

The Theory of Structural Dissociation of

Personality (TSDP), developed by Van der Hart, Nijenhuis, and Steele (2006), depicts prolonged trauma as a force that disrupts personality integration, resulting in fragmentation into separate identity states rather than a unified whole. Individuals exposed to chronic trauma frequently present with multifaceted symptom manifestations, including affective instability and maladaptive coping strategies that complicate clinical evaluation and treatment.

This model explains how personality becomes divided into two systems: Apparently Normal Parts (ANPs) and Emotional Parts (EPs) (van der Hart et al., 2006). ANPs are responsible for managing everyday functioning, while EPs are preoccupied with traumatic memories and associated affect. This structural disintegration contributes to dissociative phenomena, persistent inner conflict, and relational difficulties often observed in trauma survivors. The treatment approach associated with this theory emphasizes sequential integration, helping individuals recognize and integrate dissociated parts through adaptive emotional and behavioral responses. The ultimate therapeutic goal is improved integration capacity, allowing individuals to process traumatic memories and function more coherently in daily life (van der Hart et al., 2006).

In the present study, this theory provides a foundation for understanding how unprocessed trauma and dissociative identity fragmentation may contribute to dissociative mechanisms and distorted self-concept, often observed in maladaptive daydreaming (MD) and borderline personality disorder.

Experiential Avoidance Model

According to Hayes et al. (1996), the Experiential Avoidance Model within Acceptance and Commitment Therapy (ACT) suggests that individuals engage in maladaptive strategies to avoid or suppress distressing internal experiences, including painful emotions, intrusive thoughts, and adverse memories. These avoidant patterns may sustain and amplify dysfunction by impairing adaptive emotional processing and obstructing effective engagement with reality. Experiential avoidance is described as a transdiagnostic process that extends across psychological disorders,

providing a unified explanation for emotional and behavioral dysfunction (Hayes et al., 1996).

Building upon this conceptualization, Somer (2002) identified maladaptive daydreaming as a mechanism to escape uncomfortable emotional experiences, functioning as experiential avoidance through immersive fantasy activity that provides psychological relief from stress, pain, or unmet psychological needs. In qualitative findings, daydreaming served functions such as wish fulfillment, mood enhancement, and psychological comfort, often replacing real social engagement (Somer, 2002).

These findings suggest that maladaptive daydreaming operates as a dissociative coping strategy aligned with experiential avoidance principles (Hayes et al., 1996; Somer, 2002). In this study, this framework explains how childhood trauma may lead to chronic experiential avoidance expressed through fantasy immersion and emotional detachment, which may further maintain borderline personality disorder traits characterized by emotional instability and identity disturbance.

Integrated Theoretical Model

Incorporating the three theoretical frameworks provides a comprehensive and coherent explanation of the proposed conceptual framework of this study. The Traumagenic Dynamics Model (Finkelhor & Browne, 1985) explains childhood adversity as the originating factor that disrupts emotional development and stable self-concept. The Theory of Structural Dissociation of Personality (van der Hart et al., 2006) further explains how trauma leads to fragmentation of identity into dissociated states, resulting in affective instability and identity disturbance. The Experiential Avoidance Model (Hayes et al., 1996) explains how individuals cope with distressing internal experiences through avoidance-based strategies, including fantasy engagement and emotional detachment.

Taken together, these models outline a sequential pathway in which childhood trauma contributes to structural dissociation and experiential avoidance, facilitating maladaptive coping mechanisms such as maladaptive daydreaming, which in turn strengthens the likelihood of borderline

personality disorder traits (Finkelhor & Browne, 1985; Hayes et al., 1996; van der Hart et al., 2006).

Rationale

This study seeks to examine the predictive roles of Childhood Trauma (CT) and Experiential Avoidance (EA) on Maladaptive Daydreaming (MD) and borderline personality disorder (BPD) traits among university students in Pakistan. The significance of this study lies in addressing a notable gap in the literature, as limited research has examined the combined predictive effects of CT and EA on MD and BPD traits within a single integrated model, particularly in developing countries such as Pakistan.

Existing literature has consistently shown that childhood trauma and experiential avoidance are independently associated with a range of psychological difficulties (Dvir et al., 2014; Hayes et al., 1996; Nelson et al., 2020). However, less is known about how these factors jointly contribute to maladaptive outcomes such as MD and BPD traits, especially among university populations who are frequently exposed to academic pressure alongside unresolved developmental stressors.

In Pakistan, where childhood adversity is relatively common due to sociopolitical instability, limited mental health awareness, and environmental stressors, understanding these relationships becomes particularly important (Abbas & Dars, 2023; Frost et al., 2024). University students represent a critical population, as they often experience psychological distress while lacking adequate coping resources, making them vulnerable to maladaptive psychological patterns. Additionally, this study has practical relevance for Acceptance and Commitment Therapy (ACT), which targets Experiential Avoidance and promotes psychological flexibility. Given the established association of EA with both CT and BPD traits, as well as its potential role in maladaptive coping processes, findings from this study may contribute to culturally informed therapeutic applications in Pakistani university settings (Hayes, Strosahl, & Wilson, 1999; Chapman et al., 2005; Somer et al., 2021). However, empirical studies integrating CT, EA, MD, and BPD traits within a single predictive framework remain limited, particularly in South

Asian university populations.

Method

The present study employed a cross-sectional survey design to assess the influence of childhood trauma and experiential avoidance (EA) on maladaptive daydreaming (MD) and borderline personality disorder (BPD) traits among university students.

Objectives

The following objectives were investigated in the present research

- To examine the relationships between childhood trauma, experiential avoidance, maladaptive daydreaming, and borderline personality disorder traits among university students.
- To assess the predictive relationship of childhood trauma and experiential avoidance on maladaptive daydreaming and borderline personality traits among university students.

Hypotheses

- Childhood trauma and Experiential avoidance may likely be correlated with maladaptive daydreaming and borderline personality disorder traits.
- Childhood trauma and Experiential avoidance may predict maladaptive daydreaming and borderline personality disorder traits.

Sample

The sample consisted of 350 university students, aged 18 years or older, enrolled in undergraduate and postgraduate programs across Pakistan. The sample was drawn to represent a diverse range of educational pursuits within the university population. A purposive sampling (non-probability) strategy was utilized for the study. Participants eligible for inclusion were individuals aged 18 years or older, currently enrolled in university-level academic programs nationwide, and willing to provide informed consent. Individuals were excluded if they were younger than 18 years, not attending a university, or had an identified intellectual disability.

Instruments

Adverse Childhood Experiences Questionnaire (Felitti et al. 1998)

The Adverse Childhood Experiences Questionnaire (ACEQ) is a 10-item self-report instrument, designed to assess exposure to potentially traumatic events from birth to 18 years of age. The Cronbach's alpha coefficients typically range from 0.70 to 0.76, revealing good internal consistency. The ACEQ demonstrated good internal consistency in the present study, with Cronbach's alpha of $\alpha = .88$ for the current sample. Although the original ACEQ hasn't undergone proper psychometric validation before its application, however following research has proven its reliability and validity across varied populations. Factor analytic studies support the two-domain structure of the ACEQ.

Brief Experiential Avoidance Questionnaire (Gámez et al., 2014)

The Brief Experiential Avoidance Questionnaire (BEAQ) is a 15-item self-report questionnaire designed to assess an individual's propensity to evade uncomfortable or painful memories, emotions, thoughts, or sensations. Internal consistency of the Brief Experiential Avoidance Questionnaire (BEAQ) is also very high, with Cronbach alpha coefficients often falling between 0.83 and 0.89. The BEAQ showed good reliability in the present sample, with Cronbach's alpha coefficient of $\alpha = .85$, which is appropriate to show that it is a reliable measure of experiential avoidance as a unitary construct that demonstrates good reliability.

Maladaptive Daydreaming Scale (Somer et al., 2017)

The Maladaptive Daydreaming Scale (MDS-16) is a 16-item self-report questionnaire developed for the sole purpose of assessing the characteristics and severity of maladaptive daydreaming. The scale contains 16 items, each designed to gauge different dimensions of maladaptive daydreaming, including regularity, quantity, emotional impact, and difficulty regulating daydreaming. In regards to psychometric properties, the MDS-16 has established high internal consistency, with Cronbach's alpha values exceeding 0.90, signifying

excellent reliability. Furthermore, it has shown robust construct and convergent validity, correlating meaningfully with measures of dissociation, emotional dysregulation, and psychological distress, thus supporting its usefulness in both clinical and research settings. The MDS-16 demonstrated excellent internal consistency in the present study, with a Cronbach's alpha of $\alpha = .97$.

Borderline Symptom List (Bohus et al., 2009)

The Borderline Symptom List (BSL-23) is a 23-item self-report measure developed to measure the severity and the diverse symptoms associated with borderline personality disorder (BPD) in adults. The psychometric assets of the BSL-23 display excellent reliability, with Cronbach's alpha values as high as 0.97, and strong test-retest reliability ($r = 0.82$) over a week. The BSL-23 showed excellent internal consistency in the present sample, with a Cronbach's alpha coefficient of $\alpha = .97$. It further proves excellent convergent validity, correlating strongly with recognized measures of depression and general psychopathology, such as the Beck Depression Inventory ($r = 0.87$) and the SCL-90-R-GSI ($r = 0.89$).

Procedure

The data collection was in an academic environment that included classrooms, campus common spaces and university libraries. The researcher individually approached the criteria filling students and informed them about the objective of the study, and thereafter obtained informed consent from each of the students. Individual participants were given a survey questionnaire to respond to, those who were more comfortable using an electronic medium, the alternative was made available. The questionnaire was composed of a demographic information form and four standardized measures of psychological instruments in the presented sequence; Adverse Childhood Experiences Questionnaire (ACEQ) to measure the exposure to childhood trauma, Brief Experiential Avoidance Questionnaire (BEAQ) to measure experiential avoidance, further including Maladaptive Daydreaming Scale-16 (MDS-16) and finally Borderline Symptom List -Short Version (BSL-23) to measure the traits of borderline

personality disorder. The survey questionnaire required approximately 20-25 minutes to complete. The respondents were advised to answer all the questions as truthfully as possible, and the environment was made conducive to its facilitation, and the well-being of the respondents was taken into consideration.

Data collection was done within three months. After the data collection, the completeness and accuracy of all the responses the participants provided were screened. The acquired data were analyzed with the help of IBM SPSS to analyze the data properly.

The specified procedure ensured an orderly data collection and data analysis, making it possible to inquire for valid and reliable answers.

Ethical Considerations

This study was conducted in accordance with the Declaration of Helsinki.

The participants involved in the study were provided with a clear and comprehensive explanation in regards to the study's objective, procedure, and any potential risks and the significance of the study, prior to participation. Participants were further informed regarding their rights to withdraw at any time without any potential consequences. Written informed consent (for those responding to the tangible version of the survey) was obtained; however, those participating via digital platforms had also been provided with an informed consent form before accessing the survey. Throughout all phases of the research process, confidentiality was strictly maintained. Personal efforts were made to remove any identity markers, and deliberately made anonymous to safeguard their identification from the collected data. Data were encrypted, and password protection was applied; pseudonyms were allotted to ensure the collected data was inaccessible to other people. All collected data was securely discarded or archived subsequent to the time period essential for academic evaluation. Efforts were made to detect, evaluate, and further curtail possible risks to participants. The present study did not involve any physical risks; however, it did address sensitive topics related to psychopathology. To ensure participant well-being, a carefully curated list of available

mental health services was designed and provided to each participant involved in the study in question. The research protocol strongly included provisions for protecting the dignity, rights, and comfort of these participants. The Sampling, collection of data, and statistical analysis were utilized to diminish any biases, ensuring reliability and integrity of the findings. Moreover, the research design was developed to ensure sensitivity to ethnic and social variances among participants. The study strictly evaded any prejudiced language and ensured that the communication with participants was respectful. Before data collection, a comprehensive research proposal was made, underwent formal review. Ethical approval for the study was obtained from the relevant institutional review authority after a thorough evaluation. The research results were generated with honesty,

clarity, and in a responsible manner. All participants were fully aware that the research results may be published in a scholarly journal or utilized for a conference presentation. All identity-revealing information will remain confidential in all forms of publication. A social responsibility and long-term community benefit marked the development of this research. Efforts were taken to avoid any exploitation or unintended negative consequences arising from the dissemination or application of the study.

Results

The present study aimed to examine the predictive relationships between childhood trauma and experiential avoidance on maladaptive daydreaming and borderline personality disorder traits.

Table No. 1

Mean, Standard Deviation, and Cronbach Alpha Reliability of Adverse Childhood Experiences Questionnaire, Brief Experiential Avoidance Questionnaire, Maladaptive Daydreaming Scale and Borderline Symptom List (N=350).

Variables	N	M	SD	α
ACEQ	350	3.47	3.25	.88
BEAQ	350	59.63	13.15	.85
MDS	350	70.00	46.26	.97
BSL-23	350	40.07	27.55	.97

Note: ACEQI = Adverse Childhood Experiences Questionnaire; BEAQ = Brief Experiential Avoidance Questionnaire; MDS = Maladaptive Daydreaming Scale; BSL = Borderline Symptom List; N = Number of participants; M = Mean; SD = Standard Deviation; R = Range; α = Alpha reliability.

Table 1 presents the descriptive statistics and reliability results for the index of Adverse Childhood Experiences Questionnaire (ACEQ), brief experiential avoidance questionnaire (BEAQ), Maladaptive Daydreaming Scale (MDS-16), and Borderline Symptom List (BSL), for a total of 350 participants. The adverse childhood

experiences questionnaire has a mean of 3.4714 (SD = 3.25920), and Cronbach's alpha of 0.884, indicating good reliability. While, the brief

experiential avoidance questionnaire has a mean of 59.6343 (SD = 13.15515), with a range of 61 and a Cronbach's alpha of 0.855, also demonstrating good reliability. The means of the maladaptive daydreaming scale and the borderline symptom list (BSL) have also been reported as 70.0086 (SD = 46.26853) and 40.0714 (SD = 27.55506), with ranges, 152 and 92, respectively. The Cronbach's alpha of the maladaptive daydreaming scale is 0.971, and for the borderline personality symptom list, 0.973, both demonstrating excellent reliability.

Table No. 2

Socio-Demographic Variables of Study Participants (N = 350).

Variables	f	%
Age		
18-24	300	85.7
25-28	36	10.3
29-30	1	0.3
Above 30 years	13	3.7
Gender		
Male	121	34.6
Female	228	65.1
Other	1	0.3
Comfortable with gender identity		
Yes	332	94.9
No	16	4.6
Prefer not to say	2	0.6
Educational level		
Bachelors	295	84.3
Masters	39	11.1
MPhil	10	2.9
PHD	5	1.4
Household monthly income		
Below Rs. 25,000	20	5.7
Rs. 25,001-50,000	28	8.0
Rs. 50,001-75,000	32	9.1
Rs. 75,001-100,000	69	19.7
Above Rs. 100,000	201	57.4
Employment status		
Unemployed	88	25.1
Part-time employed	46	13.1
Full-time employed	32	9.1
Self-employed	24	6.9
Student only	160	45.7
Current living conditions		
Stable and comfortable	169	48.3
Moderate	130	37.1
Financially challenging	44	12.6
Unsafe or unstable	7	2.0
Parents status		
Both	311	88.9
Only father	7	2.0
Only mother	25	7.1
Neither	7	2.0
Current living		
Both parents	272	77.7
One parent	38	10.9
Neither	40	11.4
Siblings		



None	8	2.3
1–2 siblings	133	38.0
3–4 siblings	137	39.1
5 or more siblings	72	20.6
Marital Status		
Single	280	80.0
In a relationship	39	11.1
Married	31	8.9
Living Area		
Urban	307	87.7
Rural	43	12.3
Province		
Punjab	235	67.1
Sindh	11	3.1
Khyber Pakhtunkhwa	16	4.6
Balochistan	2	0.6
Gilgit-Baltistan	1	0.3
Azad Jammu and Kashmir	5	1.4
Islamabad Capital Territory (ICT)	80	22.9
Religion		
Islam	345	98.6
Christianity	3	0.9
Other	2	0.6
Religious practice		
Regularly	249	71.1
Occasionally	77	22.0
Rarely	18	5.1
Not at all	6	1.7
Physical disabilities		
No	340	97.1
Yes	10	2.9
Mental health conditions		
Yes	25	7.1
No	325	92.9
Nearest healthcare facility		
Less than 1 km	117	33.4
1–5 km	140	40.0
6–10 km	35	10.0
More than 10 km	20	5.7
Don't know	38	10.9

Note: %= percentage; N= frequency

Table 2 presents the socio-demographic characteristics of the sample (N = 350). The majority of participants were aged 18–24 years (85.7%) and were female (65.1%). Most participants reported being comfortable with their gender identity (94.9%) and were enrolled in

bachelor's programs (84.3%). Over half of the sample reported a monthly household income above Rs. 100,000 (57.4%). Nearly half of the participants were unemployed (25.1%) or students only (45.7%). Most participants reported stable or moderate living conditions

(85.4%) and were living with both parents (77.7%). The sample was predominantly urban (87.7%), primarily from Punjab (67.1%), and overwhelmingly Muslim (98.6%). Most participants reported no physical disability (97.1%) or diagnosed mental health condition (92.9%). Access to healthcare was most commonly reported within 1–5 km (40.0%)

3.1 Hypothesis Testing

Regression analysis were employed to investigate the predictive relationship among childhood trauma, experiential avoidance, maladaptive daydreaming, and borderline personality disorder traits.

Table No. 3

Correlation Matrix of Childhood Trauma, Experiential Avoidance, Maladaptive Daydreaming, and Borderline Personality Disorder Traits (N=350)

Variables	N	M	SD	1	2	3	4
1. ACEQ	350	3.47	3.25	-	-	-	-
2. BEAQ	350	59.63	13.15	.48**	-	-	-
3. MDS	350	70.00	46.26	.66**	.57**	-	-
4. BSL-23	350	40.07	27.55	.77**	.60**	.73**	-

Note: ACEQ = Adverse Childhood Experiences Questionnaire; BEAQ = Brief Experiential Avoidance Questionnaire; MDS = Maladaptive Daydreaming Scale; BSL = Borderline Symptom List; N= number of participants ($p < 0.05$)

Table 3 shows Pearson correlation among childhood trauma, experiential avoidance, maladaptive daydreaming, and borderline personality disorder traits. The results indicate that there's a positive moderate relationship between childhood trauma and experiential avoidance. It is also evident that a positive moderate relationship exists between childhood trauma and maladaptive daydreaming. A positive moderate relationship has been found between maladaptive daydreaming and experiential avoidance, and also between childhood trauma

and borderline personality traits, which is the strongest relationship in accordance with the table. A positive moderate relationship exists between borderline personality disorder traits and experiential avoidance, whereas the second strongest positive moderate relationship has been found between maladaptive daydreaming and borderline personality disorder traits.

Hence, it proves that there exists a positive moderate relationship between childhood trauma, experiential avoidance, maladaptive daydreaming, and borderline personality disorder traits.

Table No. 4

Regression Coefficient of Childhood Trauma and Experiential Avoidance on Maladaptive Daydreaming and Borderline Personality Disorder Traits (N = 350).

Variables	B	S.E	t	p	R ²
Constant (MD)	37.22	2.70	13.76	.000	
ACEQ	9.44	0.56	16.62	.000	44%
Constant (BPD)	19.08	1.50	12.65	.000	
ACEQ	6.04	0.31	19.08	.000	51.1%
Constant (BPD)	-35.06	5.47	-6.40	.000	
BEAQ	1.26	0.09	14.04	.000	36.2%
Constant (MD)	-50.07	9.43	-5.30	.000	

BEAQ	2.01	0.15	13.02	.000	32.8%
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Note: MD = Maladaptive Daydreaming; BPD = Borderline Personality Disorder Traits; ACEQ = Adverse Childhood Experiences Questionnaire (childhood trauma); BEAQ = Brief Experiential Avoidance Questionnaire; B = unstandardized beta; S.E = standard error; t = t value; p = significance level; R² = coefficient of determination.

Table 4 shows the regression analysis of childhood trauma and experiential avoidance on maladaptive daydreaming and borderline personality disorder traits. The results indicate that childhood trauma significantly predicted maladaptive daydreaming ($p < .001$), explaining 44% of its variance, and also significantly predicted borderline personality disorder traits ($p < .001$), explaining 51.1% of the variance. Findings further show that experiential avoidance significantly predicts borderline personality disorder traits ($p < .001$), accounting for 36.2% of the variance, and significantly predicts maladaptive daydreaming ($p < .001$), explaining 32.8% of the variance. Overall, both childhood trauma and experiential avoidance are significant predictors of maladaptive daydreaming and borderline personality disorder traits among university students.

Discussion

The major aim of the present research was to investigate the predictive relationships between childhood trauma and experiential avoidance on maladaptive daydreaming and borderline personality disorder traits among university students. This section discusses the findings in relation to existing literature, highlights theoretical and practical implications, and outlines limitations and future directions.

The present study found strong associations between childhood trauma and experiential avoidance with maladaptive daydreaming and borderline personality disorder traits among university students. Higher levels of childhood trauma were associated with increased maladaptive daydreaming and borderline personality disorder traits. Similarly, higher experiential avoidance was also associated with higher maladaptive daydreaming and borderline personality disorder traits. Both variables emerged as significant predictors of the outcome variables; however, childhood trauma demonstrated a stronger predictive influence compared to

experiential avoidance.

These findings are consistent with existing literature linking childhood trauma with maladaptive daydreaming. Prior research has reported a positive association between adverse childhood experiences and maladaptive daydreaming, suggesting that early adversity plays a central role in its development (Moment, 2023). Using the Adverse Childhood Experiences Questionnaire (ACE-Q), Moment (2024) further found that individuals with higher ACE scores, particularly related to verbal abuse, sexual abuse, physical neglect, and exposure to family psychopathology, demonstrated increased maladaptive daydreaming tendencies. In addition, Colpo (2024) extended this relationship by showing that both adverse childhood experiences (ACEs) and adverse adult experiences (AAEs) are positively correlated with maladaptive daydreaming. Qualitative evidence by Otgaar and Somer (2024) also supports these findings, indicating that individuals with excessive daydreaming often report histories of childhood abuse, with traumatic themes frequently reflected in their fantasy content.

Existing literature suggests that individuals exposed to early adverse experiences often develop maladaptive coping mechanisms to manage overwhelming emotional distress, with daydreaming functioning as one such strategy (Bigelsen & Schupak, 2011; Somer, 2002). Childhood trauma has been consistently linked with dissociative tendencies and emotional dysregulation, increasing vulnerability to maladaptive daydreaming as an escape from painful internal and external realities (Somer et al., 2016). From this perspective, experiential avoidance is understood as a tendency to avoid or suppress unpleasant internal experiences such as distressing thoughts, emotions, or bodily sensations (Hayes-Skelton & Eustis, 2020). Individuals with higher experiential avoidance may therefore rely on immersive fantasy

engagement as a form of psychological escape, reinforcing maladaptive daydreaming patterns (Somer et al., 2017).

Similarly, a substantial body of literature supports childhood trauma as a major developmental risk factor for borderline personality disorder (BPD). Early experiences of abuse, neglect, and violence are strongly associated with affective instability, impulsivity, interpersonal difficulties, and self-harming behaviors, which are core features of BPD (Weaver & Clum, 1993; Kaplan et al., 2016). Childhood trauma is further understood to disrupt emotional regulation, identity formation, and interpersonal trust, thereby increasing vulnerability to borderline pathology (MacIntosh et al., 2015).

From a cognitive perspective, the predictive processing framework suggests that early trauma disrupts the development of accurate social and emotional prediction systems, leading to heightened emotional reactivity and rigid maladaptive belief structures associated with BPD symptomatology (Herzog et al., 2022). Neurobiological evidence further supports these findings, indicating that childhood trauma is associated with dysregulation of the HPA axis, neurotransmitter imbalances, and structural and functional changes in brain regions involved in emotional regulation and impulse control (Cattane et al., 2017; Bozzatello et al., 2021).

Epigenetic studies additionally suggest that trauma may produce long-term changes in gene expression related to stress response and emotional regulation, highlighting gene-environment interactions in BPD development (Bozzatello et al., 2021).

Overall, these findings support a biopsychosocial model of BPD in which genetic vulnerability and early trauma interact to shape emotional and behavioral dysregulation.

Trauma not only increases the risk of developing BPD but also intensifies symptom severity, particularly when multiple forms of abuse are present (Kaplan et al., 2016).

The present research is grounded in three complementary theoretical frameworks that collectively explain the development of maladaptive daydreaming and borderline personality traits following childhood adversity.

These include the Traumagenic Dynamics Model (Finkelhor & Browne, 1985), the Experiential Avoidance Model within Acceptance and Commitment Theory (Hayes et al., 1996), and the Theory of Structural Dissociation of the Personality (van der Hart, Nijenhuis, & Steele, 2006).

The Traumagenic Dynamics Model explains how childhood abuse disrupts self-concept, trust, and autonomy through four core dynamics: betrayal, traumatic sexualization, stigmatization, and powerlessness (Finkelhor & Browne, 1985). These disruptions increase vulnerability to emotional and interpersonal difficulties. Supporting this, Zanarini et al. (1997) found that early abuse and neglect, particularly emotional invalidation and inconsistent caregiving, strongly predict borderline personality features. These findings suggest that childhood adversity contributes to emotional dysregulation and maladaptive coping strategies, including dissociative fantasy engagement.

The Theory of Structural Dissociation of Personality (van der Hart et al., 2006) further explains how chronic trauma leads to fragmentation of personality into Apparently Normal Parts (ANPs) and Emotional Parts (EPs). This structural division contributes to dissociative symptoms, emotional instability, and interpersonal dysfunction. Within this framework, maladaptive daydreaming may be understood as a dissociative coping mechanism arising from unintegrated traumatic experiences. Consistent with the Experiential Avoidance Model (Hayes et al., 1996), individuals attempt to escape distressing internal experiences through avoidance-based strategies, which maintain psychological distress over time. Somer (2002) conceptualizes maladaptive daydreaming as an experiential avoidance mechanism that provides temporary emotional relief through immersive fantasy. Together, these models suggest that childhood trauma fosters experiential avoidance, which in turn contributes to maladaptive daydreaming and borderline personality traits.

Taken together, the integration of these theoretical frameworks provides a coherent explanation of the proposed model. Childhood trauma serves as the foundational risk factor that

disrupts emotional development and self-structure (Finkelhor & Browne, 1985).

Structural dissociation further explains fragmentation of identity and emotional processing (van der Hart et al., 2006). Experiential avoidance explains the coping mechanism through which individuals escape distressing internal states via fantasy engagement (Hayes et al., 1996). Collectively, these processes may contribute to maladaptive daydreaming and borderline personality disorder traits.

Implications

The findings of the present study indicate that childhood adversity and experiential avoidance are significant predictors of maladaptive daydreaming and borderline personality disorder traits. These results support developmental models that position early trauma exposure as a transdiagnostic risk factor for later psychopathology (Felitti et al., 1998; van der Kolk, 2005). This study contributes to the literature by empirically linking childhood trauma and experiential avoidance within a single predictive framework for both maladaptive daydreaming and borderline personality traits. Importantly, maladaptive daydreaming is positioned here within a broader trauma-related vulnerability framework rather than as an isolated cognitive phenomenon. The findings also highlight experiential avoidance as a key transdiagnostic mechanism consistent with acceptance-based models of psychopathology (Hayes et al., 1996; Kashdan et al., 2006).

Clinically, these findings support the importance of screening for childhood trauma and experiential avoidance in university populations. Interventions such as Acceptance and Commitment Therapy (ACT), trauma-focused cognitive behavioral therapy, and dialectical behavior therapy may be particularly relevant, as they target avoidance processes, emotional dysregulation, and trauma-related symptomatology (Cloitre et al., 2012; Hayes et al., 2012; Linehan, 1993).

Limitations

The present study employed a cross-sectional design, which limits causal interpretations. Although significant associations were found, directionality between childhood trauma,

experiential avoidance, maladaptive daydreaming, and borderline personality traits cannot be confirmed. Additionally, reliance on self-report measures may introduce response biases such as social desirability and recall bias. Future studies may benefit from incorporating clinical interviews or mixed-method approaches to enhance validity. The sample consisted solely of university students, which may limit generalizability to the broader Pakistani population. Future research should include more diverse socio-demographic groups to improve external validity.

Future directions

Future research should adopt longitudinal designs to better understand causal pathways between childhood trauma, experiential avoidance, maladaptive daydreaming, and borderline personality traits. Further studies should also evaluate the effectiveness of interventions targeting experiential avoidance and trauma-related psychopathology in individuals showing maladaptive daydreaming and borderline traits.

Comparative cross-cultural studies are also recommended to examine whether these predictive relationships remain consistent across different cultural and social contexts, thereby supporting the development of culturally sensitive interventions.

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