DOI: 10.71317/jgst.2.11.2026.1019

Journal of Global Social Transformation

Journal homepage: https://rjsaonline.org/index.php/JGST

Maladaptive Daydreaming, Self-Control, and Emotional Eating in University Students: An Escape-Coping Perspective

Nimra Munawar[1], Inshal Khalid[2], Binish Asad[3], Yashfa[4]

[1] The University of Lahore, Pakistan.

Email: nimra.munawar@lsbs.uol.edu.pk

[2] The University of Lahore, Pakistan.

[3] Riphah International University, Pakistan.

[4] Government College, Lahore, Pakistan.

ARTICLE INFO

Submission:
October 07, 2026
Revised:
October 29, 2026
Accepted:
November 03, 2026
Available Online:
November 11, 2026

Keywords:
Maladaptive daydreaming; self-control; emotional eating; university students; coping; Pakistan.

Corresponding author:
Nimra Munawar
Email:
nimra.munawar@lsbs.uol.edu.pk

ABSTRACT

Maladaptive daydreaming (MD) and emotional eating (EE) are both ways of escaping distress, but no study has tested how they relate in university students, or whether self-control matters. We examined whether MD is associated with EE and whether self-control explains variance in EE beyond MD. Methods. In this cross-sectional survey, 150 university students in Pakistan (aged 18–25 years; 64.7% women) were recruited by convenience sampling. They completed the Maladaptive Daydreaming Scale (MDS-16), the Brief Self-Control Scale (BSCS), and the Emotional Eating Questionnaire (EEQ). We used Pearson correlations, independent-samples *t* tests, and hierarchical multiple regression. Results. MD was strongly related to EE (r = .61, 95% CI [.49, .70]). Self-control was negatively related to MD (r = −.33, 95% CI [−.46, −.17]) and to EE (r = −.18, 95% CI [−.33, −.02]). MD alone explained 36.3% of the variance in EE. Adding self-control increased this by 4.4% (p = .001), giving a final R^2 of .407. Both predictors were significant (MD β = .57; self-control β = −.22). Men and women did not differ. Discussion and conclusions. MD was the strongest correlate of EE, and self-control had a smaller, separate protective link with it. The results fit an escape-coping view in which fantasy and eating in response to emotion are connected. Students who seek help for emotional eating may need to be asked about daydreaming too. Because the data are cross-sectional, causal claims are not possible.

Introduction

University is a stressful time. A meta-analysis of undergraduate studies found that mental health problems are common among students and that the same risk factors turn up across samples (Sheldon et al., 2021). Moving into adulthood brings academic and social demands, and students cope with them in different ways. Some strategies help. Others bring quick relief but leave the problem untouched. Two of the second kind are maladaptive daydreaming and emotional eating. This study asks how they relate to each other in university students, and what part self-control plays.

Maladaptive daydreaming

Maladaptive daydreaming (MD) is excessive, absorbing fantasy. People with MD spend long periods in elaborate imagined worlds, with detailed characters and plots, and the habit gets in the way of work, study, and relationships (Schimmenti et al., 2019; Somer, 2002). Researchers disagree about how to classify it. It has addictive features, such as difficulty stopping and distress when

interrupted, but it also overlaps with dissociation (Pietkiewicz et al., 2018; Schimmenti et al., 2019). A meta-analysis found that MD is consistently related to psychopathology (Somer et al., 2025). Many people with MD describe daydreaming as a way to get away from stress or loneliness, yet coming back to reality can bring shame and more withdrawal (Pietkiewicz et al., 2018). Mancinelli et al. (2024) describe it as an emotion regulation strategy that gives only short-lived relief.

Self-control

Self-control is the ability to override impulses and act on long-term goals (Baumeister et al., 2007). People with high trait self-control tend to adjust better, report fewer symptoms, and get on better with others (Tangney et al., 2004). Dual-process models describe behavior as a contest between a fast impulsive system, which responds to immediate rewards, and a slower reflective system, which follows longer-term goals (Hofmann et al., 2009; Metcalfe & Mischel, 1999). Self-control fails when the impulsive system wins. An older view held that self-control is a limited resource that runs down with use (Muraven & Baumeister, 2000). That view is now disputed (Friese et al., 2019), so we treat self-control as a stable individual difference and make no claim about depletion. Self-control can also be built. Among university students, higher self-efficacy goes with better self-control and less smartphone addiction (Ju et al., 2019), and mindfulness practice is associated with changes in brain regions that support attention and emotion regulation (Tang et al., 2015).

Emotional eating

Emotional eating (EE) means eating in response to emotion rather than hunger (Macht, 2008; Reichenberger, 2020). It is associated with depressive symptoms and higher body weight (Braden et al., 2018; López-Caudana et al., 2020). Several explanations have been offered. Affect regulation accounts say people eat to quiet negative feelings. Escape theory says eating narrows attention to the present and away from distressing thoughts and self-awareness (Heatherton & Baumeister, 1991), and experiments show that eating can help people escape awareness of the self (Moynihan et al., 2015). Guilt often follows (Garaulet et al., 2012), which feeds the cycle. Interventions aimed at EE have had only small average effects once publication bias is taken into account (Smith et al., 2023), so it matters to find out what drives it.

How the three constructs relate

Evidence linking MD and EE is thin. Renzi et al. (2025) surveyed 562 adults and found that higher MD went with more eating disorder symptoms, and that alexithymia partly explained the link. That study measured general eating pathology rather than EE, and it did not measure self-control. In a sample of 1,808 young adults, internet addiction, another absorbing, escape-oriented behavior, was the strongest predictor of EE (Yılmaz et al., 2026). Self-control has been studied with each behavior separately. Kornacka et al. (2023) asked whether maladaptive task-unrelated thoughts come from failures of self-control or from avoidance, and their results pointed to both. Herscu et al. (2023) showed in a randomized trial that mindfulness and self-monitoring reduced MD symptoms. For EE, self-regulation has been linked to eating when upset in a national sample of US adults (Elran Barak et al., 2021) and in adolescents (Xiang et al., 2025). We know of no study that measured all three constructs together, and none in university students from South Asia.

Theoretical framework

Two theories guide the study. Escape theory (Heatherton & Baumeister, 1991) proposes that people use self-defeating behaviors to avoid painful self-awareness. We read MD as an inward form of this strategy and EE as an outward one: one escapes into imagination, the other into food. Dual-process models of self-control (Hofmann et al., 2009) add a second prediction. Students with weaker self-control should find it harder to resist either route. Together the theories predict that MD and EE are positively related, that self-control is negatively related to both, and that self-control explains something about EE that MD does not.

The present study

We tested three hypotheses. **H1:** MD would be positively related to EE, and self-control would be negatively related to both. **H2:** MD would predict EE, and self-control would add to that prediction. **H3 (exploratory):** The study variables would differ by demographic group. We tested this for gender with *t* tests and, for MD, for socioeconomic status and living arrangement with analyses of variance.

Method

Design and participants

We used a cross-sectional, correlational survey design. The sample was 150 full-time university students aged 18 to 25 years (97 women, 64.7%; 53 men, 35.3%), recruited by convenience sampling at public and private universities in Pakistan. Questionnaires were handed out on campus and shared online through Google Forms. Students were excluded if they reported a diagnosed mental disorder, a dietary restriction, or prescribed psychiatric medication, because these could affect eating behavior or the scale scores. Just over half of the sample (51.3%) was aged 22 to 25, most were single (90.7%), and most reported middle socioeconomic status (71.3%).

We used G*Power 3.1.9.7 to plan the sample size. For a multiple regression with two predictors, a medium effect ($f^2 = .15$), $\alpha = .05$, and power of .95, the minimum was 107 participants. We also ran sensitivity analyses for the sample we ended up with ($\alpha = .05$, power = .80). The regression could detect an overall effect of $f^2 \geq .066$ and an increment of $f^2 \geq .054$, and the gender comparison (53 vs. 97) could detect a difference of $d \geq 0.48$.

Measures

Demographic form. We collected age, gender, socioeconomic status, marital status, family system, living arrangement, and education with a form written for this study.

Brief Self-Control Scale (BSCS). The BSCS has 13 items and measures trait self-control (Tangney et al., 2004). Items are rated on a 5-point scale. Negatively worded items are reverse scored, and higher totals mean greater self-control. Alpha is usually between .82 and .85 in earlier work.

Maladaptive Daydreaming Scale (MDS-16). The MDS-16 has 16 items rated from 0 to 100 and covers four areas: yearning to daydream, kinesthesia, music, and impairment or distress (Somer et al., 2016). Higher totals mean more severe MD. Internal consistency is high ($\alpha > .90$), and the scale has been validated in many countries and languages.

Emotional Eating Questionnaire (EEQ). The EEQ has 10 items and covers three dimensions: disinhibition, type of food, and guilt (Garaulet et al., 2012). Higher scores mean stronger emotional eating. Validation work reported $\alpha = .80$ to .84 and a test–retest ICC of about .77.

Procedure and ethics

The University of Lahore research ethics board approved the study before data collection, and the university gave a letter allowing us to collect data at other institutions. The first page of the survey explained the purpose of the study, the time needed (10 to 12 minutes), that taking part was voluntary, that participants could withdraw at any point, and that answers were confidential. Participants gave consent before they saw the demographic questions or scales. We did not collect names or student IDs, offered no incentives, and kept the data in password-protected files.

Data analysis

Though complete statistical findings and data analysis are explained in chapter no IV, the plan of analysis is outlined here. The alpha of different scales such as BSCS, MDS 16 and EEQ was calculated. The characteristics of the distribution were investigated using descriptive statistics (mean, SD, minimum, maximum), skewness, Kurtosis, histograms, etc.

The relationship between research pressure, perfectionism and impostor syndrome was determined at the bivariate level. The regression model was completed to establish the ability of Self-Control and Maladaptive Daydreaming to predict Emotional Eating. Model fit statistics, ANOVA output, standardized betas, standardized collinearity, and standardized significance was tested. The independent samples of t-tests were to be used to compare the means of self-control, maladaptive daydreaming and emotional eating on different demographic groups. In particular, the given analysis was intended to investigate the possible disparity by gender to determine whether the given variables have a significant effect on the sample. In this method of analysis, both complex and simple hypothesis testing were possible and made sense regarding the study objectives. This analytical approach allowed for both simple and complex hypothesis testing consistent with the aims of the study.

Results

Reliability and descriptive statistics

All three scales were internally consistent (Table 1). The BSCS showed good reliability (α = .84), the MDS-16 excellent reliability (α = .97), and the EEQ good reliability (α = .88).

Table 1: **Reliability and Descriptive Statistics for the Maladaptive Daydreaming, Self Control and Emotional Eating in University students (N=150)**

Scale	*N*	*M*	*SD*	Cronbach's *a*
Brief Self-Control Scale (BSCS)	13	13	.83	.84
Maladaptive Daydreaming Scale (MDS)	16	16	.97	.97
Emotional Eating Questionnaire (EEQ)	10	10	7.104	.885

Note. MDS-16 scores are totals across 16 items rated 0–100 (item mean = 39.45, *SD* = 22.48).

Correlations (H1)

Self-control was negatively related to MD, $r(148) = -.325$, $p < .001$, so students with more self-control reported less maladaptive daydreaming. Self-control was also negatively related to EE, $r(148) = -.183$, $p = .025$. MD was strongly and positively related to EE, $r(148) = .606$, $p < .001$ (Table 2). By Cohen's (1988) benchmarks, these effects are large, medium, and small. The confidence interval for the self-control–EE correlation comes close to zero, so that result should be read with care. H1 was supported.

Table 2: **Pearson Correlations among Self-Control, Maladaptive Daydreaming, and Emotional Eating (N = 150)**

Variables	M	SD	*1*	*2*	*3*	*4*
1. Gender	1.65	.480	_	*.54**	*.16**	*.16**
2. Self-control (BSCS)	36.37	7.313		_	*.02***	*.025**
3. Maladaptive daydreaming (MDS-16)	39.45	22.48			_	*.001*
4. Emotional eating (EEQ)	631.27	359.74				-

Note. * $p < .05$. *** $p < .001$.

Gender and demographic differences (H3)

Men ($n = 53$) and women ($n = 97$) did not differ on MD, self-control, or EE, and all effect sizes were small (Table 3). The confidence intervals for d are wide, and the sample could only detect differences of about $d = 0.48$ or more. One-way ANOVAs found no differences in MD across socioeconomic status or living arrangement [report $F(df)$ and p for each].

Table 3: **Independent-Samples t Tests Comparing Men and Women**

variables	Male (n=53)		Female (n=97)		t(148)	p	Cohen's d
	M	SD	M	SD			
MDS	35.88	15.32	36.64	14.6	148	.549	0.51
BSCS	35.88	15.32	36.64	14.6	0.92	.362	.141
EEQ	35.88	15.32	36.64	14.6	-0.60	.548	.081

Note. Men n = 53; women n = 97. Confidence intervals for d are approximate.

Hierarchical regression (H2)

In Step 1, MD alone predicted EE, R^2 = .363, $F(1, 148)$ = 84.67, p < .001, β = .606. In Step 2, adding self-control raised the explained variance significantly, ΔR^2 = .044, $\Delta F(1, 147)$ = 10.98, p = .001, f^2 = .07. The final model explained 40.7% of the variance in EE, R^2 = .407, $F(2, 147)$ = 50.52, p < .001. MD stayed a strong positive predictor (β = .565, p < .001), and self-control was a significant negative predictor (B = −0.216, SE = 0.062, β = −.222, 95% CI [−0.339, −0.092], p = .001; Table 4). The MD coefficient fell only from .606 to .565 when self-control entered, so self-control did not account for the MD–EE link. H2 was supported.

Table 4: **Hierarchical Multiple Regression Predicting Emotional Eating (N = 150)**

Predictor	*B*	95% CI for *B*	β	R^2	ΔR^2	f^2
Step 1				.363	.363***	.57
Constant	6.952	[5.100, 8.805]				
Maladaptive daydreaming	0.012	[0.009, 0.015]	.606***			
Step 2				.407	.044**	.07
Constant	15.301	[10.207, 20.394]				
Maladaptive daydreaming	0.011	[0.009, 0.014]	.565***			
Self-control	−0.216	[−0.339, −0.092]	−.222**			

Note. CI = confidence interval. f^2 is the effect of the whole model in Step 1 and of the increment in Step 2. ** $p \leq .001$. *** $p < .001$.

Discussion

The main finding is the strong link between maladaptive daydreaming and emotional eating (r = .61). Self-control was also related to both, and it explained a small amount of EE on top of MD. MD alone accounted for 36.3% of the variance in EE, and self-control added another 4.4%.

Maladaptive daydreaming and emotional eating

This result supports the idea that fantasy and eating in response to emotion are two ways of escaping distress (Heatherton & Baumeister, 1991). It extends the finding that MD goes with eating disorder symptoms (Renzi et al., 2025) to emotional eating, and it resembles the finding that internet addiction predicts EE in young adults (Yılmaz et al., 2026). It also fits Macht's (2008) model, in which emotion can pull attention away from the normal regulation of eating.

Our design cannot show why the two go together. One possibility is attention. A person lost in a daydream may not notice hunger or fullness, and mind wandering has been linked to inattention (Carriere et al., 2013). Another is rumination. Repetitive focus on distress has predicted later bulimic symptoms (Nolen-Hoeksema et al., 2007), and a vivid fantasy that replays unresolved feelings might keep distress going and make food more tempting. Eating-related thoughts and emotions have also been shown to carry the effect of food addiction symptoms on uncontrolled eating (Rossi, 2025). A third possibility is that something else, such as depression,

drives both. MD is consistently related to psychopathology (Soffer-Dudek et al., 2021; Somer et al., 2025), and depressive symptoms are related to EE (López-Caudana et al., 2020). We did not measure depression, so part of the MD–EE link may be shared distress.

The size of the correlation also needs care. It is larger than the one reported between internet addiction and EE in a bigger sample (r = .45; Yılmaz et al., 2026), and its interval is wide (95% CI [.49, .70]). Shared self-report method variance and convenience sampling may have pushed it up. A larger, more varied sample will show how stable it is.

Self-control

Students with more self-control reported less MD (r = −.33) and less EE (r = −.18). The first result fits the finding that trouble controlling thoughts contributes to maladaptive task-unrelated thinking (Kornacka et al., 2023) and the finding that self-monitoring and mindfulness reduce MD (Herscu et al., 2023). The second fits dual-process models, in which weak reflective control leaves eating to impulsive, reward-driven processes (Hofmann et al., 2009, 2012), and earlier work linking self-regulation to EE (Elran Barak et al., 2021; Xiang et al., 2025).

With MD in the model, self-control still predicted EE (β = −.22), but its extra contribution was small (ΔR^2 = .044). It is better described as a modest protective factor than as the main driver of EE here. The MD coefficient dropped only slightly when self-control was added (from .606 to .565). If low self-control were the one cause behind both behaviors, controlling for it should have cut the MD–EE link much more. It did not, which suggests that the link works at least partly through emotional and attentional processes that trait self-control does not capture. This is a tentative reading, because the data are cross-sectional. Our regression was also additive, so it does not tell us whether the MD–EE link is weaker in students with high self-control. That interaction was not tested.

Gender and demographic differences

Men and women did not differ on any variable, and MD did not differ by socioeconomic status or living arrangement. Earlier work has reported more EE among women (Macht, 2008). We had fewer men, and the study could only detect differences of about d = 0.48 or larger, so smaller gender differences cannot be ruled out. Cultural norms in Pakistan may also narrow gender gaps in how people regulate emotion, but we did not measure this. We also did not measure attitudes to food, family expectations, or help-seeking, which may differ from Western settings and could shape how distress is expressed and reported.

Implications

For research, studies of EE should measure MD, and studies of MD should measure eating. For practice, counselors who see students for emotional eating could ask about daydreaming as well, because a student may be escaping the same distress in both ways. Interventions for EE have small average effects (Smith et al., 2023), and working on the absorbing, avoidant process that may come before eating is one way to add to them. Self-monitoring and mindfulness reduce MD (Herscu et al., 2023), and mindfulness programs have been linked to better eating behavior (Alberts et al., 2012) and to changes in brain systems that support self-regulation (Tang et al., 2015). These are ideas for intervention trials. They are not clinical advice, because our data cannot show cause and effect. Universities could also add a short MD screen to counseling intake and explain the condition to students who may not realize it is a problem.

Limitations

The design is cross-sectional, so we cannot say which variable comes first, and the MD–EE link could run in either direction. Convenience sampling in one country limits how far the results generalize. All measures were self-reports and may be affected by social desirability, especially for habits that carry stigma, and the exclusion criteria were also self-reported. The scales were developed mainly in Western settings. The MDS-16 has been adapted to many languages and cultures (Abu-Rayya et al., 2019; Pietkiewicz et al., 2023), but we did not test whether the scales work the same way in Pakistani students. We did not measure depression, anxiety, rumination, or ADHD symptoms, which could explain part of the associations. Women were the majority of the sample, and the sample size only gave good power for moderate effects. Finally, we expected self-control to moderate the MD–EE link, but we tested only its additive contribution.

Future research

Future studies should follow students over time or use daily diaries to test whether daydreaming episodes come before eating episodes, as experience-sampling work has done for temptation and self-control (Hofmann et al., 2012). They should add measures

other than self-report, include depression, anxiety, rumination, and boredom, and test the MD × self-control interaction and mediation models in larger and more varied samples. Trials should also test whether reducing MD reduces EE.

Conclusion

In 150 university students in Pakistan, maladaptive daydreaming was strongly related to emotional eating, and self-control was independently, though modestly, related to less emotional eating. Together the two predictors explained 40.7% of the variance in emotional eating, and daydreaming accounted for most of it. The results fit the view that fantasy and eating in response to emotion are linked ways of coping, and they suggest that daydreaming deserves attention in work on emotional eating. Studies that follow students over time, and that test whether self-control changes the daydreaming–eating link, are the next step.

Declarations

Informed consent. All participants gave informed consent before taking part.

Funding. This research received no specific grant from any funding agency.

Conflicts of interest. The authors declare no conflicts of interest.

References

1. Abu-Rayya, H. M., Somer, E., & Meari-Amir, S. (2019). The psychometric properties of the Arabic 16-item Maladaptive Daydreaming Scale (MDS-16-AR) in a multicountry Arab sample. *Psychology of Consciousness: Theory, Research, and Practice, 6*(2), 171–183. https://doi.org/10.1037/cns0000183
2. Alberts, H. J. E. M., Thewissen, R., & Raes, L. (2012). Dealing with problematic eating behaviour: The effects of a mindfulness-based intervention on eating behaviour, food cravings, dichotomous thinking and body image concern. *Appetite, 58*(3), 847–851. https://doi.org/10.1016/j.appet.2012.01.009
3. Baumeister, R. F., Vohs, K. D., & Tice, D. M. (2007). The strength model of self-control. *Current Directions in Psychological Science, 16*(6), 351–355. https://doi.org/10.1111/j.1467-8721.2007.00534.x
4. Braden, A., Musher-Eizenman, D., Watford, T., & Emley, E. (2018). Eating when depressed, anxious, bored, or happy: Are emotional eating types associated with unique psychological and physical health correlates? *Appetite, 125*, 410–417.
5. Carriere, J. S. A., Seli, P., & Smilek, D. (2013). Wandering in both mind and body: Individual differences in mind wandering and inattention predict fidgeting. *Canadian Journal of Experimental Psychology, 67*(1), 19–31. https://doi.org/10.1037/a0031438
6. Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Lawrence Erlbaum Associates.
7. Elran Barak, R., Shuval, K., Li, Q., Oetjen, R., Drope, J., Yaroch, A. L., & Harding, M. (2021). Emotional eating in adults: The role of sociodemographics, lifestyle behaviors, and self-regulation—Findings from a U.S. national study. *International Journal of Environmental Research and Public Health, 18*(4), Article 1744. https://doi.org/10.3390/ijerph18041744
8. Friese, M., Loschelder, D. D., Gieseler, K., Frankenbach, J., & Inzlicht, M. (2019). Is ego depletion real? An analysis of arguments. *Personality and Social Psychology Review, 23*(2), 107–131. https://doi.org/10.1177/1088868318762183
9. Garaulet, M., Canteras, M., Morales, E., López-Guimera, G., Sánchez-Carracedo, D., & Corbalán-Berné, M. S. (2012). Validation of a questionnaire on emotional eating for use in cases of obesity: The Emotional Eater Questionnaire (EEQ). *Nutrición Hospitalaria, 27*(2), 645–651. https://doi.org/10.1590/S0212-16112012000200043
10. Heatherton, T. F., & Baumeister, R. F. (1991). Binge eating as escape from self-awareness. *Psychological Bulletin, 110*(1), 86–108. https://doi.org/10.1037/0033-2909.110.1.86
11. Herscu, O., Somer, E., Federman, A., & Soffer-Dudek, N. (2023). Mindfulness meditation and self-monitoring reduced maladaptive daydreaming symptoms: A randomized controlled trial of a brief self-guided web-based program. *Journal of Consulting and Clinical Psychology, 91*(5), 285.

12. Hofmann, W., Baumeister, R. F., Förster, G., & Vohs, K. D. (2012). Everyday temptations: An experience sampling study of desire, conflict, and self-control. *Journal of Personality and Social Psychology, 102*(6), 1318–1335. https://doi.org/10.1037/a0026545

13. Hofmann, W., Friese, M., & Strack, F. (2009). Impulse and self-control from a dual-systems perspective. *Perspectives on Psychological Science, 4*(2), 162–176. https://doi.org/10.1111/j.1745-6924.2009.01116.x

14. Ju, H. J., Jun, H. S., & Park, M. K. (2019). The stress, self-efficacy, and self-control of university students impact on smartphone addiction. *Journal of Digital Convergence, 17*, 395–407.

15. Kornacka, M., Cudo, A., Wróbel, M., Soltysik, B., & Ceccarini, J. (2023). Maladaptive task-unrelated thoughts: Self-control failure or avoidant behavior? *Frontiers in Psychiatry, 14*, Article 1037443. https://doi.org/10.3389/fpsyt.2023.1037443

16. López-Caudana, A. E., Gallegos-Cabriales, E. C., González-Gil, E. M., Rojas-Valverde, D., & Morales-Sánchez, A. (2020). Emotional eating as a mediator between depressive symptoms and BMI in Mexican college students. *International Journal of Environmental Research and Public Health, 17*(18), Article 6661. https://doi.org/10.3390/ijerph17186661

17. Macht, M. (2008). How emotions affect eating: A five-way model. *Appetite, 50*(1), 1–11. https://doi.org/10.1016/j.appet.2007.07.002

18. Mancinelli, E., Spisto, S., Sukhija, V. J., & Salcuni, S. (2024). Maladaptive daydreaming as emotion regulation strategy: Exploring the association with emotion regulation, psychological symptoms, and negative problem-solving orientation. *Current Psychology, 43*(35), 28578–28589.

19. Metcalfe, J., & Mischel, W. (1999). A hot/cool-system analysis of delay of gratification: Dynamics of willpower. *Psychological Review, 106*(1), 3–19. https://doi.org/10.1037/0033-295X.106.1.3

20. Moynihan, A. B., van Tilburg, W. A. P., Igou, E. R., Wisman, A., Donnelly, A. E., & Mulcaire, J. B. (2015). Eaten up by boredom: Consuming food to escape awareness of the self. *Frontiers in Psychology, 6*, Article 369. https://doi.org/10.3389/fpsyg.2015.00369

21. Muraven, M., & Baumeister, R. F. (2000). Self-regulation and depletion of limited resources: Does self-control resemble a muscle? *Psychological Bulletin, 126*(2), 247–259. https://doi.org/10.1037/0033-2909.126.2.247

22. Nolen-Hoeksema, S., Stice, E., Wade, E., & Bohon, C. (2007). Reciprocal relations between rumination and bulimic, substance abuse, and depressive symptoms in female adolescents. *Journal of Abnormal Psychology, 116*(1), 198–207. https://doi.org/10.1037/0021-843X.116.1.198

23. Pietkiewicz, I. J., Nęcki, S., Bańbura, A., & Tomalski, R. (2018). Maladaptive daydreaming as a new form of behavioral addiction. *Journal of Behavioral Addictions, 7*(3), 838–843. https://doi.org/10.1556/2006.7.2018.95

24. Pietkiewicz, I. J., Hełka, A. M., Barłóg, M., & Tomalski, R. (2023). Validity and reliability of the Polish Maladaptive Daydreaming Scale (PMDS-16) and its short form (PMDS-5). *Clinical Psychology & Psychotherapy, 30*(4), 882–897. https://doi.org/10.1002/cpp.2844

25. Reichenberger, J. (2020). Emotional eating in healthy individuals and patients with eating disorders: Evidence from psychometric, experimental and naturalistic studies. *Proceedings of the Nutrition Society, 79*(3), 290–299.

26. Renzi, A., Bytyqi, B., & Mariani, R. (2025). The association between maladaptive daydreaming and eating and obsessive-compulsive disorders in the general population: The mediating role of alexithymia. *European Archives of Psychiatry and Clinical Neuroscience, 276*(4), 1399–1409. https://doi.org/10.1007/s00406-025-02083-z

27. Rossi, A. A. (2025). Tying food addiction to uncontrolled eating: The roles of eating-related thoughts and emotional eating. *Nutrients, 17*(3), Article 369. https://doi.org/10.3390/nu17030369

28. Schimmenti, A., Somer, E., & Regis, M. (2019). Maladaptive daydreaming: Towards a nosological definition. *Annales Médico-psychologiques, Revue Psychiatrique, 177*(9), 865–874. https://doi.org/10.1016/j.amp.2019.08.014

29. Sheldon, E., Simmonds-Buckley, M., Bone, C., Mascarenhas, T., Chan, N., Wincott, M., & Barkham, M. (2021). Prevalence and risk factors for mental health problems in university undergraduate students: A systematic review with meta-analysis. *Journal of Affective Disorders, 287*, 282–292.

30. Smith, J., Ang, X. Q., Giles, E. L., & Traviss-Turner, G. (2023). Emotional eating interventions for adults living with overweight or obesity: A systematic review and meta-analysis. *International Journal of Environmental Research and Public Health, 20*(3), Article 2722. https://doi.org/10.3390/ijerph20032722

31. Soffer-Dudek, N., Somer, E., Abu-Rayya, H. M., van der Meijden, W. A., Regev, M., Benshushan, I., & Salomon-Shushan, T. (2021). Psychopathology and maladaptive daydreaming: A path model. *Frontiers in Psychiatry, 12*, Article 639941. https://doi.org/10.3389/fpsyt.2021.639941

32. Somer, E. (2002). Maladaptive daydreaming: A qualitative inquiry. *Journal of Contemporary Psychotherapy, 32*(2), 197–212. https://doi.org/10.1023/A:1020597026919

33. Somer, E., Herscu, O., Samara, M., & Abu-Rayya, H. M. (2025). Maladaptive daydreaming and psychopathology: A meta-analysis. *International Journal of Psychology, 60*(2), Article e70027. https://doi.org/10.1002/ijop.70027

34. Somer, E., Lehrfeld, J., Bigelsen, J., & Jopp, D. S. (2016). Development and validation of the Maladaptive Daydreaming Scale (MDS). *Consciousness and Cognition, 39*, 77–91. https://doi.org/10.1016/j.concog.2015.12.001

35. Tang, Y.-Y., Hölzel, B. K., & Posner, M. I. (2015). The neuroscience of mindfulness meditation. *Nature Reviews Neuroscience, 16*(4), 213–225. https://doi.org/10.1038/nrn3916

36. Tangney, J. P., Baumeister, R. F., & Boone, A. L. (2004). High self-control predicts good adjustment, less pathology, better grades, and interpersonal success. *Journal of Personality, 72*(2), 271–324. https://doi.org/10.1111/j.0022-3506.2004.00263.x

37. Xiang, G., Du, Y., & Du, X. (2025). The associations of sociocultural pressure, emotional states, self-control, and emotional eating in adolescents. *Youth & Society, 57*(6), 1009–1022.

38. Yılmaz, H. Ö., Günal, A. M., & Yılmaz, S. (2026). Internet addiction as a predictor of emotional eating in young adults: The incremental role of psychological variables. *Frontiers in Psychology, 17*, Article 1832842. https://doi.org/10.3389/fpsyg.2026.1832842



2026 by the authors; Journal of Global Social Transformation (JGST). This is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC-BY) license (http://creativecommons.org/licenses/by/4.0/).