



Investigating the association between fantasy proneness and emotional distress: the mediating role of cognitive coping strategies

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ABSTRACT

Fantasy proneness (FP; the tendency to immersion in imagination) is linked to psychopathology and suggested to be a maladaptive coping strategy. However, some evidence suggests it can be a positive trait. We examined whether the FP-emotional distress relationship is mediated by coping strategy. Participants completed the Depression, Anxiety and Stress Scale, the Cognitive Emotion Regulation Questionnaire measure of coping strategies, the Creative Experiences Questionnaire FP scale (Study 1; $N = 248$) and the newly developed Fantasy Questionnaire which measures fantasy across two subscales, creative and imaginative (Study 2; $N = 208$). In Study 1, FP presented positive associations with emotional distress, with maladaptive coping strategies self-blame, rumination and catastrophizing, and with adaptive strategies positive refocussing, planning and positive reappraisal. Mediation indicated that self-blame and rumination partially accounted for the negative relationship between FP and distress, while positive refocussing ameliorated it. In Study 2, creative fantasy showed no relationship with distress, though imaginative fantasy was positively associated, with self-blame mediating the relationship. A tendency to fantasise can negatively influence psychological outcomes particularly in the presence of maladaptive coping. Our data support the suggestion that fantasy proneness is multi-componential and that not all aspects are linked to negative emotion.

1. Introduction

The association between life stress and risk of depressive and anxiety disorders is well established (e.g. Hammen, 2005; Kendler, Karkowski, & Prescott, 1999; Mitchell, Parker, Gladstone, Wilhelm, & Austin, 2003; Pine, Cohen, Johnson, & Brook, 2002) and the strategies individuals use to cope with stressful events have received a good deal of research attention. There is evidence that certain personality traits can predispose to emotional distress and coping in a way which is maladaptive and can exacerbate distress and in the present studies we examine these associations in terms of fantasy proneness (FP) a trait which reflects the tendency to experience “deep, profound, and long-standing involvement in fantasy and imagination” (Lynn & Rhue, 1988, p. 35).

FP is inherently linked to visualisation, imagery and absorption, the tendency to become immersed in vivid and compelling imaginings (Tellegan & Atkinson, 1974). Some individuals can have fantasies so vivid that they can be hard to distinguish from reality (Horselenberg, Merckelbach, van Breukelen, & Wessel, 2004; Merckelbach, 2004; Merckelbach, Horselenberg, & Muris, 2001) and even when fantasies are themselves enjoyable, their frequency and uncontrollability can be

distressing (Bigelsen & Schupak, 2011; Schupak & Rosenthal, 2009). The majority of research into FP has focussed on its well-documented association with psychopathology, particularly dissociative disorders. Dissociation is a defensive coping style suggested to be a response to exceptionally traumatic events (Dell & O’Neil, 2009) and to result in severe psychopathology (Gershuny & Thayer, 1999; Merckelbach, Campo, Hardy, & Giesbrecht, 2005; Rauschenberger & Lynn, 1995; Waldo, Merritt, & Davis, 2000). Fantasiers tend to report more dissociative experiences and weaker cognitive, affective, and attentional control than individual who are not fantasy-prone (Rauschenberger & Lynn, 2003).

However, there is evidence that FP is not a unitary construct. Sánchez-Bernardos and Avia (2004) identified three subcomponents fantasy vividness, fantasy to escape and make believe, in a sample of adolescents and suggested these serve different psychological functions. While all three were linked to Neuroticism, a trait which reflects high vulnerability to stress, anxiety, depression and impulsivity in adults and depression and low self-esteem in adolescents (Bagby, Joffe, Parker, Kalembe, & Harkness, 1995), only fantasy to escape from an unpleasant reality was interpreted as maladaptive (Sánchez-Bernardos & Avia, 2004). Klinger, Henning, and Janssen (2009) identified two

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components to FP: one reflected imaginativeness, enjoyable make-believe and daydreaming, while the other component reflected vivid, compelling mental imagery and parapsychological beliefs. Only this second component was related to psychological disorders. Other evidence has suggested that dissociation arises more from the nature of trauma than a tendency to fantasy (Dalenberg et al., 2012; Klumper & Dalenberg, 2014). Certainly, some degree of fantasising is a fairly universal part of normative emotional functioning (Eisen & Lynn, 2001; Mason et al., 2007) and is also associated with everyday dissociative experiences (such as daydreaming and lapses in attention) which are common in response to stressful events or as an escape from boredom (Muris, Merckelbach, & Peters, 2003; Ross, Joshi, & Currie, 1991).

Moreover, there is considerable evidence that higher levels of fantasising can be related to mood disorders in general non-clinical and some have suggested that fantasy can be adaptive in coping with stressful events. Smith and Mathur (2009) found that highly imaginative and fantasy-prone children tend to have effective coping skills and the ability to regulate their emotions. There is also evidence for what has been termed sustaining fantasy (Greenwald & Harder, 1995, 1997) where fantasy is used as a conscious coping strategy, allowing for a welcome break from anxiety and the need to focus on stressful events. FP is certainly associated with everyday experiences such as daydreaming and lapses in attention. These are common in response to stress or as an escape from boredom but do not present a clinical level of dissociation (Muris et al., 2003; Ross et al., 1991; Sánchez-Bernardos & Avia, 2004). Overall, FP is a complex construct and, amidst equivocal results regarding the relationship between FP and emotional wellbeing, further research is needed. In the present studies, we examine FP conceptualised both in its more traditional sense of dissociative imagination (Study 1) and as a positive attribute (Study 2), and its relationship with emotional distress and coping strategies.

Coping refers to the use of conscious and volitional cognitive and behavioural strategies to regulate emotions and manage demands in response to stress (e.g. Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986; Folkman & Moskowitz, 2004; Lazarus & Folkman, 1984). Some coping strategies are known to be adaptive, supporting problem-solving and associated decreases in emotional distress (e.g., Connor-Smith & Compas, 2004). Conversely maladaptive strategies result in unsuccessful coping and can exacerbate distress, for instance rumination (focus on negative and pessimistic thoughts) is strongly predictive of depression (Nolen-Hoeksema, 1991). Coping is initiated when our appraisal of an event indicates that a personally valued goal or circumstance is threatened, so one of the first tasks in adaptive coping is to regulate the often intense emotions associated with such appraisals (Folkman & Moskowitz, 2004). Garnefski, Kraaij, and Spinhoven (2001, 2002) have identified nine distinct cognitive coping strategies which support the regulation of emotion and it is this aspect of coping which is the focus of the present study. Five strategies are classed as adaptive: *Putting into Perspective* (emphasising severity in relation to worse possibilities), *Positive Refocusing* (thinking about more joyful and pleasant issues), *Positive Reappraisal* (finding a positive meaning in terms of personal growth), *Acceptance* (accepting and resigning to what has happened) and *Planning* (thinking about how to handle the situation proactively). Four other strategies can be classed as maladaptive: *Self-and-other blame* (putting blame for the event on the self or another person respectively), *Rumination* (repeatedly dwelling on feelings and thoughts associated with the negative event) and *Catastrophizing* (emphasising the terror and extremity of the experience). Research has supported these classifications, and the potential for positive or negative emotional outcomes respectively, across a range of applied health settings, including identification of targets for intervention (e.g. Garnefski & Kraaij, 2012; Kraaij & Garnefski, 2015; Garnefski et al., 2013).

The role of fantasy in these cognitive coping processes has not previously been explored and it is possible that FP may contribute to both adaptive strategies for instance, positive refocussing or planning

ahead, or maladaptive strategies such as rumination. This could mean that FP could support either a positive or negative emotional outcome. Studies typically employ measures such as the Creative Experiences Questionnaire (CEQ; Merckelbach et al., 2001) which assesses aspects of fantasy closely linked to dissociation and other disorders. Recently however, Weibel, Martarelli, Haberli, and Mast (2017) highlighted the more positive connotations of fantasy, such as its associations with creativity (Barrett, 2010) and theory of mind (Taylor & Carlson, 1997). Weibel et al. (2017) developed a new measure, The Fantasy Questionnaire, which assesses individual differences in the propensity to positive, adaptive non-clinical fantasy. In the present two studies, we examine the associations between FP, emotional distress and coping, firstly in terms of fantasy as measured by the CEQ and then, in Study 2, in terms of Weibel et al.'s more positive conceptualisation.

2. Study 1

In general terms, FP and the use of maladaptive cognitive coping strategies have both been associated with higher levels of emotional distress. Adaptive strategies however present a negative relationship with distress. In Study 1, we anticipated that scores on the CEQ measure of FP and emotional distress would be positively associated. In terms of Garnefski et al.'s (2001) model of cognitive coping, we proposed that FP may support effective emotion regulatory strategies such as imagining more pleasant things (Positive Refocusing) and alternative perspectives (Putting into Perspective; Positive Reappraisal). Conversely, FP may support less adaptive thinking by strengthening the distressing effect of rumination or catastrophizing. However, there is some evidence that some forms of rumination can play a positive role in regulating emotion. What has been termed “intellectual self-reflection” or “pondering” defines a more general self-reflective tendency to think about and analyse one's feelings and associated life events. It is shown to share common variance with negative rumination but is not correlated with depression (Siegle, Moore, & Thase, 2004; Teasdale & Green, 2004). Nolen-Hoeksema, Wisko, and Lyubomirsk (2008) discuss this in the context of self-regulatory theories which suggest that rumination on the perceived discrepancy between a desired state and actual state is adaptive because it leads to a resolution, either by triggering problem-solving action or the abandonment of an unrealistic desired state. Furthermore, Luminet, and Zech (2000) discussed how people can voluntarily develop ruminations about positive events and this self-maintained process supports emotion regulation by increasing positive affect. In the present context, we expect FP and negative emotions to be positively associated. If that relationship is mediated such that an alternative path via rumination results in less negative outcomes, this would suggest the presence of this type of adaptive reflection.

2.1. Participants

Two hundred and fifty four undergraduate psychology students took part in return for course credit. Of these, six did not complete all of the measures and were removed from the sample prior to analysis. Hence our final sample comprised 248 participants, 154 females and 94 males ($M^{age} = 20.94$, $SD = 3.92$). As we wanted to examine effects in a non-clinical population, we requested that participants have no current formal diagnosis of psychological disorder. They were also asked to self-declare this to be the case before beginning the study. A sample size of at least 200 is recommended to obtain a medium effect size in regression analysis with 11 predictor variables (Miles & Shevlin, 2000).

2.2. Materials and procedures

Ethical approval for both studies was obtained from the authors' university Faculty Ethics Committee. All participants completed the following measures, in the same order. The questionnaires were presented online and accessed via a web link which was emailed to

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