

Title: *Imagining oneself in a parallel world: The role of imagination in Dissociative Identity Disorder and Maladaptive Daydreaming*

Dissociation is defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V; APA, 2013) as a disruption, or lack of integration, of psychological functions affecting memory, attention, perception, affect, behaviour, and identity. A broad consensus in the contemporary literature holds that dissociation is a dimensional phenomenon, spanning from non-pathological experiences commonly found in the general population to severe and disabling dissociative disorders (cf. Soffer-Dudek & Somer, 2022). Thus, dissociative traits are not pathological per se, but may, under certain conditions, lead to significant impairment in daily functioning.

Within this context, several authors have recently proposed that certain forms of fantasising might fall within the pathological side of the dissociative spectrum. A prominent example is maladaptive daydreaming (MD), a phenomenon characterised by highly immersive, recurrent, and difficult-to-stop fantasising (Somer et al., 2002). Individuals with MD describe experiences strikingly reminiscent of dissociative psychopathology: intense absorption in internal events, diminished responsiveness to the external environment, and feelings of detachment from reality and from oneself (Soffer-Dudek et al., 2025; Ricci et al., 2025). According to some (Soffer-Dudek & Somer, 2022), the transition from ordinary to maladaptive daydreaming involves a disintegration of consciousness, leading to a “split” or division of the normal stream of consciousness, as exemplified by extreme cases of dissociation such as dissociative identity disorder (DID).

These proposals, which situate well-known dissociative disorders such as DID alongside less well-known disruptive forms of fantasising such as MD, emphasise the role of imaginative involvement in the emergence and maintenance of dissociative psychopathology. In fact, several authors have focused their attention on the trait of dissociative absorption, also known as “absorption and imaginative involvement” in the Dissociative Experiences Scale (DES; Bernstein & Putnam, 1986). This psychological construct captures the tendency to become fully immersed in external and internal stimuli, including daydreaming and fantasising, leading to a state of narrowed attention, automaticity, and reduced awareness of one’s surroundings. High levels of dissociative absorption have been strongly linked to heightened imaginative abilities, including a tendency towards imagination and vivid imagery (cf. Bregman-Hai et al., 2018). However, contrary to other models, which entertain the possibility that dissociative disorders might be merely iatrogenic and emerge as the result of sociocognitive mechanisms (i.e. suggestibility; Spanos, 1994), imaginative involvement is conceived in these accounts as a mechanism that facilitates escapism from distressing experiences (cf. Soffer-Dudek & Somer, 2022).

Despite this growing interest in dissociative absorption, the role of imagination itself remains undertheorised within dominant psychological models of dissociation. For instance, what exactly is the type of imaginative involvement that contributes to pathological dissociation? And is dissociation affected by the degree of engagement in imagination, or the type of engagement that takes place? In this presentation, I aim to address these questions by introducing a novel framework that considers imagination as a key cognitive mechanism in MD and DID. I propose that MD and DID are marked by a prolonged or recurrent inhabitation of the imaginary mode of consciousness—a mode of intentionality in which one simulates a possible experience (Husserl, 1898/1925). In these

states, imagination becomes the primary means through which individuals orient themselves in the world, regulate affect, and sustain coherence and meaning. In this sense, I argue that MD and DID involve an overreliance on imagination as the preferred cognitive tool.

I develop this framework by drawing directly on Merleau-Ponty's work on imagination as an embodied, action-oriented faculty, structurally continuous with perception and grounded in our body schema. For Merleau-Ponty, perception is not a passive reception of stimuli but an active, embodied engagement with a world experienced in terms of possibilities for action (Merleau-Ponty, 2005 [1945]). According to him, imagination relies on the same embodied structures as perception, but is oriented not towards what is actual, but towards what is possible (or conceivable). Imagination thus allows subjects to explore, rehearse, and transform their ways of inhabiting the world.

I show that, when viewed through a Merleau-Pontian perspective, imagination in extreme forms of dissociation is not inherently escapist or pathological. Rather, it is a fundamental cognitive mechanism that enables sense-making, anticipation, and emotion regulation. As such, certain dissociative states can be understood as conditions in which this imaginative mode becomes dominant, overshadowing other modes of world-relation, such as perceptual engagement. Imagination thus functions as a primary navigation tool, rather than a supplementary or compensatory one. On this view, the maladaptivity of MD and DID should not be understood simply as dysfunction or deficit. Rather, these conditions exemplify what may be described as "misplaced success": the imaginative system takes over and becomes overrelied upon to the detriment of other modes of engagement. In this sense, dissociation in these phenomena reflects not the breakdown of imagination, but its dominance as the primary mode of world-orientation.

This phenomenological account sheds new light on MD, DID, and related dissociative states. Under this framework, in both MD and DID there is a mobilisation of imagination as the primary action schema for navigating the world—one relies on the imaginative mode of consciousness to make sense of one's world. For instance, in the case of DID, imagination becomes a cognitive strategy for organising an affectively ambivalent and disrupted sense of self (cf. Maiese, 2016). In MD, imagination becomes a highly practised and habitual skill that is repeatedly relied upon to manage distress, boredom, or unmet needs (cf. Burrell et al., 2025). Yet, only in DID does imagination lose its anchoring in the actual world, whereas this anchoring remains in MD, giving rise to two distinct phenomena.

By reframing dissociation through a Merleau-Pontian account of imagination, this presentation offers a novel conceptual framework that integrates clinical and empirical psychological research on dissociative absorption with phenomenological positions on imagination. It clarifies the role of imagination in dissociative disorders, illuminates the continuity between maladaptive daydreaming and DID, and contributes to ongoing debates about the nature of dissociation as a disturbance of embodied world-relation, rather than merely a trauma-based or socially constructed phenomenon.

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