ple daydream, although the frequency of daydreaming varies considerably from individual to individual. Psychologists estimate that one-third to one-half of a person’s thoughts while awake are daydreams, although a single daydream rarely last more than a few minutes.

When the daydreamer begins to confuse the mental images with reality, the daydream is called an hallucination. Daydreaming is generally not harmful, unless the daydreaming episodes interfere with activities of daily living. When the daydreamer’s daily routine is disrupted—a driver misses an exit on the freeway continuously, or a student does not hear the teacher assigning homework—he or she may want to consider whether the daydreams are a symptom of a psychological problem.

Although most psychologists view daydreams as generally healthy and natural, this was not always the case. In the 1960s, for example, textbooks used for training teachers provided strategies for combating daydreaming, using language similar to that used in describing drug use. Sigmund Freud felt that only unfulfilled individuals created fantasies, and that daydreaming and fantasy were early signs of mental illness. By the late 1980s, most psychologists considered daydreams a natural component of the mental process for most individuals.

Similar to dreams experienced during sleep, daydreams occur in cycles set by biological cycles of temperature and hormone levels (psychologists estimate that the average person daydreams about every 90 minutes), and peak around the lunch hour (noon to 2 p.m.). Daydreaming first occurs for most people during childhood, sometime before age three, and these early daydreams set the pattern for adult daydreaming. Children who have positive, happy daydreams of success and achievement generally continue these types of mental images into adulthood; these daydreamers are most likely to benefit from the positive aspects of mental imagery. Daydreams become the impetus for problem-solving, creativity, or accomplishment. On the other hand, children whose daydreams are negative, scary, or visualize disasters are likely to experience anxiety, and this pattern will carry over into adulthood as well. A child’s daydreams may take a visible or public form—the daydreamer talks about his mental images while he is experiencing them, and may even act out the scenario she or he is imagining. After age ten, however, the process of internalizing daydreaming begins.

It is not unusual for a daydream, or series of daydreams, to precede an episode of creative writing or invention. Athletes, musicians, and other performers use a form of daydreaming known as visualization. As the individual prepares for a competition or performance, he or she forms a mental picture of him- or herself executing and completing the task with the desired successful outcome.

Further Reading

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### Deductive reasoning

Way of thinking that relates ideas to one another in reaching conclusions.

Deductive reasoning is a way of reasoning that relates two or more general concepts or conditions to a specific case. For example, a child learns that birds fly south in October, and that a robin is a bird, he will use deductive reasoning to conclude that a robin will fly south in October. Deductive reasoning is often confused with inductive reasoning, which uses a specific observation to reach a general conclusion.

### Defense mechanisms

Unconscious strategies for avoiding or reducing threatening feelings, such as fear and anxiety.

The concept of the defense mechanism originated with Sigmund Freud (1856-1939) and was later elaborated by other psychodynamically oriented theorists, notably his daughter Anna Freud (1895-1982). Defense mechanisms allow negative feelings to be lessened without an alteration of the situation that is producing them, often by distorting the reality of that situation in some way. While they can help in coping with stress, they pose a danger because the reduction of stress can be so appealing that the defenses are maintained and become habitual. They can also be harmful if they become a person’s primary mode of responding to problems. In children, excessive dependence on defense mechanisms may produce social isolation and distortion of reality and hamper the ability to engage in and learn from new experiences.

Defense mechanisms include denial, repression, suppression, projection, displacement, reaction formation, regression, fixation, identification, introjection, rationalization, isolation, sublimation, compensation, and humor. Denial and repression both distort reality by keeping things hidden from consciousness. In the case
of denial, an unpleasant reality is ignored, and a realistic interpretation of potentially threatening events is replaced by a benign but inaccurate one. Either feelings or events (or both) may be denied. In very young children, a degree of denial is normal. One way of coping with the relative powerlessness of childhood is for young children to sometimes act as if they can change reality by refusing to acknowledge it, thereby ascribing magical powers to their thoughts and wishes. For example, a child who is told that her parents are divorcing may deny that it is happening or deny that she is upset about it. Denial has been shown to be effective in reducing the arousal caused by a threatening situation. In life-threatening or other extreme situations, denial can temporarily be useful in helping people cope, but in the long term painful feelings and events must be acknowledged in order to avoid further psychological and emotional problems. Related to denial is avoidance, which involves avoiding situations that are expected to elicit unwanted emotions and impulses.

In repression, painful feelings are conscious initially and then forgotten. However, they are stored in the unconscious, from which, under certain circumstances, they can be retrieved (a phenomenon Freud called “the return of the repressed”). Repression can range from momentary memory lapses to forgetting the details of a catastrophic event, such as a murder or an earthquake. Complete amnesia can even occur in cases where a person has experienced something very painful. The Oedipus complex by which Sigmund Freud explained the acquisition of gender identity relies on a child’s repression of incestuous desires toward the parent of the opposite sex and feelings of rivalry toward the parent of the same sex. Other situations may also occasion the repression of hostile feelings toward a loved one (especially a parent). Possibly the most extreme is child abuse, the memory of which may remain repressed long into adulthood, sometimes being deliberately retrieved in therapy through hypnosis and other techniques.

A third defense mechanism, related to denial and repression, is suppression, by which unpleasant feelings are suppressed through a conscious decision not to think about them. Suppression differs from repression and denial in that the undesirable feelings are available but deliberately ignored (unlike repression and denial, where the person is completely unaware of these feelings). Suppression generally works by replacing unpleasant thoughts with others that do not produce stress. This may be done instinctively, or it may be done deliberately in a therapeutic context. Cognitive behavior therapy in particular makes use of this technique to help people combat negative thought patterns that produce maladaptive emotions and behavior. For example, a child may be instructed to block feelings of fear by thinking about a pleasant experience, such as a party, an academic achievement, or a victory in a sporting event. Suppression is considered one of the more mature and healthy defense mechanisms.

Projection and displacement allow a person to acknowledge anxiety-producing feelings but transfer them to either another source or another object. In projection, the undesirable feelings are attributed to another person or persons. An angry person believes others are angry at her; a person who is critical of others believes they are critical of him. Very young children are especially prone to projection because of their egocentric orientation, which blurs the boundary between themselves and others, making it easier to also blur the distinction between their feelings and those of others.

Displacement is a defense by which an impulse perceived as dangerous is displaced, either through redirection toward a different object or replacement by another impulse. In the first type, known as object displacement, anger or another emotion is initially felt toward a person against whom it is unsafe to express it (in children, for example, toward a parent). Displacement functions as a means by which the impulse can still be expressed—allowing a catharsis of the original emotion—but toward a safer target, such as a sibling, peer, or even a toy. In the second type of displacement, known as drive displacement, the object of the emotion remains the same but the emotion itself is replaced by a less threatening one.

Reaction formation, another defense mechanism, involves behavior that is diametrically opposed to the impulses or feelings that one is repressing. For example, a parent who is repressing feelings of resentment or rejection toward a child may overcompensate by appearing to be lavishly generous and solicitous of the child’s welfare. In this type of situation, the child generally senses the true hostility underlying the parent’s behavior. A child who is being toilet trained may show an exaggerated sense of fastidiousness to counter conflicts over controlling elimination. The Freudian stage of sexual latency in middle childhood is yet another example of reaction formation: in order to repress their sexual feelings, children at this age evince a strong sense of indifference or even hostility toward the opposite sex. Sometimes a distinction is drawn between feelings that are diametrically opposed to a repressed impulse and the actual behavior that expresses them, with the former called reaction formation and the latter referred to as undoing.

Two defense mechanisms—regression and fixation—are associated with developmental disturbances in children. In regression, a child, confronted with a situation that produces conflict, anxiety, or frustration, reverts