The International Journal of Indian Psychology ISSN 2348-5396 (Online) | ISSN: 2349-3429 (Print)

Volume 11, Issue 3, July- September, 2023

[⊕]DIP: 18.01.422.20231103, [⊕]DOI: 10.25215/1103.422

https://www.ijip.in

Research Paper



Impact of Locus of Control Orientation on Proneness to Maladaptive Daydreaming

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ABSTRACT

This study investigates the impact of Locus of Control (LoC) orientation on proneness to Maladaptive Daydreaming (MD). For the study, 150 people were chosen as the sample size. The major goal was to investigate the connection between MD propensity and LoC orientation. A correlation value of 745 shows that the outcomes show a strong positive link between External LoC and MD propensity. This association is very statistically significant, as indicated by the significance level of 0.01 (p<0.01). These results add to our understanding of the mechanisms underlying MD and emphasise the need of taking into account individual variations in LoC orientation when evaluating and treating maladaptive daydreaming tendencies. It is advised to conduct further study to better understand the underlying processes and potential treatments for regulating dysfunctional daydreaming behaviours.

Keywords: Maladaptive Daydreaming, Locus of Control

hile the majority of humans regularly engage in the pastime of daydreaming [Singer, 1966]. Most individuals daydream frequently throughout the day, which is typically beneficial and healthy. Daydreams have been shown to increase creativity, lower sadness, solve problems, help us deal with boredom, pain, and emotional discomfort, organise our thoughts, get us ready for the future, and arrange our memories, according to recent studies [Kam et al. 2020]. However, daydreams become potentially harmful when they interfere with your real life, when you choose to be immersed in your daydream world over the real one and spend more time there than in it. An effective attempt has been made to quantify the characteristics of daydreaming. Singer established the initial body of empirical research on daydreaming in the middle of the 20th century [Singer 1966; Singer, 1975; Singer, 1978]. According to his research, the majority of people have waking fancies on a daily basis in "some form," these activities are most common before going to sleep, most daydreams tend to be about the desire for pleasant experiences, and most people find them to be enjoyable. In later studies, Singer made distinctions between several types of daydreaming:

- 1. Positive and constructive daydreaming: a productive and upbeat daydream in which wistful imagery is linked to original thought
- 2. Guilty and dysphoric daydreaming: daydreaming that is dysphoric and guilt-ridden, with the primary focus being on unsettling fantasies.

Received: June 02, 2023; Revision Received: September 27, 2023; Accepted: September 30, 2023

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3. Daydreaming characterized by poor attentional control: daydreaming that exhibits poor attentional control and in which the person finds it extremely difficult to focus on an internal or external task.

Wilson and Barber unintentionally came across a group of enthusiastic daydreamers during a research on very effective hypnotic subjects [Wilson & Barber, 1981; Wilson & Barber, 1983]. These people were later labelled as "fantasy-prone personalities." The propensity to "spend much of the time in a world of their own making—in a realm of imagery, imagination, and fantasy" was noted to be a trait shared by these people. Fantasy propensity might, for some people, be strongly linked to serious psychopathology. Gold, Gold, Milner, and Robertson (1983, 1986) presented results that supported the hypothesis that anxious people' daydreams function as a negative feedback loop. They came to the conclusion that persons who are mentally in good health make the most of their daydreams by using them to reinforce their positive self-perceptions, as opposed to people who are feeling down who view their daydreams as another indicator of their vulnerability or inadequacies.

A recently described clinical condition known as maladaptive daydreaming (MD) is characterised by an excessive amount of extremely vivid form of daydreaming that has a strong sensation of presence and the ability to elicit strong emotions. This mental activity disrupts the person's regular functioning and causes excruciating suffering. Maladaptive daydreamers (MDers) really claim to have a psychological dependence on this mode of thinking, which manifests as pressure to daydream inordinately, often for many hours each day, leading to distress and decreased functioning. MD is not yet acknowledged as a psychiatric nosology because neither academics nor mental health practitioners are familiar with it. Empirical studies are actively proving the accuracy, precision, and validity of this therapeutic construct. MD research had previously uncovered a number of characteristics that were distinctive to this illness.

Individuals learned how to trigger fantastic fantasies during childhood.

Maladaptive Daydreamers require seclusion to engage in this mental activity.

To initiate and sustain daydreaming, stereotyped movements (such as pacing) are frequently used.

Exposure to evocative music frequently promotes Maladaptive Daydreaming. Maladaptive daydreamers frequently struggle with the effects of negative experiences or ongoing social and emotional challenges, such as shame and social anxiety.

Maladaptive daydreaming frequently starts out as a gratifying and comforting experience but develops into a harmful mental practise that eats up valuable time resources at the expense of physical and social needs or academic and professional obligations.

Maladaptive daydreams are imaginative, can be first- or third-person focused, and frequently involve psychologically compensating elements such as simulated emotional support, portrayals of idealised self-reaching competency, and social acknowledgment.

The quantity, substance, experience, controllability, distress, and impairment with daily functioning of MD are all considerably different from those of normative daydreaming, according to recent study [Somer et al. 2016, Somer et al. 2017, Schimmenti et al. 2019]. In

studies, MD has been linked to symptoms of attention deficit disorder, dissociative disorder, obsessive-compulsive disorder, social anxiety disorder, shame, and general psychopathology [Somer et al. 2017]. Additionally, research has demonstrated that using measures designed particularly to evaluate this construct allows for the accurate detection of MD. The original Maladaptive Daydreaming Scale (MDS) revealed strong internal consistency, temporal stability, and validity. It also distinguished between people who self-identified as having maladaptive daydreaming and those who did not. The updated 16-item version (MDS-16) displayed comparable outstanding psychometric properties in its English translation.

The prevalence of MD appears to be higher in young adults compared to older adults. In a community sample, the suspected prevalence rates of MD increased when focused on the age range of 18-30, which is similar to that of student samples. This suggests that age may account for the differences in prevalence between the samples [Soffer-Dudek & Theodor-Katz, 2017]. The community sample also showed a slightly higher percentage and wider range of MDS scores, indicating that the variation in student samples may be limited and may exclude some severe cases of non-functional MD. Studies on gaming disorder (Stevens et al. 2021) and attention-deficit hyperactivity disorder (Cuffe et al. 2005) have also found higher rates of MD among younger individuals. It's possible that daydreaming may be more common among young adults who are under pressure to find a long-term partner or focus on their studies.

Julian Rotter developed the notion of 'locus of control' in 1966. It is founded on the premise that people are motivated to seek out positive stimulus while avoiding negative stimuli. Rotter applied the concept of reinforcement, which states that if a behaviour results in a positive consequence, it is more likely to be repeated in the future. Expectancy is the anticipation of reinforcement. Individuals learn to differentiate between different behaviours and outcomes as they establish their expectations and generalise these predictions for the future. One's locus of control is defined by this generalisation of expectations. Later, Lefcourt developed a model for predicting behaviour potential based on expectancies and reinforcements (Rotter, 1966).

Locus of control describes presumptive psychological conditions that explain why some people actively, resolutely, and gladly try to deal with challenging situations, while other people give in to a variety of unfavourable emotions. Researchers in this field have a common interest in how people fail to act on their own behalf when attempting to resolve a difficult problem, when under possible stress, or when attempting to achieve gratifying results. The interest is in why people behave or do not act in the face of challenge, regardless of whether one focuses on self-evaluated competence or upon ideas about causal relationships between efforts and outcomes. An internal locus of control means that a person thinks they are in control of the reinforcing they encounter; in other words, they believe their behaviours, traits, qualities, etc. are major factors of the experiences they are questioning. However, if a person has an external locus of control, it means that they believe that external factors, such as chance, the environment in which they live, other people, or anything else, predominantly decide their outcomes. The construct's emphasis is therefore on the perceived contingency between behaviours, traits, and events [Lefcourt, 1991].

According to social learning theory, reinforcement influences our behaviour. When we are paid for doing something, we are more likely to expect to be rewarded again if we do the same thing in the future. This develops a common expectation that specific behaviours will result in specific outcomes. These expectations are shaped by our experiences, and people

differ in how much they attribute their success to their own activities. These expectations can influence our behaviour in a variety of contexts, and they can interact with our beliefs about certain events to influence our decisions. For example, if we believe that a situation is dependent on chance rather than talent, we may be less likely to expect particular consequences from our activities [Rotter, 1955].

The findings from a number of studies in which locus of control was utilised as an independent variable support those from situationally fabricated studies of perceived control. When participants have some degree of control over the situation, the impact of stressors tends to be lessened. Additionally, individuals who have been rated as having internal control expectancies appear to be more resilient to the effects of stresses than externals. People who are fatalistic seem to use these cognitive strategies less frequently, which can help them cope with stressful situations [Lefcourt 1976].

This study can be viewed as an investigation into the question of whether those with external locus of control are more prone to experience Maladaptive Daydreaming symptoms or not.

Rationale

Maladaptive daydreaming (MD) is a psychological condition marked by prolonged, intense daydreaming that interferes with daily functioning and may have detrimental effects across a range of spheres of life. Effective diagnostic and therapeutic techniques depend on an understanding of the variables that contribute to the onset and maintenance of MD. An individual's Locus of Control (LoC) orientation is one potential element that might affect MD propensity. Numerous studies have been done on how LoC orientation affects various psychological phenomena. According to research, people who have an internal LoC orientation frequently display greater levels of self-efficacy, proactive coping mechanisms, and positive mental health outcomes. It seems sense to investigate the relationship between LoC orientation and MD susceptibility given the possible impact of LoC orientation on people's perceptions of control and psychological well-being. However, little study has been done on this particular association up to this point. The purpose of this study is to close this gap by examining how LoC orientation affects MD propensity. This study intends to provide light on the underlying mechanisms influencing the emergence and maintenance of maladaptive daydreaming behaviours by analysing the association between LoC orientation and MD propensity. Understanding how LoC orientation affects MD propensity can have a substantial impact on both clinical practise and research.

METHOLOGOGY

Aim

To investigate the relationship between Locus of Control orientation and susceptibility to Maladaptive Daydreaming.

Objective

To study the correlation between external Locus of Control and Maladaptive Daydreaming among individuals.

Hypothesis

Null Hypothesis: No correlation between the scores on Maladaptive Daydreaming and the scores on the locus of control scales.

People with Maladaptive Daydreaming will demonstrate external locus of control.

People with Maladaptive Daydreaming will not demonstrate external locus of control.

Description of the sample

The study employed Simple random sampling, a type statistical sampling method that involves randomly selecting a sample from a larger population, where each member of the population has an equal chance of being selected for the sample. The study collected data from college going students.

Sample size

The total number of samples in the study is 150 individuals.

Inclusion Criteria

- Age: 18-30 years old.
- Gender: both males and females
- Language: people who are proficient in English language.

Exclusion Criteria

- Age: people younger than 18 years of age and older than 30 years of age.
- Language: people who are not proficient in English language.

Research Design

This study employed a correlational research design to investigate the relationship between Locus of Control (LoC) orientation and proneness to Maladaptive Daydreaming (MD). The participants were selected through a survey-based approach, and two primary assessment tools were utilized: the Maladaptive Daydreaming Scale (MDS-16) and the Levenson Multidimensional Locus of Control Scales. To measure MD proneness, the Maladaptive Daydreaming Scale (MDS-16) was administered to all participants. The MDS-16 is a validated self-report questionnaire specifically designed to assess the presence and severity of maladaptive daydreaming symptoms. The scale consists of 16 items that capture various aspects of MD experiences, including frequency, intensity, and interference with daily life. To assess Locus of Control orientation, the Levenson Multidimensional Locus of Control Scales were employed. This instrument provides a comprehensive measurement of individuals' beliefs regarding control over their lives.

Variables

- Maladaptive Daydreaming.
- External Locus of Control.

Description of tools used

Maladaptive Daydreaming Scale (MDS-16)

Authors: Eli Somer.

Description: it is a 16 items test rated on a 10-point likert scale; it is a self-report questionnaire.

A mean score of 40 or higher indicates suspected clinical-level MD.

Levenson Multidimensional Locus of Control Scales

Authors: H. Levenson.

Description: it is a 24 items test rated on a likert scale; it is a self-report questionnaire. It comprises three subscales: Internal Locus of Control, Chance Locus of Control, and Powerful Others Locus of Control.

Procedure

The study was conducted between 2021 and 2023, over a period of five months. It was a quantitative study that included 150 young adults aged between 18 and 30 years old. The survey method was used as the research strategy, and there was no particular research setting. Subjects were collected from various places such as classrooms, gardens, and cafeterias. The participants were asked to fill out questionnaires and were assured that they could ask the author if they had any doubts. Written informed consent was obtained from the participants to minimize any risk or harm to them. However, the study has several limitations. The data collected from the questionnaires may be subject to self-report bias, where participants may not provide accurate or truthful responses due to social desirability bias, response bias, or other factors. Furthermore, there may be other variables that affect the relationship between the two variables of interest that were not measured or controlled for in the study.

Statistical Analysis.

A statistical method called Pearson's correlation can be used to assess the strength and direction of a linear relationship between two variables. The correlation coefficient is denoted by the lower-case alphabet "r" which ranges from -1 to 1, is calculated by the covariance of the two variables divided by the product of their standard deviations. A value of 0 indicates no relationship between the variables.

The first step is to identify the variables that are being investigated and the type of relationship between them. The next step is to determine how the data will be collected. The data can be collected using surveys, interviews, experiments, or other methods. The data should be collected from a representative sample of the population under study. The sample size should be large enough to ensure statistical power and to detect a significant correlation if one exists. The results of the Pearson correlation analysis should be interpreted in light of the research question and the hypotheses. The researcher should also consider the limitations of the study and the potential confounding variables that may have influenced the results.

RESULTS Table 1 Correlation between Maladaptive Day-dreaming and External Locus of control Correlations

		dreaming	External Locus of control
Maladaptive Day-dreaming	Pearson Correlation	1	.745**
	Sig. (2-tailed)		.000
	N	150 .745**	150
Locus of control	Pearson Correlation	.745**	1
	Sig. (2-tailed)	.000	
	N	150	150

^{**.} Correlation is significant at the 0.01 level (2 tailed).

Table 1 represents correlation between maladaptive day-dreaming and external locus of control among young adults. The correlation value is .745 which shows a positive relationship which is

Significant at 0.01 level (p<0.01).

DISCUSSION

The aim of the study was to investigate the relationship between Locus of Control orientation and susceptibility to Maladaptive Daydreaming. The study includes a total of 120 individuals. A substantial positive link (r =.745) was found between maladaptive daydreaming and external locus of control in young people, according to the correlation analysis. This data shows that as the external locus of control rises, so does maladaptive daydreaming. It is crucial to remember, however, that correlation does not always imply causation, and other factors may be at work in this association. Nonetheless, these findings support the idea that a person's sense of control over their life circumstances may influence their proclivity for Maladaptive Daydreaming.

This study's findings have crucial implications for mental health providers, educators, and policymakers concerned with the well-being of young adults. These findings imply that those who engage in maladaptive daydreaming may be more prone to externalising their sense of control over their circumstances. This can lead to feelings of powerlessness and an increased proclivity to engage in maladaptive coping behaviours like daydreaming. Moreover, the findings of this study can be used to build intervention techniques for both maladaptive daydreaming and external locus of control. This can help people build more adaptable coping skills and feel more in control of their lives. This study emphasises the importance of raising awareness and understanding about maladaptive daydreaming as a potentially debilitating illness. Individuals, particularly young adults, can be educated about the detrimental repercussions of excessive daydreaming and its link to external locus of control, which can lead to earlier identification and intervention.

There can be many potential reasons for this correlation. Firstly, Individuals with external locus of control may feel powerless and helpless in their life, leading them to indulge in maladaptive daydreaming as a strategy to cope with stress and bad emotions. Daydreaming can provide a momentary escape from reality while also giving people power over their imagined scenarios. According to a study published in the Journal of Traumatic Stress, individuals who experience trauma may use daydreaming as a coping mechanism to avoid negative emotions and escape from reality (Schimmenti, et al., 2017). Another study published in the Journal of Abnormal Psychology discovered that people who felt less in control were more likely to participate in maladaptive daydreaming as a coping technique (Somer et al., 2016). Secondly, Maladaptive Daydreaming can lead to social isolation, which can strengthen the external locus of control. Individuals who do not have positive social interactions or significant ties with others may believe that external influences shape their life. Individuals who indulge in maladaptive daydreaming may feel higher degrees of social isolation and loneliness, according to a study published in the Journal of Behavioural Addictions (Bigelsen & Schupak, 2011). Thirdly, Maladaptive daydreaming can also strengthen a belief in fantasies and excessive expectations, which can reinforce the external locus of control even more. Individuals who engage in excessive daydreaming may grow to assume that their lives should match their imagined scenarios, and when they do not, they may get dissatisfied and disillusioned. Positive daydreaming, according to a study published in the Journal of Positive Psychology, can improve well-being and motivation, whereas maladaptive daydreaming can reinforce negative ideas and unreasonable expectations (Marchant-Haycox & Wilson, 2017). Lastly, People who have an external locus of control may also have low self-esteem, making it challenging for them to take charge of their lives. Maladaptive daydreaming can increase self-esteem temporarily by allowing people to imagine themselves in powerful or successful roles. Individuals who indulge in maladaptive daydreaming may have lower self-esteem and higher levels of anxiety and despair,

according to a study published in the Journal of Behavioural Addictions (Sommer & Somer, 2017).

The present study finds it relevant to discuss the negative consequences which can result due to Maladaptive Daydreaming, Firstly, Maladaptive Daydreaming can interfere with a person's everyday functioning and responsibilities, such as school, job, and relationships. Individuals may struggle to focus on work or interact meaningfully with others, resulting in diminished productivity and social isolation. Maladaptive daydreaming was linked to interference in daily life activities and decreased productivity, according to a study published in the Journal of Behavioural Addictions (Sommer & Somer, 2017). Another study published in the Journal of Positive Psychology discovered that excessive daydreaming was linked to poor academic achievement and time management (Soffer-Dudek & Somer, 2018). Secondly, Individuals who indulge in maladaptive daydreaming may have decreased social skills and interpersonal communication difficulties, leading to additional social isolation and trouble developing connections. Individuals who engaged in excessive daydreaming reported increased degrees of social isolation and problems with interpersonal contact, according to a study published in the Journal of Traumatic Stress (Schimmenti et al., 2017). Another study published in the Journal of Abnormal Psychology discovered that those who have maladaptive daydreaming have trouble with social skills and developing connections (Somer et al., 2016). Adverse effects of maladaptive daydreaming include higher levels of anxiety, depression, and tension. Individuals who daydream excessively may experience negative emotions such as guilt, humiliation, or embarrassment. Maladaptive daydreaming was linked to increased levels of anxiety and depression in a study published in the Journal of Behavioural Addictions (Sommer & Somer, 2017). Another study published in the Journal of Positive Psychology discovered that maladaptive daydreaming was connected with lower levels of well-being and life satisfaction (Marchant-Haycox & Wilson, 2017). Maladaptive daydreaming may take up a lot of time and energy, resulting in lower motivation and productivity in other aspects of life. Individuals who engaged in maladaptive daydreaming reported spending excessive amounts of time daydreaming, resulting to decreased productivity in other aspects of life, according to a study published in the Journal of Behavioural Addictions (Sommer & Somer, 2017).

These findings are limited in their interpretation due to two constraints. We applied statistical prediction algorithms, however because we used a cross-sectional method, we cannot infer causation from our data. Furthermore, the self-report nature of our data limits the scope of our study. Another thing to think about in the future is the role of specific mental health disorders that are typically comorbid with MD, such as depression or attention deficit hyperactivity disorder. More specific and objective diagnostic information would aid in validating the conclusion that the variance in the scales is not due to other mental health issues.

SUMMARY AND CONCLUSION

With a correlation value of 745, this study discovered a positive relationship between maladaptive daydreaming and external locus of control in young people. This study's findings emphasise the need of identifying and resolving maladaptive daydreaming and external locus of control in young adult populations. The study emphasised the possible negative implications of maladaptive daydreaming, such as lower productivity, social withdrawal, and emotional dysregulation, which can have an influence on people's everyday functioning and mental health. Furthermore, this research emphasises the importance of early detection and intervention for people who exhibit symptoms of Maladaptive

Daydreaming and external locus of control. To promote positive outcomes and avoid potential negative repercussions, effective treatment options that target both maladaptive daydreaming and the underlying external locus of control are required. Future research directions, such as examining the role of other variables that may mediate or moderate the relationship between maladaptive daydreaming and external locus of control, or comparing the efficacy of various treatment approaches, can help us understand this relationship and inform clinical practise.

Limitations

The Levenson Multidimensional Locus of Control Scales and the Maladaptive Daydreaming Scale (MDS-16) both used self-report measures, which can be inaccurate and prone to response bias. Participants could have given comments that were socially acceptable or had trouble appropriately evaluating their own actions and attitudes. To increase the accuracy of the data, future research can use more objective criteria or a variety of informants.

Future Implications

Further research should be done to determine how cultural and environmental variables affect MD propensity and LoC orientation. The connection between LoC orientation and MD propensity may be influenced by cultural differences in control attitudes, social norms, and the incidence of MD. To evaluate the generalizability of the results across many communities, future research should include a variety of cultural and contextual samples. When diagnosing and treating maladaptive daydreaming tendencies, clinicians and therapists should take into account individual variations in LoC orientation. The inclusion of talks and treatments focused on the LoC orientation might offer insights into the person's control-related attitudes and give them the capacity to alter their daydreaming habits for the better.

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Acknowledgment

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Chauhan, A.K. (2023). Impact of Locus of Control Orientation on Proneness to Maladaptive Daydreaming. International Journal of Indian Psychology, 11(3), 4536-4546. DIP:18.01.422.20231103, DOI:10.25215/1103.422