

# Health Locus Of Control

**1. Name of Theory:** Health Locus of Control

**2. Originators and Professional Background:**

Kenneth A. Wallston, Ph.D., is Associate Professor of Psychology, School of Nursing, Vanderbilt University.

Barbara S. Wallston, Ph.D., was Associate Professor and Chair of Psychology at George Peabody College.

Gordon D. Kaplan, Ph.D. and Shirley A. Maides, Ph.D. were co-developers of the unidimensional health locus of control, at Vanderbilt University.

**3. Approximate Year of Origin:** In 1976, the first health related locus of control measure was developed by Wallston, Wallston, Kaplan and Maides.

**4. Theory Development:**

The construct of Health Locus of Control was derived from the [Social Learning Theory](#) developed by Rotter in 1966. The Social Learning Theory states that an individual learns on the basis of his or her history of reinforcement. The individual will develop general and specific expectancies. Through a learning process individuals will develop the belief that certain outcomes are a result of their action (internals) or a result of other forces independent of themselves (externals). From the social learning theory Rotter developed the [Locus of Control Construct](#), consisting of an Internal External rating scale. Wallston, Wallston, Kaplan and Maides recognized that there was difficulty in predicting health behavior specifically from generalized expectancy measures such as Rotter's I-E scale.

The developers discovered through observations of classes for newly diagnosed diabetic patients and their families that medical staff kept stressing the importance of the patient's active role in his or her own health care. Apparent was that the professionals were trying to get the patients to adopt an internal locus of control. This prompted the interest in the developers to relate Locus of Control to health care situations. Professionals at that time were unaware of Rotter's construct. Unsuccessful in trying to convince the professionals to structure their entire patient education program by incorporation of a social learning theoretical framework, the developers took their research to the APHA meeting in San Francisco. At that meeting, Wallston and Wallston presented a paper in which they conceptualized the intent of many health education efforts as internally training programs. They also advocated the effectiveness of evaluating the capability of these programs by means of a health related measure of locus of control beliefs that they were beginning to develop.

Questioning the idea of locus of control as a unidimensional construct Dr. Hanna Levenson argued that understanding and prediction could be improved by studying fate and chance expectations separately from external control by powerful others. Of the six externally worded items on the original health locus of control scale, only one ["I can do only what my doctor tells me to do"] was related to the dimension of powerful others externally. Wallston and

Wallston saw that new items tapping into this dimension were necessary. According to Levenson powerful others should not be internal or external and beliefs about people in general should have less predictive power than beliefs about one's own control. Realizing the utility and supporting evidence of the multidimensionality, the [Multidimensional Health Locus of Control Scale](#) was developed.

## **5. Purpose of Theory:**

Developed out of the difficulty in predicting health behavior from generalized expectancies. The [Health Locus of Control](#) scale was developed as a unidimensional measure of people's beliefs that their health is or is not determined by their own behavior. Increasing numbers of investigators are turning to the health locus of control measure as the preferred alternative for studying health and sick-role behaviors. Using health locus of control scales to measure health related locus of control is used to evaluate health education program success. For evaluative purposes, changes in beliefs or expectancies are only relevant if accompanied by desired behavioral change. Expectancy data, such as provided by health locus of control scales, will add to the understanding of the change or lack of change in behaviors. The Health Locus of Control scale is recommended in conjunction with behavioral measures to evaluate health education programs. Since it is true that internal's appear more likely to engage in positive health and sick-role behaviors, it is apparent that the Health Locus of Control emphasizes the importance of the health educators need to involve themselves in training patients to hold more internal beliefs. Thus many health education programs, which do not label themselves as internality training, still emphasize patient responsibility and internal beliefs.

The Multidimensional Health Locus of Control Scale was developed to create equivalent forms of the scale so researchers could repeat the measurements. It is believed that equivalent forms of this instrument would decrease the possibility of subjects remembering previous responses and increase the sensitivity of the instrument to belief changes over time.

## **6. Brief Description of Theory:**

Health Locus of Control (HLC) is the degree to which individuals believe that their health is controlled by internal or external Factors. Whether a person is internal or external is based on a series of statements. The statements are scored and summed to determine whether the individual has internal or external health beliefs. This is called the unidimensional HLC Scale that was developed by Wallston. Wallston. Kaplan and Maides. The IILC Scale consists of 11 items with a six point Likert response format.

Those scoring above the median are labeled "health-externals" and those scoring below the median are labeled "health-internals." External refers to the belief that one's outcome is under the control of powerful others (i.e., doctors) or is determined by fate, luck or chance. Internal refers to the belief that one's outcome is directly the result of one's behavior.

Dr. Hanna Levenson questioned the conceptualization of the locus of control as a unidimensional construct. She predicted that the construct could be better understood by

studying fate and chance expectations separately from external control by powerful others. For this reason, Levenson developed the 3 eight item Likert scale termed the IPC Scale which was used to measure generalized locus of control beliefs.

I - Internal

P - Powerful Others

C - Chance

Wallston and Wallston combined their unidimensional HLC Scale and Levenson's IPC Scale and developed the Multidimensional HLC (MHLC) Scale. The MHLC Scale consists of 3 six- item scales also using the Likert format.

1. Internal HLC (IHLC) is the extent to which one believes that internal factors are responsible for health/illness.
2. Powerful Others HLC (PHLC) is the belief that one's health is determined by powerful others.
3. Chance HLC (CHLC) measures the extent to which one believes that health illness is a matter of fate, luck or chance.

## 7. Key Terms:

**Social Learning Theory** - the potential for behavior to occur in any specific psychological situation is a function of the expectancy that the behavior will lead to a particular reinforcement in that situation and the value of that reinforcement

**Health Locus of Control** - degree to which individuals believe that their health is controlled by internal or external factors

**External** - belief that one's outcome is under the control of powerful others or is determined by fate, luck or chance

**Internal** - belief that ones outcome is directly the result of ones behavior

## 8. References:

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