

## HEALTH EDUCATION and BEHAVIORAL SCIENCE

## Health Locus of Control

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Health locus of control (HLC) refers to the belief individuals have about who or what is the agent that determines the state of their health. If persons believe that their own behaviors affect whether they stay healthy, become sick, or recover from an illness, they are said to have an "internal" HLC orientation. On the other hand, beliefs attributing causation of health/illness to agents outside of the individual--such as other people, the environment, fate, luck, or chance--are referred to as "external."

The locus of control construct comes out of Rotter's Social Learning Theory (1). Based on Social Learning Theory, individuals who value being healthy and who believe that it is their own behavior that controls their health (i.e. HLC internals), have the greatest potential for behaving in a health-enhancing manner. Persons who have experienced repeated failures to control their health and/or have become dependent upon other persons for assistance in maintaining or regaining their health, would hold more external HLC beliefs than persons who have never experienced illness or who were successful in moving toward a state of wellness.

HLC beliefs, thus, change depending upon one's own experiences. HLC belief orientation is different from a personality variable, in the sense of being an enduring personality "trait." When a person is labeled an HLC internal or external, it must be kept in mind that this may be a temporary designation and may not be true at other times or in other situations.

It is even possible that a person could simultaneously espouse both internal and external HLC beliefs. Causation can be attributed internally for certain illnesses, and with other health problems attributed to external agents or random events.

Measurement of HLC

Measurement of HLC beliefs became standardized with the development of the original, unidimensional HLC Scale, an 11-item Likert scale (2). High scorers on this

instrument were termed "HLC externals," while those with lower scores were "HLC internals." This unidimensional tool subsequently has been replaced by the Multidimensional Health Locus of Control (MHLC) scales, consisting of three six-item measures designed to be more-or-less statistically independent of one another (3). There are two equivalent forms of the MHLC scales (available from the author).

The three MHLC dimensions are "internality" (IHLC)--the extent to which people agree that their behavior controls their health outcomes; "powerful other externality" (PHLC)--the extent to which persons believe that health professionals, family members, or friends determine one's health; and "chance externality" (CHLC)--the belief that fate, luck, or chance is responsible for what happens with one's health. The MHLC scales have acceptable levels of internal consistency reliability and are stable over time for persons whose health circumstances remain stable.

Research with the HLC and MHLC scales has been summarized in two recent chapters (4,5), as well as in an entire issue of Health Education Monographs (Spring 1978) devoted to this area. This monograph also contained a Children's HLC Scale which is especially suited to children in fourth to sixth grades (6). Lau also has developed a multidimensional HLC instrument which is similar to the Wallston et al (3) scales (7).

Implications for Patient Education

The construct of health locus of control strikes a responsive chord in patient educators whose goal is to get patients more involved in their own care and assume more responsibility over their own health. It is important, however, to caution against placing too high a value on a strong internal HLC belief system. Too much of a good thing can be dangerous. Persons who attribute all of the responsibility for health outcomes to themselves are prone to guilt and self-blame when things go wrong. These guilt feelings can be debilitating and lead to inaction or inappropriate action in the face of a health danger. For persons with a chronic health condition, such as diabetes, hypertension, or arthritis, the "optimum" set of MHLC scores might be moderately high on IHLC and PHLC and moderately low on CHLC: good patient management for these patients depends on a close working

partnership between the patient, the patient's family, and health care providers.

#### References

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