Locus of Control: Implications for Counselors Working in Multicultural Settings and Psychological Issues in Therapy

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Abstract

There are many factors that a counselor must consider when engaged in therapy with a client. Locus of control is an important individual difference to consider that has cultural and psychological relevance to the counseling process. Certain people, based on their cultural background, may elicit a tendency toward either an internal or external locus of control. Locus of control effects how some people cope with problems: either in a healthy or an unhealthy way depending on the situation. An informed counselor can assess a client's locus of control, use this information in therapy to provide a more effective treatment plan, case conceptualization, and reduce problematic symptoms manifested by the client.

People want to know the causes of important events that transpire throughout their life (Weiner, 2008). Individual counseling is an interaction between two people that promotes discussion of the perceived causes of one's life experiences and behaviors (Foon, 1986). These perceived causes of events, behaviors, and experiences in a person's life can either be attributed to an internal or external locus of control (Rotter, 1966). A person who has an internal locus of control believes that she or he is in control of her or his own destiny (Rotter, 1966). An external belief system regards events that happen in one's life as being beyond their control and more reliant on luck, chance or other mechanisms (Rotter, 1966) that can be influenced by the cultural background of the client (Valentine, Godkin & Doughty, 2008). Moreover, Brytek-Matera (2008) contended that certain psychological issues can be dramatically

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influenced by one's locus of control. Locus of control is even linked to whether or not people are able to effectively cope with certain traumatic events that occur in their lives (Flannery & Harvey, 1991). Roesch and Weiner (2001) concluded that causal attribution is a mediating variable that can help a person's adjustment to a recent psychological stressor. Causal attributions use locus of control to help identify whether people are using an internal or external style to attribute the events that happen throughout their life as being within their control (internal) or by luck, fate, or destiny (external) (Weiner, 2008). Research has demonstrated the importance of understanding client characteristics and its relationship to positive outcomes and interventions in counseling (Foon, 1986). There is some disagreement in the literature as to whether or not locus of control styles can be altered (Bates & Rankin-Hill, 1994). However, Kist-Kline and Lupnickey (1989) suggested that locus of control related to health may be modified. Husa (1982) demonstrated that a person's locus of control could be altered via psychotherapy. It is important for a therapist to be aware of a client's internal or external attribution of an event during the course of therapy (Connolly, 1980; Foon 1986). Recent studies (Fogel & Israel, 2009; Lowis, Edwards & Burton, 2009; Mellon, Moradi & Risco, 2006; Moradi & Hasan, 2004) have underscored the role of locus of control with cultural affiliation of clients and certain psychological issues in counseling. This paper will review many studies that focus on locus of control (LOC) in the cultural context, as well as, address LOC's relevance to certain psychological issues. In addition, specific implications and behaviors will be suggested for the practicing counselor to be more effective in addressing multicultural backgrounds of clients and certain psychological issues in the therapeutic process in regards to locus of control.

Culture and LOC

Research suggests that a person's cultural background is associated with one's locus of control (Bates & Rankin-Hill, 1994). Various cultural attitudes can influence healthy or unhealthy behaviors of individuals (Valentine, Godkin & Dougherty, 2008). There is a need to identify the causal attributes of healthy behaviors (Valentine, Godkin & Doughty, 2008) so therapists can influence these behaviors appropriately to help

encourage coping strategies (Connolly, 1980). A client's perceptions of prejudice and discriminatory behaviors can increase mental health problems of the afflicted individuals (Moradi & Hasan, 2004). Culture can play a significant role in those who are discriminated against and their associated increase in psychological distress (Moradi & Hasan, 2004). It is not only beneficial to understand the cultural perspectives a client brings to the table during therapy (Wang, Tomlinson, & Noe, 2010), it is also advantageous for a therapist to understand her/his own views about various cultures, i.e., religion (Carone & Borone, 2001) and how those views can affect the therapeutic process.

Multicultural Counseling is the fourth force in the field of counseling psychology (Pederson, 1991). Pederson (1991) proposed a multicultural model to increase awareness, therapist skills, and the therapeutic relationship in a multicultural context. Ethnic identity, oppression, and acculturation are all areas that a therapist needs to address when working with someone from a different ethnic background (Pederson, 1991). Sodowsky, Kuo-Jackson, Richardson and Corey (1998) analyzed factors that predicted increased competencies in multicultural counseling; multicultural research experience, multicultural courses, and racial identity of the therapist all predicted increased competencies in multicultural counseling. It was also demonstrated that a therapists' locus of control impacted their multicultural competency. Therapists who perceived themselves as possessing multicultural competency skills also preferred an external locus of control and giving priority to groups versus to individualism. This supports the notion that not only is it important to know the clients' cultural identity and locus of control, but a therapist needs to have insight into her/his own culture and locus of control to fully understand its impact on the counseling relationship (Connolly, 1980; Foon, 1986; Sodowsky et al., 1998)

Valentine, Godkin and Doughty (2008) conducted a study on Hispanics' locus of control as it relates to health attitudes and behaviors in a healthy lifestyle. Valentine et al. (2008) hypothesized that Hispanics' having an external locus of control will be negatively associated with health benefits and positively related to health barriers. The study analyzed the locus of control of 110 Hispanics using Rotter (1966) Locus of

Control Scale. The results of this study supported the aforementioned hypotheses indicating that cultural characteristics and locus of control should be taken into consideration when analyzing Hispanics' attitudes and behaviors toward health. Valentine et al. held that mental health care professionals could increase Hispanics' perception of control over their general health to increase behaviors and attitudes associated with a healthier lifestyle because having more personal sense of control would increase adherence to health related treatment programs. Valentine et al. suggested keeping other family members present during counseling sessions. They suggested the intervention would help Hispanics' adoption of healthy behaviors and attitudes by using other family members as a discussion board and a method to strengthen familial ties while increasing treatment adherence.

Another study that examined culture and locus of control dealt with discrimination and Arab Americans was conducted by Moradi and Hasan in 2004. Due to the lack of empirical research and increased likelihood of discrimination of Arab Americans, Moradi and Hasan (2004) conducted a study to provide useful, empirical data on the discrimination and mental health of Arab Americans. One reason for the lack of information on Arab Americans and increased discrimination is because the federal government does not allow them to be recognized as a minority group (Moradi & Hasan, 2004). With the lack of data from the government, nonprofit organizations began collecting data on discriminatory practices against Arab Americans. Moradi and Hasan stated that Arab Americans who have experienced discrimination may have lower self-esteem indirectly via their perceived control over the situation. The second hypothesis is that personal control mediates the psychological distress as a result of discrimination. A survey packet – *Brief Symptom Inventory (BSI)* and *Schedule of Racist Events (SRE)* – was sent out to 280 Arab Americans located in north central Florida. The results of this study supported both hypotheses. Perceived discriminatory events were associated with lower levels of perceived control in a person's life. This lowered sense of control (external) was related to lower self-esteem and an increase in psychological distress for Arab Americans in this study. Thus discrimination can threaten one's sense of personal control, thereby lowering self-esteem and causing greater psychological

distress. Counseling strategies could focus on how to increase the client's level of personal locus of control by teaching interventions to take action against discrimination. Moradi & Risco (2006) suggested strategies clients could employ are reporting discrimination, challenging their own perceptions, and instituting policy changes at work or school. Moreover, counselors could help clients achieve a sense of mastery over general discrimination by addressing thought patterns or encouraging a collective action against it by joining social activist groups to increase a sense of control in their lives (Moradi & Hasan, 2004). It may be counterproductive for a therapist to try and convince a client that they have control over discrimination events, but one could demonstrate what they do have control over – their own thought patterns, perception, joining social activist groups, etc. (Moradi & Hasan, 2004).

Bates and Rankin-Hill (1994) investigated the role of culture and locus of control as it relates to reported pain and pain management. The two research questions addressed in this study are: (1) Are there significant relationships between a person's locus of control and variations in reported chronic pain intensity, responses to pain, and overall pain adaptation as a result of this experience? (2) Are there any relationships between a person's cultural background and their locus of control style? Several questionnaires were administered to the subjects in the study, i.e., *McGill Pain Questionnaire (MPQ)* and *Ethnicity and Pain Survey (EPS).* Both of these surveys included questions from Rotter's (1966) original LOC scale. Some of the ethnic backgrounds included in this study were 'Old Americans' (U.S. born-third generation), Latinos (majority from Puerto Rico), Irish, Italians, French Canadians, and Polish. Descriptive statistics highlighted interesting findings; eighty two percent of the Latinos identified themselves as having an external locus of control. While ninety percent of people identifying themselves as Polish had an internal locus of control, fifty seven percent of the French Canadians and about two thirds of Irish and Italians described themselves as having an internal locus of control, while about half of the 'Old American' group identified themselves as having an external locus of control. Results concluded that locus of control clearly had a significant impact on constant pain and patients' abilities to adapt to the pain. Moreover, they found significant relationships between

locus of control style and culture. With the exception of 'Old American,' cultural identity was a predictor of persons having an internal or external locus of control. Counselors working in chronic pain treatment programs need to take into consideration a client's cultural background and whether they identify as having an external or internal locus of control (Bates & Rankin-Hill, 1994). This type of pain management program needs to address not only culturally appropriate ways to help reduce pain, but the client's preferred locus of control (Bates & Rankin-Hill, 1994).

Cultural oppression in the counseling relationship can easily transpire if clients' worldviews are not taken into account (Sue, 1978). Dimensions of worldviews can be characterized by locus of control (Sue, 1978) using Rotter's (1966) internal-external locus of control scale. Sue developed a model to be used after administering an assessment of cultural values and questions from Rotter (1966) internal-external locus of control scale. Sue made the case that the application of counseling skills appropriate to one's own culture may be ineffective and often led to premature termination of counseling if the therapist did not take into account a clients culturally relevant world view, such as, locus of control. Problem identification (society or within individual) may vary depending on one's ethnic background and locus of control style (Sue, 1978).

Religion promotes an externalizing belief system in persons that ascribe to a particular faith (Carone & Barone, 2001). In contrast, therapists attempt to teach skills that promote change that emanates from within the person (Carone & Barone, 2001). Carone and Barone (2001) argued that locus of control, especially in future events, is often a source of conflict between religious clients and the more secular therapists. It is pertinent for a therapist to be aware of a client's religious identification as well as her/his own view of that particular religion (Carone & Barone, 2001) to be more effective in therapy. Religion can have many positive impacts in therapy that a mental health professional can harness to help reduce psychological distress in the client. Some examples of using religion in therapy include prayer, chanting, and the use of symbols for strength (Carone & Barone, 2001).

Children and socioeconomic status can be viewed from a multicultural perspective. Post (1999) conducted a study to demonstrate the impact of play therapy

on self-esteem, locus of control and anxiety among at-risk middle school aged children. Play therapy is a natural form of self-expression for children of this age group because their cognitive developmental level can make it difficult for them to disclose information verbally (Post, 1999). This study was composed of 180 boys and girls from a school where 95% of the students receive free or reduced lunch. These students are from a lower socioeconomic status background. Other 'at-risk' factors for students included in this study were: below grade-level achievement, most were referred for special education services and come from family situations characterized by frequent changes. Eighty two percent of the students in this study were African-American. The Coopersmith Self-Esteem Inventory, Intellectual Achievement Responsibility Scale and the State-Trait Anxiety Scale were administered to all participants. Results indicate that at-risk students who participated in the child-centered play did not demonstrate an increase in self-esteem. Interestingly, the students in the control group (those who received no therapy) experienced a decline in self-esteem over the course of the school year. Therefore, even though students in therapy did not show an enhanced self-esteem, they were able to maintain their current level self-esteem despite all their risk factors, and did not decline in self-esteem like at-risk students that did not receive any play therapy. As it relates to locus of control, findings in the study showed that LOC remained stable for at-risk students receiving play therapy. Students in the control group, locus of control shifted to a more external style, where these students feel even less in control of their academic success. Implications for these findings suggest that even though students did not demonstrate any positive changes in self-esteem or develop more internal locus of control style, the intervention may have thwarted a decline in self-esteem and personal responsibility (internal LOC) for their schoolwork.

Psychological Problems and LOC

Gilbert and Mangelsdorff (1979) studied individuals' perception and perceived control in reaction to stressful events. Initially, they assessed a person's locus of control on a continuum of low, moderate, and high on either internal or external scale; then subjects filled out questionnaires assessing recent stressful life events and self-esteem. Results of this study indicated that people with a high internal locus of control reported

higher stress and lower self-esteem to recent stressful life events questionnaire. Since subjects with high internal locus of control believe they can master their environment, they reported lower self-esteem and feeling more stressed to stressful life events. Gilbert and Mangelsdorff suggest that high-internals may have inflated sense of control over their environment, thus experience higher stress reactions to stressful situations that are beyond their control. A treatment program could help the high-internal LOC people realize the lack of control to some stressful situations to help thwart an increased stressful reaction (Gilbert and Mangelsdorff, 1979).

Rosen and Osmo (1984) suggested that counselors should employ different approaches to counseling based on the clients' internal-external locus of control. Rosen and Osmo found that a client's perception of the problem is related to his or her internal-external locus of control. Rosen and Osmo contend that clients who have an external locus of control style may be more passive in therapy. The therapist will need to be more direct during treatment to accommodate this passivity (Rosen & Osmo, 1984). In contrast, they suggest that clients with an internal locus of control assume more responsibility for their problems and want to take more initiative throughout the process. Therefore, in working with internal locus of control style clients, a therapist could guide the client's initiative via behavioral problem solving strategies (Rosen & Osmo, 1984). Rosen and Osmo hypothesized that a large difference between client and therapist in regards to locus of control, i.e., strong internal matched with a strong external, between a counselor and client, could have a negative impact on the outcome in therapy.

In a similar study, Perterson, Bettes and Seligman (1985) analyzed sixty-five adults' essays about the two worst events that transpired over the course of the year for locus of control and measured that against reported depressive symptoms. Judges of internal-external causal attributions were not privy to the depressive symptoms as reported by the Beck's Depression Inventory questionnaire. Judges simply read each essay and then deemed the essay to demonstrate internal or external attribution style (locus of control). Peterson et al. (1985) hypothesized that individuals who attribute the reported bad events in the essay to internal causes should report more depressive symptoms. This study also sought to lend empirical support to the reformulated learned

helplessness model which is basically explained in the hypothesis: if bad events are attributed to internal, stable causes, then more depressive symptoms will result in the individual. Results supported the hypothesis, that more internal locus of control style was related to more depressive symptoms as was reported on the Beck's Depression Inventory. Gilbert and Mangelsdorff (1979) contend counselors need to take into account the clients personal control over the event when designing an effective treatment.

Due to the baby-boomers entering retirement, there is a growing need for studies identifying factors to increase wellbeing of these individuals (Lowis, Edwards & Burton, 2009). The aim of Lowis et al. (2009) was to identify variables that increased life coping skills of older persons' retirement years. Several questionnaires (CASP-19 Well-Being Questionnaire, LOC questions, INSPIRIT) were administered to older adults in retirement to assess particular variables of interest: well-being, locus of control, spirituality, religion, nature and humanity. This study looked at several variables that seemed to increase the well-being of persons in retirement; *internal locus of control*, *faith in humanity and nature*, and *good health* were all positively and significantly correlated with criterion variable – life coping. This study replicated previous findings that perceived control (internal locus of control) is a significant predictor of wellbeing for older adults in retirement. Implications for counselors and those who are responsible for the welfare of these individuals, i.e., retirement communities, service providers, and other care givers, is that helping to increase personal control over their lives can have an important, positive influence on their overall well-being in the retirement years.

Mellon, Papanikolau and Prodromitis (2009) investigated the role of locus of control and psychopathology in relation to traumatic experience. Mellon et al. support the view of previous research that people with a more external locus of control often increase their exposure to avoidable and aversive events following natural disasters that might contribute to increased level of psychopathology. Data were collected from six hundred survivors of Peloponnesian wildfires using Brown Locus of Control Scale (BLOCS) and Symptom Checklist (SCL-90) in structured face-to-face interviews six months later. Results indicate a significant correlation of external locus of control and

levels of psychopathology associated with survivors with higher levels of trauma and loss. Mellon et al. suggest that support groups, i.e., crisis team and disaster relief, can provide relief and reduce exposure to victims of natural disasters with an external locus of control, that might not readily have the skills to lessen their own exposure to aversive events following the disaster. Moreover, Mellon et al. contend that by somehow incorporating the victims to restore damaged environment, i.e., replanting of trees or crops devastated by the fire, that they can increase their internal control and reduce their stress level to help overcome this adversity.

In light of statistics stating that ninety nine percent of college students use the Internet and one national survey citing health information as the number one usage of the Internet, Fogel and Israel (2009) conducted a study on college students regarding health information and communication and how it relates to gender, locus of control and stress. Fogel and Israel surveyed 227 college students using demographics, Multidimensional Health Locus of Control (MHLC) Scale, and Perceived Stress Scale to elicit appropriate information for the study. They wanted to find any significant differences among the independent variables of health information and health communication and the dependent variables of perceived stress and the three MHLC subscales. Results indicate that males had an internal locus of control related to looking for health information on the Internet. In contrast, female college students demonstrated a strong external locus of control as it related to searching for health information on the Internet. This study also concluded that men, not women, prefer email use to communicate about health related information while women may prefer face-to-face communication in regard to health topics. Implications for health care professionals and college counseling centers when disseminating health related information are in stark contrast when gender is taken into consideration. When discussing stressful health related issues, male college students seem to prefer email communication while women prefer more face-to-face style of communication. These findings have pertinent practical ways a counselor working at a university counseling and testing center can communicate to students regarding health information.

Falsetti and Resick (1995) investigated the relationship between causal attributions and reported symptoms of victims of crime. Symptoms of posttraumatic stress disorder and depression were compared to causal attributions of the reported crimes of burglary, rape, and robbery. Falsetti and Resick found a complex relationship among these variables but demonstrated that internal attributions were associated more with symptoms of depression. They suggested that counselors need to consider the internalizing causation to an event how it can increase symptoms of depression in a client. This needs to be addressed, for example, when using cognitive behavioral therapy when treating victims with depression (Falsetti & Resick, 1995).

Conclusion

A person's locus of control may be influenced by their cultural heritage and may impact how certain psychological issues are manifested. As several studies indicated, culture and locus of control are related as well as specific strategies counselors can employ in therapy. By understanding whether a client has an internal or external locus of control that is influenced by cultural background, counselors can provide more effective therapeutic services (Bates & Rankin-Hill, 1994; Pedersen, 1991). Various cultural and presenting issues can all be addressed through the common element of locus of control during the counseling process. Specific psychological problems may exacerbate certain kinds of symptoms, i.e. depression and trauma, depending on the client's locus of control. Gender differences were also examined in relation to locus of control and Internet health information. All of these differences of locus of control have implications for counselors practicing therapy. A counselor may decide to keep some family members more involved during therapy, focus specifically on the event or guide the client toward a healthier view depending on how externally or internally they perceive the distressing event to be.

Locus of control is a complex phenomenon as its relationship to peoples coping styles. A limitation of this paper is that the complexities of locus of control were not fully examined; therefore, only internal or external locus of control was addressed. However, for purposes of this paper, the locus of control phenomenon has practical implications elucidated for the practicing counselors and in the field of psychology. Another

limitation was in that the instruments used to assess a person's locus of control were not uniform across the studies reviewed in the paper. Therefore there may be some reliability and validity problems due to the use of different instruments used in the assessment. The locus of control measure, therefore, may be slightly skewed in some instances and needs to be taken into account.

Future research could provide a more in-depth analysis on a person's attributions (Weinter, 2008), which could improve treatment programs to retain clients in therapy longer (Brytek-Matera, 2008; Duplantis, Romans, Bear, 2006), or modify interventions depending on locus of control of the client to reduce symptoms of distress (Lowis et al., 2009).

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