

The association of health locus of control with clinical and psychosocial aspects of living with Multiple Sclerosis

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What was the study about?

This study looked at how people with multiple sclerosis (pwMS) think about control over their health, and whether these beliefs are linked to wellbeing. Researchers call this “health locus of control” (LOC).

Health locus of control usually falls into three broad types:

- **Internal control** – believing your own actions strongly influence your health
- **Powerful others control** – believing doctors or other professionals have the greatest influence
- **Chance control** – believing health is mainly affected by luck, fate, or chance

Many people hold a mix of these views rather than just one.

Previous studies often assumed that believing you are personally in control is always best. However, MS is a long-term condition that can be unpredictable and currently has no cure. The researchers wanted to find out whether different beliefs about control may be linked to quality of life, mood, self-efficacy (confidence in dealing with MS) and disability level. They also wanted to see whether LOC changes as MS progresses.



What did the study involve?

The study included **5,059 adults with MS** from 33 hospitals and community services across the UK. Participants had different types of MS and different levels of disability.

They completed questionnaires measuring:

- beliefs about control over health
- quality of life
- self-efficacy (confidence in dealing with MS)
- anxiety
- depression

Researchers also looked at age, disease duration, MS type, and disability level. They also explored whether beliefs changed as MS became more advanced.



What was found?

Most pwMS did **not** fit neatly into one category. Many had a mixture of beliefs about control.

The study found that beliefs about control were linked with several important outcomes, including anxiety, self-efficacy, disability level, and quality of life.

Some key findings were:

- PwMS who mainly believed in **chance control** often reported **better quality of life and less anxiety** than those who mainly believed doctors or other people controlled their health.
- People who mainly believed in **internal control** were more likely to be younger, have shorter disease duration, and have lower disability.
- As MS became more advanced, **fewer people believed in internal control** for their health.
- People with secondary progressive MS were slightly **more likely to believe chance** played a bigger role than their own ability to influence outcomes.
- Importantly, believing in personal control was **not always linked to better outcomes** once disability level was taken into account.



Why this matters?

- Understanding how people think about control over their health can help clinicians support emotional wellbeing in MS.
- These findings challenge the common idea that for people with long-term illness, an internal sense of control is always best.
- For some pwMS, especially when symptoms are more severe or unpredictable, accepting that some things are outside anyone's control may actually reduce stress and self-blame. This may help protect wellbeing.
- It also suggests that emotional support for people with MS should be personalised. Encouraging everyone to "take control" may not suit all pwMS.
- Instead, healthcare professionals may help people more by understanding how each person views their illness and supporting coping styles that improve quality of life.
- In short, when living with an unpredictable condition like MS, accepting that some things are out of a person's control may sometimes be a healthy response rather than a negative one.

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