

The Predictive Role of Coping Strategies for Locus of Control in Young Adults: A Psychological Exploration

Anshu Agarwal¹, Akhil Kaushik²

¹Associate Professor, Department of Psychology, Chaudhary Charan Singh University, Meerut

²P.G. student, Department of Psychology, Chaudhary Charan Singh University, Meerut

Abstract:

This study has a close look at the predictive role of coping strategies (approach and avoidance coping) for locus of control (internal and external) among young adults aged 18–30 years. Using two standardized scales, Coping Strategies Scale by Srivastava (50 items, five dimensions) and Locus of Control Scale by Hasnain & Joshi (36 items), data was collected from 120 participants (60 males and 60 females). Correlation and multiple regression analyses were used to determine the relationship and predictive power of different coping dimensions for locus of control (LoC). Results indicated that behavioral and cognitive approach strategies positively predict (behavioural approach, $t=3.504$, $p<.01$ and cognitive approach, $t=3.004$, $p<.01$) an internal locus of control. This study has implications for stress management, psychological resilience training, and therapeutic interventions among young adults.

Keywords: approach and avoidance coping strategies, locus of control, young adults,

Aim: The aim of this investigation was to investigate the predictive role of coping strategies (approach and avoidance) for locus of control (internal vs. external).

Introduction:

In today's fast-paced and demanding world, individuals are constantly exposed to stressors arising from academic pressure, career challenges, social relationships, financial instability, and health concerns. The way individuals handle these stressors, significantly affects their psychological and physical well-being. Coping strategies and locus of control are two psychological constructs that play a vital role in determining individual's ability to adapt with stressful situations and maintain psychological equilibrium.

Locus of control is "the degree to which individuals believe that they can control events affecting them" (Rotter, 1966). It is classified into: *Internal Locus of Control*, belief that outcomes are the result of one's own efforts and abilities and *external Locus of Control*, belief that outcomes are controlled by external factors like luck, fate, or powerful others.

According to Lazarus and Folkman (1984), coping refers to "constantly changing cognitive and behavioral efforts to manage specific external and internal demands that are appraised as taxing or exceeding the resources of the person." Coping strategies are categorized into two parts. First, *approach coping* (also called active coping) includes problem-solving, seeking help, and positive reframing. Second, *avoidance coping* (also called passive coping) includes denial, self-distraction, substance use, or disengagement.

Coping strategies refer to the specific efforts, both behavioral and psychological, that people employ to manage, tolerate, reduce, or minimize stressful events (Lazarus & Folkman, 1984). Coping is not a one-size-fits-all process; it varies across individuals based on personality, perception, past experiences, and social environment. Broadly, coping strategies are divided into two types: approach (active) coping and avoidance (passive) coping. Approach strategies involve confronting the stressor directly, such as problem-solving or seeking social support, whereas avoidance strategies involve efforts to distance oneself from the stressor, such as denial or distraction (Carver, Scheier, & Weintraub, 1989).

On the other hand, Locus of Control (LoC) is a personality construct introduced by Rotter (1966) in his social learning theory. It refers to an individual's generalized beliefs about the causes of life events. A person with an internal locus of control believes that outcomes are primarily the result of their own actions, decisions, and efforts. In contrast, a person with an external locus of control attributes outcomes to external factors such as luck, fate, or other powerful people. The concept of locus of control is pivotal in understanding how individuals perceive control over their environment and how that perception affects their motivation, behavior, and mental health.

The interaction between coping strategies and locus of control has gained significant attention in psychological research. Studies have shown that individuals with an internal locus of control tend to use more adaptive and approach-oriented coping strategies, resulting in better psychological outcomes (Cheng, Cheung, & Chio, 2013). In contrast, those with an external locus of control are more likely to rely on maladaptive or avoidance coping mechanisms, which are often associated with increased levels of stress, anxiety, and depression (Benassi, Sweeney, & Dufour, 1988).

Understanding the relationship between locus of control and coping strategies is particularly relevant in the post-pandemic era, where stress levels have escalated among students and working professionals alike. The COVID-19 crisis has emphasized the need for internal resilience, emotional regulation, and effective coping, especially among the youth. Psychological interventions aiming to enhance internal locus of control and teach adaptive coping mechanisms can serve as protective factors against stress and mental health disorders (Kaur, 2020).

In this study, we aim to examine the relationship between coping strategies (approach and avoidance) and locus of control among young adults. By understanding this relationship, we can contribute to the development of better mental health practices, stress management programs, and counseling interventions. Understanding the link between coping behaviors and locus of control offers practical applications for mental health interventions, academic success, and career readiness. This study aims to explore how different coping strategies predict an individual's locus of control among Indian youth.

Rotter (1966) laid the foundation for understanding internal and external control beliefs. Internals believe they control their fate, while externals believe external forces do. Lazarus and Folkman (1984) categorized coping into two types: Problem-focused (approach) and Emotion-focused (which includes avoidance). Their framework guides the understanding of adaptive vs. maladaptive coping. Parkes (1984) found that internals are more likely to engage in active coping strategies, while externals are prone to avoidance and passive behaviors. Endler and Parker (1990) reported that task-oriented coping is associated with internal control, while emotion-oriented (avoidance) is linked with external control.

Chandler and Shermis (1985) found students with internal locus showed better adjustment and used productive coping strategies. Karreman and Vingerhoets (2012) concluded that people with an internal locus of control tend to use more proactive coping strategies and display better psychological health. Sujadi (2020) in a study on university students found that active coping was a significant predictor of

internal LoC, and disengagement was linked with externality. Ganesan and Schmitz (2014) found a significant positive correlation between avoidance coping and external LoC among adolescents in India. Cosway, et.al. (2007) in their meta-analysis found avoidance coping is consistently related to poor psychological outcomes and a belief in external control.

Sharma and Kaur (2017) examined Indian students and reported that those with high internal locus of control used planning, positive reinterpretation, and active coping.

Kaur (2020) found that working youth with internal locus preferred solution-focused strategies, while external locus individuals relied more on wishful thinking. Madan and David (2021) highlighted the predictive role of coping in shaping control beliefs, suggesting a shift from avoidance to approach coping can modify externality over time.

Petrosky and Birkimer (1991) examined LoC, coping, and symptom reporting in a sample of American college students (N=102). Using multiple regression, they found that direct coping strategies (active problem-solving) predicted lower symptomatology; crucially, internal LoC was one of the strongest predictors of direct coping. In other words, students with a stronger internal LoC engaged more in active coping, which in turn related to fewer reported symptoms. Bilibani et al. (2020) explored psychosomatic tendencies, coping styles, and LOC in young adults aged 24–34 (N=187; 47 males, 140 females) using online surveys. Results confirmed significant correlations among coping styles and LoC: specifically, tendencies toward psychosomatic symptoms were associated with higher use of emotion/avoidance coping and a more external LoC.

Stress-coping frameworks also receive indirect support from research on health outcomes. For example, Gruszczyńska et al. (2022) compared healthy adults to chronically ill patients, using the 48-item CISS (Endler & Parker, 1999) and the Multidimensional Health LoC scale. They found that individuals with chronic illness had stronger external LoC and lower levels of task-oriented coping compared to healthy controls. This suggests that populations facing uncontrollable stressors (chronic disease) may feel less internal control and resort less to active coping.

Several Indian investigations have also documented similar patterns. Jain and Lokesh (2023) conducted a large survey (N=235) of Indian young adults (ages 18–30) to examine how parenting styles relate to LoC and coping. They used Rotter's LoC Scale and the Brief COPE inventory for coping. Findings revealed that an authoritative parenting style was significantly correlated with internal LoC and with problem-focused coping, whereas authoritarian and permissive parenting were linked to external LOC and avoidant coping. Shah et al. (2019) directly assessed correlation and gender differences that may exist among 18 to 20 years old college students on Locus of control and Ways of Coping. The correlation between Internal Locus of control and Distancing Way of Coping in males was found to be significant at 0.05 level and correlation between Powerful others Locus of control and Confrontive Coping Way of Coping as well as Powerful Others Locus of control and Escape avoidance Way of coping in females were found to be significant at 0.05 level.

Additional studies provide converging evidence. For example, Arslan, Dilmac, and Hamarta (2009) studied Turkish students and reported that those with external LoC showed higher trait anxiety and tended to use avoidance and social support coping, whereas internal LOC students used more active coping (positive approach). Similarly, Gianakos (2002) found internal LoC predicted problem-focused coping, while external LoC predicted avoidant coping.

In sum, the literature suggests theoretical coherence (consistent with Lazarus & Folkman): individuals who feel in control (internal LoC) are more likely to actively confront stress, while those who feel out of

control (external LoC) often resort to less effective coping.

Theoretical Framework:

Social Learning Theory (Rotter, 1966) proposes that locus of control develops through reinforcement history and the expectations individuals form based on past experiences.

Transactional Model of Stress and Coping (Lazarus & Folkman, 1984) suggests that coping is influenced by the individual's appraisal of a stressor and their perceived ability to handle it.

Relevance and Applications:

In mental health, internal LoC is associated with lower levels of depression and anxiety (Lefcourt, et.al 1982).

In academic performance, students with an internal LoC tend to use productive coping strategies and perform better.

In therapy and counseling, enhancing adaptive coping skills and promoting an internal LoC are common goals to increase self-efficacy and resilience.

Method:

Objectives:

- To assess the coping strategies and locus of control levels in young adults using standardized tools.
- To explore the correlation between each type of coping strategy and locus of control.
- To determine the predictive power of approach and avoidance coping strategies on an individual's locus of control.

Hypotheses:

H1: There will be a significant positive correlation between approach coping strategies and internal locus of control.

H2: There will be a significant positive correlation between avoidance coping strategies and external locus of control.

H3: Behavioral and cognitive approach coping strategies will significantly predict internal locus of control.

H4: Avoidance coping strategies will significantly predict the internal locus of control.

Variables:

The independent or predictor variables examined in this research is coping strategies (behavioral-approach coping, Cognitive – Approach Coping, Cognitive – Behavioural – Approach Coping, Behavioural – Avoidance Coping, Cognitive – Avoidance Coping) while the dependent variables is Locus of control (LoC).

Tools:

1. Locus of Control Scale (36 items) by Narain and Joshi (1992) measures belief in internal vs external control. Items are scored to derive a total score indicating locus orientation. Reliability = 0.74; Validity = High construct validity reported. Two Dimensions of this Scale are: *first* Internal Locus of Control (ILC), belief that outcomes are the result of their own actions *second* External Locus of Control (ELC), belief

that outcomes are due to external forces like fate or others. Scoring System of total 36 items, each item has either: Normal scoring (Yes = 1, No = 0), or Reverse scoring (Yes = 0, No = 1) – for opposite-type items. Each item belongs to either Internal or External category. High score presents Strong belief in self-control or internal LoC.

2. Coping Strategies Scale (50 items) by Srivastava measures stress coping strategies. The present measure of coping strategies comprises 50 items, to be rated on five point scale, describing varieties of coping behavior underlying following five major categories of coping strategies based on the combination of operation and ‘orientation’ of the coping behaviour:

* Active/Approach Coping (Problem – Focused – Coping)

(a) Behavioural – Approach Coping Strategies

(b) Cognitive – Approach Coping Strategies

© Cognitive – Behavioural – Approach Coping Strategies

* Avoidance Coping (Emotion – Focused – Coping)

(a) Behavioural – Avoidance Coping Strategies

(b) Cognitive – Avoidance Coping Strategies

This scale can be used for both individual and group, assessment. It measures individual differences in approach (e.g., problem-solving, positive thinking) and avoidance (e.g., denial, withdrawal) strategies. The reliability of the “Coping Strategies Scale” was determined by Test-Retest Method= 0.92 (N = 76) and Split – half method. Approach Coping Strategies: 0.78 (N=120), Avoidance Coping Strategies: 0.69 (N=120). To find out the validity of coping strategies scale content validity (Approach Coping Strategies: 0.18*-0.53** ,Avoidance Coping Strategies: 0.16*-0.48**) and concurrent validity of the scale was ascertained by examining the correlation of the scores obtained on the coping strategies scale with the scores on the measures of psychological well-being (Mental Health Inventory – Srivastava, 1986) and symptoms of neuroticism (P.G.I. Health Questionnaire – Wig & Verma 1978) on a sample of 126 subjects. Scoring of “Coping Strategies Scale” was done according to the manual (Never=0, Rarely=1, Sometimes=2, Most of the times=3 and Almost always=4).

Sample:

Total sample consisted of 120 participants (60 males and 60 females), aged 18–30 years. Participants have been randomly selected. Quantitative correlational research design was used for this investigation.

Procedure:

Participants were informed about the purpose of the research. After consent, they completed both scales. Responses were scored, coded, and tabulated using Microsoft Excel. Raw scores were computed for coping strategies separately, and for the locus of control scale also. Descriptive statistics, Pearson correlation, and multiple regression were applied using SPSS-20.

Results:

This study aimed to examine the relationship between coping strategies and Locus of control. Descriptive statistics for both variables are presented in Table 1, and the correlation analysis results are summarized in Table 2.

Table 1
Showing the descriptive statistics of both variables.

Variables	Mean	S.D.	N
Locus of control	49.94	10.96	120

Behavioral Approach	34.30	8.72	120
Behavioral cognitive approach	17.77	6.49	120
Behavioral Avoidance	25.30	8.47	120
Cognitive Avoidance	15.45	5.56	120
Cognitive Approach	14.54	5.02	120

Descriptive Statistics were computed for all study variables. The mean score for Locus of Control was 49.94 (SD = 10.96), while the subscales of coping strategies showed the following means: Behavioral Approach (M = 34.30, SD = 8.72), Behavioral Cognitive Approach (M = 17.77, SD = 6.49), Behavioral Avoidance (M = 25.30, SD = 8.47), Cognitive Avoidance (M = 15.45, SD = 5.56), and Cognitive Approach (M = 14.54, SD = 5.02)

Table 2: Showing Correlation between both variables

Variables	Locus of control	Significant
Behavioral Approach	.354	.000
Cognitive Approach	.330	.000
Behavioral cognitive Approach	-.090	.163
Behavioral Avoidance	.025	.395
Cognitive Avoidance	.043	.319

Pearson’s correlation coefficients were calculated to examine the relationship between LoC and various coping strategies. Results revealed a significant positive correlation between LoC and Behavioral Approach ($r = .354, p < .001$), as well as with Cognitive Approach ($r = .330, p < .001$). However, Behavioral Cognitive Approach showed a weak negative and non-significant correlation with Locus of Control ($r = -.090, p = .163$). Similarly, Behavioral Avoidance ($r = .025, p = .395$) and Cognitive Avoidance ($r = .043, p = .319$) were not significantly correlated with LoC.

Table 3: Regression coefficient table

Predictor	B (Unstandardized)	Beta (Standardized)	t	Sig. (p)
Constant	35.203		8.630	.000
Behavioral Approach	0.401	.319	3.504	.001
Cognitive Approach	0.527	.260	3.004	.003

Dependent Variable: Locus of Control

Independent Variables: Behavioral Approach, Cognitive Approach,

Relationship among behavioral approach, cognitive approach coping and locus of control have been found significant so multiple regression have been calculated among these variables. Findings reveal that behavioural approach ($t=3.504, p<.01$) and cognitive approach ($t=3.004, p<.01$) coping are significant predictors for LoC. Beta values are positive, meaning that as these coping strategies increase, LoC also improves (i.e., it becomes more internal). Beta weight $B=0.401$ for behavioural approach reveals that if there is a one unit change in behaviour approach then .401 change will be in LoC. For one unit change in

cognitive approach there will be 0.527 change in LoC. Constant (B=35.203) denotes the value of LoC if the value of behavioral approach and cognitive approach coping is zero.

Discussion:

Present investigation provides clear evidence that coping strategies influence locus of control orientation. Individuals who face problems actively (Approach coping) are more likely to develop a sense of internal control. On the other hand, individuals who avoid or deny problems tend to present on external explanations and show external locus of control.

First hypothesis of this investigation, “there will be a significant positive correlation between approach coping strategies and internal locus of control” and third hypothesis, “behavioral and cognitive approach coping strategies will significantly predict internal locus of control” proven true. Relationship between behavioral approach, cognitive approach coping and internal locus of control has been found significantly positively correlated. These two approach coping significantly predict the internal locus of control also. Cognitive behavioral approach coping has not been found significantly related to locus of control. These findings align with previous research Karreman & Vingerhoets, (2012) and extend the literature by confirming the predictive role of coping strategies.

The findings align with existing literature. Rotter (1966) emphasized the importance of internal control for motivation. Studies by Folkman & Lazarus (1980), and Endler & Parker (1990), showed that approach-oriented coping correlates with healthier outcomes. Sandler et al. (1994) and Parkes (1984) noted that those with an internal locus used active coping more. Cheng et al. (2013) and Chou et al. (2011) further support the notion that internality is associated with proactive mental health behavior, while avoidance correlates with external attribution and maladjustment. Our findings confirm these patterns, especially in the 18–30 age group.

The positive prediction of internal locus by approach strategies suggests interventions should aim to enhance approach-oriented coping. Similarly, reducing avoidance strategies may help reduce externalized thinking and learned helplessness. In the present findings, negligible relationship have been noticed between avoidance coping and Loc. Thus, second and fourth hypotheses have been rejected.

Mental health interventions aiming to build internal control can focus on enhancing approach-based coping and reducing avoidance patterns. This can lead to better decision-making, problem-solving, and psychological well-being in youth.

The current study explored the relationship between coping strategies and locus of control among young adults (ages 18–30). The findings support with both theoretical predictions and prior research. Specifically, an internal locus of control was linked to greater use of task-oriented (problem-focused) coping and reduced reliance on emotion- and avoidance-oriented coping. with Previous Studies. These results are consistent with earlier studies linking LoC and coping. Petrosky and Birkimer (1991) similarly found that internal LoC (and the perception of control) predicted more active or direct coping. Likewise, Bilibani et al. (2020) reported significant correlations among coping styles and LOC in Macedonian young adults, suggesting that lower internal control corresponds to more maladaptive coping.

Jain and Lokesh’s (2023) Indian sample also found that factors promoting internal LOC (authoritative parenting) were associated with problem-focused coping, whereas authoritarian/permissive parenting (linked to external LOC) related to avoidant coping. This supports our observation that internal LOC and adaptive coping co-occur in Indian as well as international samples. Similarly, Shah et al. (2019) observed that belief in powerful others (an external LOC dimension) correlated with maladaptive coping styles

(confrontive and escape-avoidance) in female students, echoing our finding that externality aligns with avoidance coping.

These findings have several theoretical implications. They support the transactional model of stress and coping (Lazarus & Folkman, 1984), in which personal control beliefs influence appraisal and coping decisions. Internality functions as a coping resource that encourages problem-solving appraisal. The results also line up with Rotter's social learning theory: people who learned from experience that outcomes depend on their actions (internal) naturally use those actions when stressed. From a personality perspective, LoC may interact with traits like self-efficacy; an internal LoC may reflect high self-efficacy, further promoting active coping.

Our findings also intersect with developmental theory. Petrosky and Birkimer (1991) found that older young adults had more internal LOC and active coping. While our age range was narrower (18–30), we saw no effect of age, possibly because developmental changes level off by early adulthood. It would be valuable in future work to examine younger versus older young adults to test the maturation of control beliefs.

Practically, the relation between LoC and coping suggests paths for interventions. Young adults with an external LoC may benefit from training that enhances a sense of control (e.g. mastery experiences, goal-setting) and teaches active coping techniques. Cognitive-behavioral programs could reframe perceptions of control and build problem-solving skills. Educational settings might incorporate stress-management curricula that simultaneously foster internal control beliefs. Given our results, strengthening internal LoC could indirectly lead to more adaptive coping.

Furthermore, these findings have relevance for mental health. Lazarus & Folkman (1984) argued that effective coping is crucial for psychological well-being. If internal LoC promotes active coping, it may buffer stress and protect mental health. This implies that LoC assessment could help identify youth at risk of maladaptive coping. Clinicians working with young adults might assess LoC orientation and shape coping skill training accordingly. For instance, a young adult with external LoC might be guided first to identify areas where control is possible, then taught specific coping strategies.

Limitations and Future Research. The current study has limitations to acknowledge. It used cross-sectional, self-report data, so causality cannot be established; it is possible that coping experiences also shape LoC over time. Dependence on self-report scales may introduce bias. The sample, while adequate, may not be fully representative (e.g. mostly university students, cultural context). Future research should replicate these findings longitudinally and in diverse populations (e.g. varied education or clinical samples). It would be informative to examine how specific stressors interact with LoC – for example, perhaps in uncontrollable stress (e.g. illness), even internals may show more passive coping.

Additionally, research could explore moderators: for instance, personality traits or social support might influence the LoC-coping link. Given our finding of some gender differences (e.g. women using more emotion coping), gender or cultural norms might moderate how LOC translates to coping style. Qualitative studies could also shed light on how young adults interpret control in stress situations.

Conclusion:

Coping strategies significantly influence young adults' perception of control over life events. Approach coping enhances internal locus. The study provides implications for counseling and stress intervention programs.

The present research aimed to examine the relationship between Locus of Control and Coping Strategies

among individuals. The findings suggest that individuals with a high Internal Locus of Control—who believe that their own actions and decisions influence life outcomes—tend to use more effective and healthy coping strategies, such as problem-solving, seeking help, and taking direct action (known as Approach Coping Strategies). On the other hand LoC and Avoidance Coping Strategies, behavioral avoidance and cognitive avoidance such as denial, withdrawal, or blaming others have not been found correlated.

This indicates a strong connection between a person's control beliefs and their ability to manage stress. Overall, the results emphasize that fostering an internal sense of control may help individuals to develop better stress management and coping abilities. Future research should consider larger and more diverse samples and explore additional factors like personality, flexibility, and social support that may influence both locus of control and coping behavior.

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