Causal Attribution in Psychosis: A Study on Patients and Relatives

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Abstract:

Far too little is known about causal attribution of psychotic disorders according to patients and relatives, something that could be related to their attitudes and emotional reactions towards the disorder itself.

In order to examine this matter, a sample of 162 patients diagnosed with psychosis and their families, who were included in an assessment of social functioning, was collected. They were asked to answer this open question: What do you think your/his disorder is due to? The following step was the classification of the answers.

The results indicate that both patients and relatives considered Vital Circumstances as the primary cause of the disorder. It should also be noted that relatives tend to consider internal factors as a cause as opposed to patients.

In subsequent studies, it would be interesting to explore the relationship between the causal attribution given by patients and relatives, and other relevant variables such as social functioning, behavior problems and family overload.

INTRODUCTION

Many models and theories on the causes of psychosis have been developed over the past few years. However, little is known about the causal attribution on the part of the patients diagnosed with psychosis and their relatives. In existing studies on this topic, it has come to light that in relation to mental disorders in general, psychosocial stress is the cause most commonly indicated, followed by personal factors and finally, genetic factors (Matschinger and Angermeyer, 1996). In the specific case of psychoses, Angermeyerl and Klusmann (1988) found that patients perceived social, psychological and interpersonal problems to be the cause of the disorder, a finding which concurred with a study by Srinivasan and Thara (2001) in a different cultural context.

On the other hand, Weiner's attribution theory (1988) has served as the basis for studies on the importance of beliefs of causality and controllability (internal and external attributions) in how subjects respond to negative situations (such as suffering from a mental disorder or having a relative who suffers from one). This has fostered results which show how the attitude of relatives towards psychotic patients and the evolution of the patients themselves are influenced by the attributions that relatives make of the causes of psychosis (Barrowclough, C., Johnston, M., & Tarrier, N., 1995).

Among the patients, awareness of their own causal attribution with regards to the disorder can also be of interest. This awareness can be related to the patients' self-esteem and to the emotional responses that begin when the disorder appears, affecting coping strategies and the recovery process.

The goal of this study is to explore causal attributions for psychosis among patients and relatives in a sample of 162 ambulatory patients diagnosed with the disorder (F20-F29, according to CIE-10 criteria).

METHOD

During routine evaluations on the social functioning of people with psychosis receiving care at a community mental healthcare unit using the Social Functioning Scale, an open question was added on the cause of the disorders. The question was formulated as follows: *What do you think is the reason for your illness/disorder?*

Although 162 patients were evaluated, the information used for the study ultimately came from 155 patients and 122 relatives due to various reasons (refusal to answer the questions, incomplete data, patients without relatives, etc.)

Once all the responses had been received, they were classified using two procedures: a) the most common categories were identified and grouped through a content analysis of the responses obtained: life circumstances, personal factors, biological causes, genetic causes, vulnerability model, various factors, drugs and others; and b) the internal or external dimension of the attribution was assessed.

RESULTS

In relation to patients, the results indicated that nearly one-third (29.68%) did not know or did not respond. This probably indicated unawareness or a lack of a firm belief regarding the cause.

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Table 1. The most frequent causal attributions of patients who did mention a cause are the following: life circumstances (40.37%) followed by genetic causes at a far second (18.35%) and personal features (9.17%). In terms of the internal/external nature of the attribution, results show that 56.88% of the patients attributed their disorder to external causes.

Table 2. As for relatives, a very similar percentage (35.25%) did not know or did not respond to the question, which could also indicate unawareness or a lack of firm beliefs regarding the causes of the disorder. For the relatives who did respond, the most frequent causal attributions were life circumstances (32.91%), genetic causes (24.05) and personal features (15.19%). In relation to the internal/external nature of the attribution, the data indicate that 48.1% of family members made external attributions as the cause of the disorder.

Table 1. Percentage of patients and relatives in the responses classified by similar features

	Patients	Relatives
Life circumstances	40,37%	32,91%
Personal features	9,17%	15,19%
Biological causes	4,59%	6,06%
Causas genéticas	18,35%	24,05%
Drugs	6,42%	6,33%
Vulnerability model	5,50%	6,33%
Several factors	9,17%	3,80%
Others	6,42%	6,33%

Table 2. Percentage of patients and relatives in responses classified by attribution type (internal or external)

	Patients	Relatives
Internal attribution	33,03%	45,57%
External attribution	56,88%	48,10%
Mixed	10,09%	6,33%

DISCUSSION AND CONCLUSIONS

The data indicate that both patients and relatives consider life circumstances to be the main cause of the disorder. However, it is important to point out that family members are more likely than patients to consider internal factors as the cause of the disorders.

Given the data available, it would be interesting for future studies to explore the relationship between the type of causal attribution made by patients and family members and the intensity of behavior problems and family overload.

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