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.
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.

### References


