

Study of Attribution among Parents Having Children with Mental Retardation and Other Chronic Illness

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Abstract

Background: Attribution refers to our efforts to understand the causes behind other's behaviour and on some occasion the causes behind our behaviour too. Aim: compare the attribution style of parents having children with psychosis and parents having children with mental retardation. Sample: In this study 30 parents (15 couples) of children having psychosis and 30 parents (15 couples) of children having mental retardation who were living in India and met the inclusion and exclusion criteria were included. Data was collected from both the parents of the same child. Conclusion: Significant differences were found with regard to composite attribution score for positive events and composite attribution score for negative events indicating that both groups differed from each other in terms of stability and globality of attribution style for both positive and negative events.

Keywords: Attribution, mental retardation, Psychosis.

Background:

Attribution refers to our efforts to understand the causes behind other's behaviour and on some occasion the causes behind our behaviour too (Baron and Byrne,2002). Attribution has three components internality, stability and globality and by measuring these components we can find out whether the person has a general negative or positive attribution. Attribution style are responsible for our cognition. In particular internal, global and stable attributions for negative events are considered maladaptative, or pessimistic, while the same attributions related to positive events are considered adaptative or optimistic (Peterson et al,1982). Johnston et al,1998, assessed parents attribution for child behaviour in 61 parents of children with ADHD and 49 parents of non problem children and found that parents of children with ADHD were less likely to see themselves as the cause of child behaviour and more likely to mention medication. Collett and Gimpel, 2004 conducted a study in which child and maternal attributions in ADHD and non ADHD were explored. The attribution provided by these mothers appears to differ slightly as a function of medication status. Most of the studies conducted in this regard were conducted on mothers of disabled child. Several studies have reported that parents of children with disabilities experience higher level of stress than parents of typically developing children (Boyd,2002). Sanjuan and Magallares(2009) underlined how attribution styles could be considered an important aspect for marital satisfaction in couples with children with normal development; in fact the attribution style is a cognitive variable which reflects how people typically explain the causes of negative events in which they are involved, even in more stressful situations (Fincham and Bradbury,1992. Mc Nulty and Karney,2001 highlighted how couple in stressful situations showed depreotypic attribution style. These couples tend to consider negative events as being internally caused, stable and global(Horneffer and Fincham,1995) and, in some cases, the spouses blame each other for the situation(Fincham and Bradbury,1993). Very few studies were compared the attributional style

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of parents of mentally retarded children with parents of psychotic children. So, this study was carried out in Indian set up.

Aims: To compare the attribution style of parents having children with psychosis and parents having children with mental retardation

Methodology

Sample: In this study 30 parents (15 couples) of children having psychosis and 30 parents (15 couples) of children having mental retardation who were living in India and met the inclusion and exclusion criteria were included. Data was collected from both the parents of the same child. Sample was collected through purposive sampling. Following inclusion and exclusion criteria was used

Inclusion criteria

- Both parents should be living with the child.
- The child should be diagnosed as having psychosis or mental retardation as per ICD-10 criteria of research

Exclusion Criteria

- Parents having mental problem at time of interview
- Parents who score more than one on GHQ-5
- Parents of children with childhood psychosis or mental retardation having co morbid mental retardation
- Parents having a significant history of substance abuse, head injury and other organic conditions.

Tools: Following tools were used:

- **Socio demographic data sheet**
- **General Health Questionnaire-5(Shamsundar et al,1986)**
- **Attributional style Questionnaire(Peterson et al,1982)**

Procedure: At the first informed consent was taken from all the participants of the study. The socio demographic data sheet was filled after gathering the required information from the participants. The GHQ-5 was administered to rule out the presence of any mental health problem during the assessment. After that the entire selected questionnaire were administered on the subjects.

Statistical analysis: Data were analysed with the help of Mean, SD.

Result:

Mean age of the sample of psychosis group is 35.78 ± 2.45 yrs and mental retardation is 36.98 ± 3.12 yrs. Most of the parents belong to semi urban area of habitat, above 40000 monthly family incomes, Hindu religion. Comparison of attributional style between parents of children having mental retardation and psychosis is given in table-1.

Table-1: Difference in attribution style between parents of children having mental retardation and psychosis

Variables	Psychosis Gr N=30	Mental Retardation N=30	t
Composite positive	16.80±1.78	15.42±1.90	2.87**
Composite negative	12.65±1.70	11.28±.67	2.92**
Internality for positive events	5.05±.90	4.52±.76	.98
Stability for positive events	6.14±.79	6.12±.67	.79
Globality for positive events	5.60±.89	4.82±1.26	2.87**
Internality for negative events	3.78±1.32	3.17±1.07	.89
Stability for negative events	4.93±1.07	5.06±.98	.67
Globality for negative events	4.02±1.5	3.07±1.10	2.65**
Composite internality	4.40±.89	3.82±.82	2.56**
Composite stability	5.84±.78	5.59±.70	.68
Composite globality	4.80±.78	3.98±.98	4.02**

** .01 sig level

Above table shows that there is significant difference between two groups on composite positive, composite negative, globality for positive events, globality for negative events, composite internality and composite globality dimension of attributional style.

Discussion: Various studies have been done in order to study the effects of a disabled child on the family. The primary aim of the study is to find the differences between attribution style of parents having children with psychosis and children with mental retardation. Significant differences were found with regard to composite attribution score for positive events and composite attribution score for negative events indicating that both groups differed from each other in terms of stability and globality of attribution style for both positive and negative events. There was also a significant difference in terms of globality of attribution across all events. This reflects that parents of both groups differed with respect to the extent of pervasiveness of their attribution. High score of parents of psychotic children shows that their attribution is more persistent across life than parents of mentally retarded children. Parents of psychotic children have significantly more pessimistic attribution than parents of mentally retarded children. A pessimistic pattern of attributions reflects the cognitive belief that one is not in control of his or her environment, resulting in hopelessness, diminished self esteem and self efficacy and depression (Sweeney, et al, 1986).

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