Illness attributions among ethnic minorities: assessment and clinical relevance
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Summary
Ethnic minority groups form a significantly growing segment of the population in many Western countries. Treatment needs and expectations of these groups often pose a challenge for the conventional mental health services. With regard to psychotherapy for instance, research has found ethnic minority patients to have higher drop-out rates and poorer outcome, compared to the majority population. Such higher rates of treatment failure have often been ascribed to minority patients’ cultural background and cultural differences with their therapists. However, “culture” is too broad a notion to be adequately employed in psychotherapy research. Hence, an analysis of individual cultural components may prove more fruitful. A specific component, which is thought to be of direct relevance for clinical outcome, is patients’ beliefs regarding the nature and etiology of their illness (i.e., illness attributions).

Chapter 1 presents the theoretical foundation of this thesis. It is argued that patients, their family and therapists construct culturally sanctioned illness attributions, when encountering a specific episode of illness. Although such attributions may not constitute firmly held beliefs, they are thought to be instrumental in determining a compatible treatment choice, as well as the personal and social meaning of illness. The present thesis addresses two important issues, pertaining to the assessment and clinical relevance of illness attributions. First, there are legitimate validity concerns with regard to the assessment of illness attributions in face-to-face interviews. It has been previously suggested that (ethnic minority) patients may alter or conceal their attributional accounts in interaction with clinicians, as their illness attributions may appear mistaken from a psychiatric point of view. In social psychological literature, such misreports of beliefs and attitudes have been often ascribed to a number of specific factors, such as social desirability, high level of uncertainty towards one’s beliefs, poor rapport with the interviewer, and ethnic disparities between the interviewer and the respondent. The extent to which these factors similarly account for misreports of illness attributions remains largely unknown.

Furthermore, we shall argue that, given the problematic assessment of illness attributions in interview settings, research may benefit from computer-administered, indirect association measures of beliefs. Such measures have been widely used in the field of social psychology, given their ability to provide an indication of certain beliefs, independent of respondents’ self-report.

The second issue of interest concerns the clinical relevance of illness attributions. Patients’ attributions have been conceptualized as dynamic entities,
which may be particularly prone to change in the context of treatment. When in treatment, patients are directly or indirectly exposed to therapists’ views on illness causation. As a result, patients may revise or reject their initial attributions, or even develop new ones in the process. It is assumed that effective clinical communication involves patients’ attributions coming to resemble those of their therapists. Such attributional resemblance is also thought to foster a better treatment process and outcome. Thus, in case where patients and therapist hold divergent views on illness causation, treatment may make no sense to patients, resulting in poor treatment engagement and outcome. Thus far, there has been no empirical attempt to validate these assumptions.

**Assessment of illness attributions**

In the first part of this thesis, a number of hypotheses, derived from social psychology, were tested in the context of patients’ accounts of their illness attributions. Chapter 2 describes an experimental study, which examined (a) whether ethnic minority patients reported different attributions to ethnically similar interviewers in comparison with those with a different ethnicity, and (b) whether this effect was related to respondents’ social desirability, the perceived rapport with the interviewer and level of uncertainty towards their attributions. Participants who were interviewed by an ethnically similar interviewer indicated interpersonal, victimization, and religious/mystical causes as more important, whereas interviews by ethnically dissimilar interviewers generated higher scores on medical causes. As for medical and religious/mystical attributions, the effect of ethnic (dis)similarity with the interviewer was profounder among patients with higher uncertainty towards these causes. However, these effects were not mediated by the perceived rapport with the interviewer, and social desirability had a modest impact on the results.

Given self-reports of illness attribution appear to be sensitive to distortion, a computer-administered, indirect association measure of attribution was developed. Chapter 3 describes the properties of this measure, and reports on two empirical studies, which investigated its validity. In the first study, evidence was found for the convergent validity of the indirect measure in relation to the interview, indicating that both measures are essentially related. Moreover, the correspondence between the two measures was affected by social desirability and uncertainty towards one’s beliefs on two categories of attributions. On
interpersonal attributions, the direct and indirect measures demonstrated greater correspondence among participants with lower tendency towards social desirability. Further, the correspondence between the measures on medical attributions was stronger among participants who experienced greater certainty towards their attributions. In the second study ethnic minority patients were randomly assigned to an ethnically similar or dissimilar interviewer. Results partly replicated those presented in chapter 2. More importantly, it was found that, unlike the self-reports of illness attributions, the outcomes of the indirect measure were less affected by patients’ ethnic (dis)similarity with the interviewer.

Clinical relevance of illness attributions

The second part of this thesis is concerned with clinical relevance of illness attributions. Chapter 4 goes beyond the narrow focus of the remaining of the thesis by providing a systematic review of the literature on the stability of illness attributions, and their presumed effect on coping, help-seeking behavior, alliance, satisfaction, drop-out, as well as treatment adherence and outcome. Based on review of 69 empirical studies, patients’ illness attributions were found to be fairly unstable in and outside the treatment context. In general, illness attributions seem to be associated with coping behaviors and help-seeking, although among non-Western patients, structural (e.g., availability of treatment) and cultural (e.g., stigma) barriers may play a more significant role. With regard to the presumed impact of illness attributions on treatment process and outcome, the available findings are equivocal. The literature is also inconclusive as for the mechanisms through which illness attributions may affect outcome. Chapter 4 proposes a dual mechanism for the impact of attributions on outcome. First, patients’ attribution may determine the outcome, through their impact on patients’ coping behavior. Second, patients’ attribution may lead to better treatment engagement and treatment alliance, to the extent these attributions are convergent with those of clinicians. A good process of treatment will in turn result in positive outcome.

In order to partially test this hypothesis a randomized controlled trial was conducted, the results of which are presented in chapters 5 and 6. Ethnic minority patients were randomly assigned to psychotherapy versus waiting-list control condition. Patients’ and therapists’ attributions were assessed at baseline and after three months. Results indicated that psychotherapy induced change in some, but not all types of attributions. Compared to the control group, psychotherapy was
associated with a greater reduction of religious/mystical and stress related attributions. In addition, in the psychotherapy condition, patient-therapist discrepancy in illness attributions decreased significantly from baseline to post-assessment, especially with regard to environmental, religious/mystical and stress related attributions (chapter 5). Furthermore, higher therapist-patient discrepancies in psychological attributions at baseline and post-assessment were both significantly associated with poorer treatment outcome. Greater baseline discrepancy in psychological attributions was further significantly associated with less psychotherapy attendance. However, attendance itself was not related to outcome (chapter 6).

Conclusion

Chapter 7 summarizes the conclusions of this thesis, discusses the strengths and limitations of the studies, and sheds light on a number of implications for research and practice. It is concluded that ethnic (dis)similarity with the interviewer affects patients’ utterances regarding their illness attributions. This effect can be amplified for some types of attributions, when patients experience greater uncertainty towards their beliefs. The thesis shows that assessment of illness attributions can benefit from indirect association measures, which do not rely on respondents’ self-reports. In a series of studies, an indirect measure of illness attributions appeared to have acceptable convergent validity, while being less sensitive to ethnic (dis)similarity between the patient and the interviewer. In the context of psychotherapy, patients’ illness attributions do seem to transform as a result of treatment exposure, showing more resemblance over time with those of therapists. Findings suggest that a certain degree of similarity between patients’ and therapists’ psychological attributions is important for psychotherapy attendance and outcome. Contrary to common clinical judgments, therapist-patient discrepancy on other types of attributions, such as magical or medical attributions, is not associated with treatment attendance, nor with outcome.

A major strength of this thesis is the application of an interdisciplinary approach to the study of illness attributions, integrating insights and methods from clinical and social psychology, as well as the field of medical anthropology. The main limitation of the thesis concerns the absence of the indirect measure in the intervention study, due to its lengthy administration in combination with the large amount of other data that were collected from each patient. Furthermore, due to the
relatively low response rates, inclusion of predominately foreign-born immigrants, and small to medium sample sizes, caution is recommended when generalizing the findings to other populations.

Findings have a number of important implications for clinical practice. Clinicians are recommended to elicit patients’ illness attributions prior to the development of a treatment plan. A pro-active and non-judgmental attitude on the part of the clinician is essential to foster a genuine disclosure of attributions. Clinicians are further encouraged to routinely monitor their attributional discrepancy with their patients, and to initiate a process of negotiation on the origins of symptoms and the nature of the proposed intervention. This process is more likely to be effective when psychological attributions are integrated within the patients’ pre-existing beliefs. In doing so, the patients are likely to accept the treatment rationale, without having their “system of meanings” challenged or devalued in the context of treatment. The development and evaluation of specific protocols, which may guide this negotiation process, need to be addressed in future research endeavors.