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External attributions and outcome in depressive in-patients

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Thirty-four voluntarily admitted depressive in-patients were asked by their clinicians in the first interview why they came into hospital and what they expected there. Some patients expressed external attributions referring to other persons who were viewed as being responsible for the admission or for improvement under treatment. External attributions of this kind were found to have some negative predictive value for the outcome of treatment.

In research, causal attributions and control expectancies (Forsterling, 1988) are usually assessed by questionnaires and scales (e.g. Lau, 1982), while clinicians are confronted with simple attributions expressed by patients in an interview. Often without being asked explicitly, patients state their views about causes and locus of control. Attributions expressed by depressive in-patients in the first interview after admission, and their predictive value for outcome of hospital treatment, were the subject of the present study. Two attributions were examined. One concerned the event of hospital admission and the person who took this decision. The other one concerned the expected treatment and the particular person responsible for an improvement during treatment. External attributions, meaning that patients regarded other persons as responsible for their admission or for an expected improvement under treatment, were assumed to reflect poor motivation within the given therapeutic situation and to be associated with a rather unfavourable course of treatment.

The study was carried out in the psychiatric department of a university hospital.† The patients examined were all admitted voluntarily. The criteria for inclusion were restricted to self-rated depressive syndromes (Von Zerssen Depression Scales DS+DS′ $\geqslant$ 24: Von Zerssen, 1986), regardless of formal psychiatric diagnosis. Only patients with schizophrenic, bipolar affective and organic disorders were excluded. Following the first psychiatric interview patients were asked two standardized questions by their clinicians: (1) Why did you come into hospital? and (2) What do you expect here? The answers were tape-recorded and then assessed by a rater who was blind to the clinical features of the patients and not otherwise involved in therapy. The answers to each question were categorized into two groups only: those patients who referred to other persons being responsible for the admission or an improvement they expected under treatment (external attributions), and those who did not. The result of the ratings was not made known to the clinicians. Treatment success was assessed by the Hamilton Depression Scale which was rated by the clinician at the beginning and end of hospital treatment.

Thirty-four patients (26 female, eight male) were included in the study. Their ages ranged from 21 to 81 (mean = 52, SD = 15.4). The primary psychiatric diagnoses according to ICD-9 classification were endogenous depression (16 patients), different neurotic (12) and personality (1) disorders, depressive reaction (2), alcohol dependence (2), and a depressive condition without clarification (1). Patients stayed in hospital between three and 223 days (mean = 60, SD = 37). During this time 29 patients received antidepressives and 11 received neuroleptics; three patients did not receive any medication. The type and amount of psychotherapeutic activity depended on the nature and extent of the clinician's psychotherapeutic training. Although patients' answers were often brief and vague, there was hardly any case of doubt as to whether an external attribution was expressed or not. Ten patients

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