Introduction

Insight is the ability to understand one's own illness and its consequences. It is commonly disrupted in schizophrenia. Lack of insight has been implicated in increased hospital admissions, decreased medication adherence, and decreased social functioning in this group. Overall symptom severity and certain subtypes of schizophrenia may be inversely associated with insight. Attributional style may also contribute to lack of insight in people with serious mental illnesses (SMI). Previous studies have noted that inpatients with schizophrenia often exhibit an exaggerated self-serving bias, meaning that they attribute positive outcomes to themselves but negative outcomes to other people or situations. People with SMI often attribute negative events to other people rather than circumstances. This study explores the relationship between attributional style, insight, and symptom severity in inpatients with SMI to explicate how consumers may respond to treatment based upon individual differences.

Method

This study utilized an archival clinical database from 1991 to 2004, containing measures collected from inpatients in a psychiatric rehabilitation program with diagnoses including schizophrenia spectrum disorders, bipolar disorder, and disabling mood or personality disorders who had had difficulty transitioning into the community.

Three measures completed by direct care staff in the program were analyzed: the Brief Psychiatric Rating Scale (BPRS), Internal, Personal, and Situation Attributional Questionnaire (IPSAQ), and Insight Scale. An exploratory factor analysis was conducted on the original 16 items of the BPRS using unweighted least squares and varimax rotation. The resulting factors (Anergia, Anxiety/Depression, Lack of Rapport, and Thought Disturbance) were included in the main analyses. Correlations and regression analyses were conducted to examine the relationship between Thought Disturbance items from the Brief Psychiatric Rating Scale (BPRS) and index scores of the IPSAQ and the Insight Scale.

Discussion and Implications

These initial results indicate that aspects of attributional style and insight can predict severity of symptoms. Increased tendency to attribute the cause of negative events to personal factors is associated with thought disturbance generally. Increased tendency to attribute the cause of positive events to other people is associated with increased suspiciousness among people with a decreased ability to label symptoms as part of a mental illness; but increased ability to label symptoms as part of a mental illness is associated with reduced suspiciousness, regardless of the tendency to attribute the cause of positive events to other people. Moreover, individuals whoattribute negative events to something about themselves or something about the situation are more likely to have unusual thought content, as are individuals who were less able to identify their symptoms as an aspect of their illness. Although these results are preliminary, they indicate that the relationships between attributional style, insight, and symptom severity are complex. Elements of the self-serving bias contribute to symptom severity, as well as other elements of attributional style and insight. If symptom severity can be reliably predicted from insight and attributional style, this could be an important evaluative marker, useful for treatment, and later, as researchers come to understand how constructs like attributional style and insight are related to genetics, could be used for diagnosis and prognosis.

The inclusion of measures such as the IPSAQ and the Insight Scale when assessing consumers with serious mental illness is becoming more important as psychologists begin to understand the breadth of how these types of psychological constructs effect and predict symptoms. If attributional style and insight individually and dyadically predict current symptoms, they may also predict prognosis and future symptoms. Using current assessment scores could be useful to determine treatment needs for a client’s illness over the long-term trajectory of their illness.