

Parent and Child Causal Attributions Related to the Child's Clinical Problem¹

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Parents and children were asked to give causal attributions related to the child's learning or behavior problems and an area of success. Actor-observer differences and tendencies of actors to make differential attributions for their positive and negative outcomes were examined. A significant number of parents and children were in disagreement regarding the cause of the child's problem. Parents made significantly more internal than external attributions for children's presenting problems. In contrast, children were evenly distributed in problem attributions. Both parents and children made significantly more internal success attributions. Research with clinical child populations is highlighted as a valuable way to validate, expand, and refine attribution theory while clarifying its practical applications.

The critical role of causal attribution has been discussed with regard to basic psychological processes such as motivation, expectancy, and emotion. To date, only a small portion of attributional research has been conducted out of the laboratory and has focused on other than adult populations. Recent efforts expanding this research to clinical child populations have suggested that treatment procedures may have differential effects depending on causal attributions. For instance, in a study of interventions with

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different central features (social reinforcement vs. cognitive restructuring), Bugental, Whalen, and Henker (1977) observed that treatments congruent with a child's perception of cause were more effective than incongruent treatments.

Clinical work with children and their families suggests that other factors in addition to the child's initial attributions may be crucial in designing effective interventions. For example, within the family there is obvious potential for differing perceptions of cause for the child's problem. While some differences in actor and observer attributional tendencies in different contexts have been investigated (e.g., Jones & Nisbett, 1972; Storms, 1973), attributions of causality related to salient and substantive problems in family contexts have not yet been studied. Initial work related to observer's perceptions of children with clinical problems has been limited to teacher's attributions (e.g., Medway, 1979). Investigators have not examined actor-observer differences involving children in either role. The examination of these phenomena with children in a clinical context would seem especially pertinent because observations made by parents or other adults invariably precipitate clinical interventions with children. Related studies have indicated that the perceptions of both teachers and mothers influence their subsequent responses to children's problems (Chapman & Boersma, 1979; Medway, 1979). Within the family, there is an obvious potential for conflict and diminished capacity for problem solving if perceptions of the child's problem should operate as predicted by Jones and Nisbett's (1972) hypothesis, i.e., that actors tend to make situational (external) attributions for their behavior, while observers typically make dispositional (internal) attributions for the actor's behavior.

The second attributional process of relevance here is the well-documented tendency by adult actors in some circumstances to make differential attributions for their success and failures, i.e., to attribute success to internal causes and failure to external ones (Miller, 1976; Snyder, Stephan, & Rosenfeld, 1976). The tendency has been investigated less extensively among children (Bar-Tal & Darom, 1979; Nicholls, 1979). Given that one interpretation of this phenomenon has been that it serves a self-protective function for the individual (e.g., Bradley, 1978), it is of particular relevance for work with clinical populations.

The two studies presented here were designed to investigate attributions made by two clinical child populations—learning problems and behavior problems³—regarding causes of successes and problems, as well as

³These terms were chosen as potentially less misleading than the labels learning-disabled and emotionally disturbed. For example, while most of the children with learning problems had been diagnosed as learning-disabled, the population with this diagnosis, as is widely recognized, is extremely heterogeneous due to the limitations of available diagnostic procedures (Coles, 1978; Haywood, 1980)

to compare child attributions with those of their parents. The following questions were investigated: (a) Do parents, as observers, tend to make internal causal attributions for their child's successful and problematic behaviors and performance? (b) Do children, as actors, tend to make external attributions? (c) Does this tendency in children hold for both successful and problematic behavior and performance or do they make differential attributions for these two outcomes?

STUDY 1

Method

Subjects. Subjects were 65 children (40 boys and 25 girls) aged 6 to 17 (median age of 11.1) and the parents of 55 of these children.⁴ Ethnic composition of the children was 55% Anglo, 27% black, 5% Hispanic (15% declined to state ethnic group). Median yearly family income was approximately \$20,000. The sample consisted of all families who contacted a university psychoeducational clinic during a 6-month period. Each child had been identified by parents, school, and/or other professionals as having a learning problem. Prior to referral the children had been assigned a variety of labels related to learning problems (e.g., learning-disabled, dyslexic).

Procedure. Two separate questionnaires were designed to allow for analysis of (1) parents' attributions of cause for their child's major area of school success and the learning problem and (2) children's attributions of cause related to these same areas. Each questionnaire consisted of 16 items describing possible causes of school performance; 8 items focused on a family-identified major area of success for the child, and 8 comparable items focused on the child's learning problem. Items were rated on a Likert scale indicating extent of agreement (1) or disagreement (6) with the stated cause. Each set of 8 items consisted of four causes internal to the child (related to effort and ability factors) and four causes external to the child (related to luck and task difficulty factors). Table I presents items from the children's questionnaire. Parallel items were used in the parents' form. After respondents indicated their agreement with each of the 8 causal items related to success or problems, they were asked to select the single most important cause of that outcome. Questionnaires were administered separately to children and parents prior to an assessment conference. In-

⁴Data for each analysis vary because some respondents did not complete specific items.

Table I. Children's Version of Attribution Items Related to an Area of Success and Learning Problems^a

A cause of my success (in the identified area) was:	A cause of my problem (in the identified area) was:
a. being lucky enough to get good teachers or other adults who helped in (<i>the identified area</i>).	a. I was not smart enough to learn the needed skills.
b. I was naturally skilled in (<i>the identified area</i>); for example, being born with a particular talent or ability.	b. I didn't try hard enough or work hard enough to learn to (<i>the identified area</i>).
c. I tried very hard in (<i>the identified area</i>).	c. not being interested or not caring or not working hard enough to learn to (<i>the identified area</i>).
d. being with other kids who made it go well.	d. not being lucky enough to get good teachers.
e. the area was an easy one for me to do well in.	e. the assignments moved too fast or were harder than they should have been.
f. my being very interested or caring about it or wanting to do it.	f. being in class with other students who were distracting.
g. my learning the basic skills in this area when I was younger.	g. a problem such as not being able to sit still; or mixing up letters, words, or numbers; or getting so upset I wasn't able to do well.
h. some other person, such as a teacher or parent, made it easy to do well in this area by not expecting too much.	h. some other person, such as a teacher or parent, expected too much.

^a Specific area of success and learning problem were identified by the family.

dividuals who had difficulty reading were assisted as needed. When both parents were present, they completed the questionnaire jointly.

Results

Hypotheses were analyzed with reference to two different but related indices of causal attributions, i.e., (a) algebraic summing of individual items and (b) the item ranked as single most important cause.

Analysis of Individual Items. Using a method described by Kuiper (1978), internal-external scores were generated for each respondent. Calculated *separately* for success and problem, this rating consisted of the sum of attributions to internal factors (minimum score of 4, maximum of 24) minus the sum of attributions to external factors (minimum score of 4, maximum of 24). This produced scores ranging from 20 to -20. A negative score indicated a tendency in the direction of external attribution, a positive score indicated a tendency in the direction of internal attribution, and a zero indicated an equal amount of internal and external attribution.

The mean internal-external scores for children and parents are presented in Table II. Parents and children both had a greater tendency toward internal attribution for success than for problem, $t(54) = 5.06, p$

Table II. Mean Internal-External Attribution Scores^a Made by Parents and Children for Child's Learning Problem and an Area of Success—Study 1

	N	Child's area of success	Child's Learning problem
Parents	55	4.28	-.30
Children	64	3.01	-1.06

^aPositive scores indicate internal attributions; negative scores, external attributions.

< .001, and $t(63) = 4.14$, $p < .001$, respectively. Separate one-way analysis of variance revealed that parents did not differ significantly from children in their attributions of cause for either the learning problem or area of success.

Analysis of Single Most Important Cause. The item ranked as the single most important cause was dichotomized as external or internal and data were analyzed using the χ^2 test for independent samples corrected for continuity (see Table III). Again, on this index parents and children made significantly more internal than external attributions for success, $\chi^2(1) = 7.52$, $p < .01$, and $\chi^2(1) = 12.06$, $p < .001$, respectively.

In contrast, parents and children differed significantly in attributions for the child's problem, $\chi^2(1) = 6.56$, $p < .02$. Parents again made significantly more internal than external attributions, $\chi^2(1) = 12.50$, $p < .001$, while children did not.

Comparing attributions for the learning problem and the area of success, parents displayed a strong tendency to make internal attributions for both areas. Children attributions, however, differed significantly, $\chi^2(1) = 5.50$, $p < .02$, displaying a tendency for making more internal attributions for success than for their learning problem.

Table III. Number of Internal and External Attributions Made by Parents and Children Using the Items Ranked as Most Important Cause of Child's Learning Problem and an Area of Success—Study 1

	Locus of attribution	Success	Problem
Parents	Internal	34	38
	External	14	12
Children	Internal	47	33
	External	18	32

STUDY 2

Method

Subjects. Subjects were 51 children (41 boys and 10 girls) aged 6 to 17 and the parents of 47 of these children.⁴ The sample consisted of all families contacting a university clinic and a community child guidance clinic during a 4-month period. Each child had been identified by parents, school, and/or professionals as manifesting behavior problems. More specific demographic data were not obtained. The responses of the two subject pools did not differ and therefore are presented as a single sample for purposes of data analysis.

Procedure. Participation at both settings was voluntary, but intake processes mandated different questionnaire administration procedures. At the university facility, individuals were assisted as needed. At the guidance clinic, questionnaires were mailed out and returned at the initial visit. As a result, some parents had to assist their children in answering the questions.

The questionnaires were identical to those used in Study 1, except that the problem focus was not on learning but on behaviors that were seen as getting the child "into trouble."

Results

Analysis of Individual Items. Individual items were algebraically summed and analyzed using an internal-external attribution score as described in Study 1. The mean internal-external scores for children and parents for the cause of the child's problematic and successful behavior are presented in Table IV. Children had a greater tendency toward internal attribution for success than for their problem, $t(48) = 5.42, p < .001$, while parents displayed a similar but nonsignificant trend, $t(42) = 1.83, p < .07$. A one-way analysis of variance indicated that children tended to externalize

Table IV. Mean Internal-External Attribution Scores^a
Made by Parents and Children for Child's Successful and
Problematic Behavior—Study 2

	<i>N</i>	Child's area of success	Child's problem behavior
Parents	43	5.48	3.77
Children	49	4.06	-1.22

^aPositive scores indicate internal attributions; negative scores, external attributions.

Table V. Number of Internal and External Attributions Made by Parents and Children using the Items Ranked as Most Important Cause of Child's Successful and Problematic Behavior—Study 2

	Locus of attribution	Success	Problem
Parents	Internal	36	35
	External	11	10
Children	Internal	40	24
	External	11	24

the cause of their problem to a greater extent than their parents, $F(1,86) = 24.47, p < .001$. Parents and children did not differ regarding the cause of the child's success.

Analysis of Single Most Important Cause. The item ranked as the single most important cause was again dichotomized as external or internal and data were analyzed using the χ^2 test for independent samples corrected for continuity (see Table V). Again, parents and children made significantly more internal than external attributions for success, $\chi^2(1) = 11.25, p < .001$, and $\chi^2(1) = 14.29, p < .001$, respectively.

In contrast, parents and children differed significantly in attributions for the child's problem, $\chi^2(1) = 5.61, p < .02$. Parents again made significantly more internal than external attributions $\chi^2(1) = 11.75, p < .001$, while children did not.

Comparing attributions for the behavior problem and area of success, parents displayed a strong tendency to make internal attributions for both areas. Children's attributions, however, differed significantly, $\chi^2(1) = 6.36, p < .02$, displaying a tendency for making more internal attributions for success than for problem behavior.

DISCUSSION

Both studies provide partial support for the existence of actor-observer attributional differences in the direction predicted by Jones and Nisbett (1972) among children with clinical problems and their parents. It may be underscored that parents displayed a pattern of attributions expected of observers, i.e., a tendency to make internal attributions for their child's problem and success. In contrast, children did not manifest a consistent tendency toward external attributions, although about half did externalize their problems and, in general, children's problem attributions were relatively more external than those of their parents.

The clinical relevance of these findings is reflected in a number of ways. For example, the fact that parents and children differ in their

perceptions of cause for an enduring and important problem could be expected to contribute to family conflict and frustration, decrease the family's ability to problem-solve, and even exacerbate the problem itself. The attributional pattern displayed by parents is consistent with expectations for objective and nonempathic observers (Regan & Totten, 1975) and was previously reported in attributions made by teachers for children's problems (Medway, 1979). Whether increased parental empathy for the child's perspective is desirable, would occur during the intervention process, and would result in changes in perceptions warrants further investigation.

Both studies also suggest a pattern among children with clinical problems to make differential attributions for positive and negative outcomes. That is, children showed a *relative* tendency to take greater personal responsibility for positive or successful experiences than for problems. Specifically children readily attributed success to internal causes, while about half cited internal attributions for problems. Whether this latter pattern is reflective of distinct subgroups and the consequence of differential causal attributions with regard to intervention efficacy is worthy of further investigation. These findings differ from those reported by Chapman and Boersma (1979) in which children with learning problems tended to perceive their success as externally determined. Direct comparison of clinical child populations on locus of control measures, used by Chapman and Boersma (1979), and attribution measures, similar to those used in the present studies, is needed to facilitate understanding of these different findings.

In conclusion, the present findings indicate that future attribution research with clinical child populations should be of considerable applied importance. Continued work in clinical settings should help identify the situational and individual variables that best account for attributional patterns, as well as the consequences of such patterns. Finally, these types of problems and populations may be valuable in understanding the mechanisms underlying the attribution process. For example, the pattern of children's success-problem attributions observed here suggest that there is an opportunity to explore whether such findings result from a motivational bias (e.g., Bradley, 1978) or a nonmotivational judgmental principle (e.g., Miller & Ross, 1975; Ross, 1977).

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