

Abstract of thesis titled
**“Attributional Style and Delusional Belief:
Patients with First Episode Psychosis and Nonclinical Population”**

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Delusional belief and attributional style had been markedly proven to have close association, in that patients with psychosis who experienced delusional ideation would tend to employ an external-personal attribution in reasoning of a hypothetical negative event. The present cross-sectional study aimed to investigate the relationship between delusional belief and attributional style both in patients with psychosis and nonclinical population who reported delusional experience. Using attributional style as an external correlate, the study also aims to investigate whether the delusion found in nonclinical population share similar cognitive process as those found in the patient population.

Seventy outpatients with first episode psychosis and 654 nonclinical populations who reported no history of psychiatric illness were recruited. All participants were invited to complete the Peters et al. Delusional Ideation Inventory (PDI-21) for the measurement of delusional beliefs; and the Internal, Personal and Situational Attribution Questionnaire (IPSAQ) for the evaluation of their attributional style on hypothetical negative and positive event. On top, a self-report rating on psychotic symptoms, the Community Assessment of Psychic Experiences (CAPE 42) was also included in nonclinical population.

Results demonstrated an association between delusional ideation and external-personal attributional style on hypothetical negative event in both patients with psychosis and nonclinical populations. Delusional beliefs were found in nonclinical population, yet their number of endorsement, degrees of conviction, distress and occupation were all lower than those in patients with psychosis. Our results also suggested that in nonclinical population, a combination of an increased number of delusion and increased external personal attributional bias on negative events could predict self-reported psychotic symptoms. These results suggested the relevance of attributional style in patients with psychosis and in nonclinical individuals who reported delusional beliefs. These findings brought forth valuable implication on the use of Cognitive Behavioural Therapy (CBT) in treating patients with delusional ideation, which focuses on modifying interpretations of events and experiences.