

Key Concepts : Causal perceptions, Health seeking behaviors, Rheumatoid arthritis.

An Inquiry to the Causal Perceptions & Health Seeking Behaviors of Rheumatoid Arthritis Patients

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ABSTRACT

This study was undertaken to investigate the causal perceptions and health seeking behaviors of Rheumatoid arthritis patients, define and understand the typology, and find the relationship between causal perceptions and health seeking behavioral types.

There were six types(Physical Fatigue, Dispensation of Nature, Causality to Environment, Conscience of Guilty, Rationally perceiving, Psychological Stress) of subjective opinion about Causal Perceptions of Rheumatoid Arthritis Patients. And there were four types(Oriental medical Treatment, Information Seeking, Dietary Control, Western Medical Treatment) of subjective opinion about Health Seeking Behaviors.

In the relationship between types of the causal perceptions and health seeking behaviors, oriental medical treatment and information seeking type were common health seeking behaviors of all six causal perception types. Only difference for internal causal perception types was related to hospital instructions and external causal perception types were related to dietary control.

The result of this study can help health care providers, especially nurses to understand the types of causal perceptions and health seeking behaviors of Rheumatoid arthritis patients to gain treatment compliance from patients according to their causal perceptions of the illness, and use it to develop educational nursing intervention to aid health care.

I. INTRODUCTION

A Causal perception is an individual's construction and explanation of causes and effects. It dictates how an individual explains and foresees an event and is an important deciding factor as to how and why that

individual reacts in certain way (Monson & Synder, 1977; Weiner, 1986). A causal perception is subjective construction of his or her experiences that could be identified by examining the individual's perceptions. It could be used to provide an effective nursing care since patients' reactions are directly related to

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their causal perceptions. Nurses need to know the patients' causal perceptions and their subsequent behaviors before treating them through nursing intervention. In addition, when patients' causal perceptions are used in nursing intervention, nurses could assist the patients to recover by providing overall treatments including physical, mental, and social aspects of the patients (Kim, 1992).

Rheumatoid arthritis patients experience depression due to pain, separation from the society, financial difficulties, and their limited roles threaten their physical and psychological well-being. Causal perception occurs in the first steps of overcoming these symptoms (Oh, 1983; Hong, 1982; Sacks & Bugental 1987). In addition, Rheumatoid arthritis patients feel the uncomfortableness arising from symptoms of chronic progress symptoms such as sharp pain, debilitation of the body and exhaustion. And due to the lack of effectiveness of the treatment, they tend to either give up or turn to Min-Gan therapy (alternative therapy).

Therefore, this study is focused to identify statements of causal perceptions and health seeking behaviors of Rheumatoid arthritis, analyzing the types by Q-methodology, and utilizing the relationship between the two to help take care of Rheumatoid arthritis pain and to provide appropriate psychological nursing intervention.

Purpose of the Study

This study was undertaken to investigate the causal perceptions and health seeking behaviors of Rheumatoid arthritis patients, define and understand the typology, and find the relationship between causal perceptions and health seeking behavioral types. The detailed purposes are as follows:

1. Explore the types of causal perception of Rheumatoid arthritis patients and identify the characteristics of each type.

2. Explore the types of health seeking behaviors of Rheumatoid arthritis patients and identify the characteristics of each type.
3. Find the relationships between causal perceptions and health seeking behaviors of Rheumatoid arthritis patients.

II. THEORETICAL BACKGROUND

1. Causal perception of Rheumatoid arthritis patients

When an event occurs, people try to find reason "why" that event occurred - a causal perception - and this becomes an essential element as it dictates how people will react. Therefore, causal perception is a salient factor in resolving a problem, especially, when terminal illnesses or unfortunate events induce causal perception (Weiner 1970; Wong 1981; Lim, 1989). People in primitive society in the West thought the affliction of diseases was a result of external supernatural forces. Later, people began to perceive that illnesses were caused as a result of disharmonious interactions between physical functions and structures, man and the nature, and societal functions. This new perception recognized that a human is a complex entity in which his mental capabilities are directly related to his physical capabilities, susceptible to diseases, treatments, and recoveries (Ann, Kamp & Brown, 1984; Duidt & Giffin, 1985).

Weiner (1986) reported that people developed positive emotions if they considered the expected results of their actions were within their control rather than totally out of their control. In addition, when people attributed the results to unstable causal factors such as efforts or exercises, they have higher expectations of success more than when they attributed the results to stable causal factors like capabilities or task difficulties. Metalsky and his colleagues

(1982) reported that when people experience the same unfortunate situations, those who perceive that internal stable factors have resulted the situations experienced additional emotional trauma than those who perceive them to be the result of external unstable factors. In their study, Abramson, Seligman and Teasdale (1978) said that when people acknowledged their failures to control themselves, and provide internal causal factors (capabilities), they are perceived as incompetent and experienced person with emotional, mental and functional damages. In contrast, those who acknowledged and contributed their failures to internal stable factors, they may be inactive but did not feel enervate.

In general, people tend to perceive the cause of their successes to be the result of internal factors, whereas their failures are due to external factors causes, and this inclination protects their pride. The scholars call these conditions as "Self-Protection and Attribute-Favoritism" (Breadly, 1978; Hong, 1986; Lowery & Jacopson, 1985; Miller, 1976).

Causal perception of Rheumatoid arthritis patients are mainly that of a very Korean perception of the chronic or terminally ill. They perceive the causes to be the following : physical constitution, genetics, fecundity, postpartum care, discord with inlaws and husband, personality, accident, Poong-Soo theory (theory of geomancy) of ancestors (grave, ancestral rites), fortune or luck, evil spirit at work, excessive work, not enough exercise, stress, weather and old age (Lim, B. J. 1989; Eun, Y 1996).

2. Health seeking behavior of Rheumatoid arthritis patients

There are various health seeking behaviors of Koreans : dietary control, maintaining psychological well-being, eating supplementary

nutrients or vitamins, taking a hobby, taking Chinese medicine, getting regular health checkups, keeping relationships with others, resting, having a religion (praying, An-Su-Ki-Do (laying of hands in prayer), meditation, Zen Buddhism, shaman ritual exorcism), or relaxation therapy (Yoga, Dan-Jun-Ho-Hup (training to control breathing), training of Ki). Unlike the Westerners, Koreans tend to seek health through a harmonious life with a balance of exercise and rest, or consumption of food that fits one's physical constitution or Ki (Kim, A. K 1994). It is reported that Koreans were especially keen to use dietary treatment and alternative medicine together. More so, if the illness was chronic and terminal, like cancer, people seemed to use alternative therapy treatment more often.

Many of the Rheumatoid arthritis patients used mixtures of treatments of health seeking behaviors (Lim, 1990; Eun, 1996).

- Take both Western and Chinese medicine
- Go through Western therapy such as hiking, exercise, swimming, weight control and physical therapy
- Use alternative therapy such as Su-Ji-Chim (Acupuncture on the hand), Ttum (maxacautery), Bu-Hwang (Chinese therapy using cupping glass to get rid of pus or bad blood) or eating cats, Ho-Gol (tiger bone) and centipedes
- Receive Chinese therapy such as acupuncture
- Eat regularly, take nutrient supplements such as vitamins, fasting treatment, or dietary treatment with organic food
- Exercise ancestral rites, move graves, exorcism, praying, take a religion, shamanism, or geomancy
- Receive regular hospital treatments
- Live a harmonious life refraining from being anxious and avoid excessive activity

III. RESEARCH METHOD

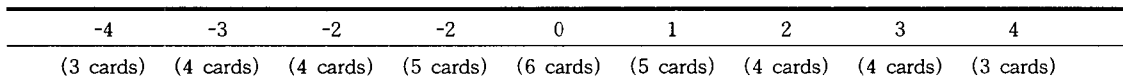
1. Method of collecting Q-samples

Q-samples are those statements selected for the study. In order to identify the Q-sample, we have collected Q-population first. The Q-population consisted of statements gathered from 72 Rheumatoid arthritis patients through objective interviews and open questionnaires for their subjective causal perceptions and health seeking behaviors, and the relevant documents

and previous studies. 236 statements of causal perception and 249 statements of health seeking behaviors were collected.

From the assembled Q-population, we have selected 38 Q-samples each from both causal perceptions and health seeking behaviors with the help of Q-methodology experts, Rheumatoid arthritis specialist doctors, and nurses.

Each statement regarding causal perception and health seeking behavior were forced to normal distribution around 0 according to one's subjectivity as shown in Figure 1.



<Figure 1> Distribution of samples

2. Method of collecting P-sample

The P-sample are those Rheumatoid arthritis selected for the study. There were 28 female Rheumatoid arthritis patients from a Rheumatoid arthritis specializing hospital who had only visited the hospital once. They were chosen because they have not yet been influenced by specialists for their personal causal perceptions and health seeking behaviors.

3. Q-sample sorting procedure and method

P-sample forced the 2 Q-sets (causal perception and health seeking behavior) to normal distribution from the 'most agree' to the 'most disagree'. For the patients who selected 6 statements lying in the extremes (3 statements at +4 and 3 statements at -4), were interviewed to write their reasons for their selections to help the interpretation of Q-methodology.

4. Sample process and collection method

As soon as we collected the data from the 28 P-sample, it was coded and processed for computer analysis. Coding was done by giving 1 as the 'most negative', 5 as neutral, and 9 as the 'most positive' statement items.

The 28 Q-sorts were analyzed using PC-QUANL, subjects the data to Principal Component factor Analysis. To find the most ideal cause, various numbers of causes with Eigen value above 1, 0 were inputted and the resulting typology was finally decided upon.

IV. STUDY RESULTS AND DISCUSSION

1. Typological Observation on Causal Perception

1) Type 1 : Physical Fatigue

Type 1 perceived the cause of illness due to excessive work requiring physical labor or strain without enough rest. Thus, thought the origin of the illness was from physical fatigue. People

<Table 1> Sample statements and Z-Scores for Each Type of Causal Perception

Statement	Type 1	Type 2	Type 3	Type 4	Type 5	Type 6
1. Predisposition or immune system.	.86	.98	-.33	-.67	.03	1.28
2. Sudden weight gain giving too much strain on the joints.	.62	.03	1.29	.02	.98	-1.28
3. Lack of exercise.	1.15	.69	-1.54	.93	1.56	.43
4. Uncomfortable shoes and bad posture.	-.38	.85	.49	.48	-1.11	.85
5. Unbalanced diet from not eating well.	-.41	-2.19	-.77	-.40	1.02	1.28
6. Excessive housekeeping or physical labour.	.92	1.64	1.87	1.51	-.49	.00
7. Distressed by husband and children.	.22	.52	-.14	-.51	.29	.85
8. Overworked without rest.	1.32	.82	.99	2.43	-.66	-.85
9. Scrupulous and sensitive personality.	.67	.991	.00	-.27	.66	1.28
10. Environmental pollution and consumption of instant food.	-.83	-1.45	-1.04	.62	.53	.00
11. Not taking good postpartum care.	1.13	-.64	.57	.67	-.25	.85
12. Trouble with inlaws.	-.59	-1.82	-1.12	.61	-.33	.85
13. Sajupalja (Korean horoscope based on date and time of birth) and fate.	-1.17	-.52	-1.13	-2.03	-1.72	-1.70
14. Fecundity.	.61	1.61	-1.17	1.01	.17	-1.70
15. Punishment from God for not praying.	-.95	.28	-1.35	1.38	-1.19	-1.28
16. Living in a nasty and humid environment.	-.84	-1.28	1.53	-.17	.57	.00
17. genetic element in family.	-.14	1.34	-.26	-1.30	1.93	.00
18. Low metabolism due to constipation.	.05	1.04	-.30	-.60	.20	-.85
19. Bad housesite according to geomancy.	-1.38	-.55	-.92	-1.23	-.78	-.43
20. Bad circulation and thickness of blood.	1.59	.69	1.16	.35	1.64	.00
21. Treatment not started soon enough or bad choice of hospital.	.65	.27	1.29	-.01	-1.19	.43
22. Old age.	1.41	1.46	1.01	-.02	.33	-.43
23. Hands always wet with cold water.	.20	.60	.75	-.28	.29	-.85
24. Work puts too much strain on the joints.	.35	.24	.36	-.27	-.53	-.85
25. Overworked in youth.	1.77	.79	.65	1.63	.21	-1.28
26. Not interested in health.	.33	.52	1.00	-.14	.99	.43
27. Always anxious.	.50	-.34	.81	-.51	.58	1.28
28. Skipping meals or not eating regularly.	-.96	-.85	.13	-.28	1.27	.43
29. Damage to the joints in an accident	-1.64	.66	1.65	1.31	-.74	-1.28
30. Always have bad luck.	-1.01	-1.61	-.89	.32	-1.64	-1.70
31. Have distressing work.	.82	-1.25	-.07	.15	1.28	1.70
32. Not taken good care of ancestor (ancestral sites, visiting grave)	-1.65	.28	-2.03	.21	-1.97	-.43
33. Have financial difficulties.	-.32	.27	-.31	1.00	1.23	-.43
34. Excessive stress.	1.22	-.73	.52	-.30	-.70	1.70
35. Shock from death of someone close.	-1.68	-.88	.09	-.96	.49	1.70
36. Sick often.	-.11	-.51	-.41	-.65	-1.28	.43
37. Be subject to evil spirits.	-1.80	-1.15	-1.52	-1.83	-.98	-.43
38. Not fortune.	-.54	-.73	-.86	-2.23	-.69	.00

categorized in this type usually belong in lower-middle social class with lower educational and economic background. They have previously been working labor oriented housekeeping, agriculture or physical labour that caused their Rheumatoid arthritis.

2) Type 2 : Dispensation of Nature

Type 2 perceived that the major cause for the illness was not only excessive physical labour but also fecundity and old age. Most of the patients of this type had more than 5 children, aged 52-59 years old who were still middle-aged but perceived the cause of illness for aging. This type is called as the dispensation of nature.

3) Type 3 : Causality to Environment

Type 3 perceived that Rheumatoid arthritis occurred from injury to the joints or bad and humid weather. They thought that past accidents to the joint was the cause of the illness and since rainy or bad weather made Rheumatoid arthritis worse. They thought bad weather and humidity were the causes. They also thought that damage to the joint had worsened by inappropriate treatment or bad choice of hospital. Therefore, this type is called the causality to environment.

4) Type 4 : Conscience of Guilt

Type 4 consisted of people with guilty conscience for lack of religious commitment. They perceived that the illness was a punishment from God for not praying or because of bad luck. Therefore, this type is called the guilty conscience type and included people with religions such as Christianity, Catholicism or Buddhism (not relying on Shamanism) and had adverse reaction to the statement "bad luck or Sa-Joo-Pal-Ja" (Korean horoscope based on date and time of birth).

5) Type 5 : Rationally Perceiving

People in type 5 perceived the cause of illness in light of scientific facts such as genetics, unbalanced diet or lack of exercise. they were named as rationally perceiving. These people either had a family history of Rheumatoid arthritis, irregular eating habits or avoidance of exercise, and deduced the cause of Rheumatoid arthritis by relating information from mass media or other people to their personal experience.

6) Type 6 : Psychological Stress

People who belong in type 6 believed that excessive stress was the cause of the illness. Usually, they were sensitive introverts who get stressed out by trivial matters, experienced the death of a child and receive stress from inlaw and their own family.

2. Typological Observation on Health Seeking Behaviors

1) Type 1 : Oriental Medical Treatment

People categorized in type 1 used Chinese medical treatment such as acupuncture, Ttum (maxacautery), Bu-Hwang (Chinese therapy using cupping glass to get rid of pus and bad blood) to ease pain in the joints and seek health or warm bath therapy such as sauna, warm-water bathing, fomentation to promote blood circulation. They were categorized oriental medical treatment type. Patients felt that going to an acupuncturist or taking sauna, warm bath or fomentation improve blood circulation, body felt lighter and refreshed, movement of joints were smoother, and released from pain compared to the Western medicine such as painkillers from pharmacies.

2) Type 2 : Information Seeking

People categorized in type 2 were those who tried out different health seeking behaviors obtained from other people or the mass media. From these information, they sought medical

<Table 2> Sample Statements and Z-Scores for Each Type of Health-Seeking Behavior

Statement	Type 1	Type 2	Type 3	Type 4
1. Refrain from unnecessary movements in the joints.	.08	-1.03	-.20	.83
2. Exercise underwater such as swimming.	.46	-1.08	-.46	.92
3. Eat food containing calcium such as milk or anchovy.	.48	.40	.88	1.78
4. Take medicine from hospital.	1.01	-.11	-.78	1.16
5. Take Chinese medicine.	.46	1.68	.14	1.08
6. Go for fomentation.	1.66	-.43	1.37	-1.23
7. Go to sauna or take warm baths for blood circulation.	1.90	.05	2.03	.81
8. Have tailor-made or buy comfortable shoes.	.54	.57	.78	1.26
9. Do light exercise such as hiking, free gymnastics or walking.	.16	-.20	1.09	1.33
10. Pray and live a religious life.	-.48	-.81	-1.55	-.34
11. Eat a balanced diet.	.25	-.85	1.05	-.29
12. Take care not to get tired.	.77	.59	-1.25	.67
13. Try to resolve stress as it happens.	-.39	1.17	.15	-.80
14. Rest.	-.49	1.10	.24	.45
15. Undergo alternative therapy such as acupuncture, acupuncture on the hand, maxacautery, Bu-Hwang.	2.22	1.65	.59	.19
16. Undergo physiotherapy.	.41	1.24	.70	1.11
17. Eat cats, Ho-Gol(Tiger bones), centipede.	-1.36	-1.71	-1.14	-2.11
18. Try everything that it said to be good by mass media (such as television, radio and newspaper).	-1.20	.77	-.74	-1.67
19. Keep weight under control (Lose weight).	-.34	-.23	1.68	.35
20. Measure blood sugar level and blood pressure at home.	-.29	-1.12	-.53	.56
21. Endure the pain.	-.04	-.34	-.33	-1.02
22. Visit pharmacy and buy medicine only when in pain or if not feeling well.	-.53	1.06	1.19	.06
23. When going for treatment at hospital, seek specializing hospital or a specific doctor.	1.66	1.70	1.11	.88
24. Laying of hands in prayer or visit a retreat.	-.58	-1.62	-1.73	-1.63
25. Do an exorcism.	-2.28	-1.24	-1.66	-1.18
26. Do fasting therapy.	-1.71	-1.02	.01	-1.71
27. Try to stay calm at all times.	.44	1.21	.04	.97
28. Eat organic food and avoid instant food.	.18	-.18	-.02	-.28
29. Do light housekeeping.	-.40	.54	.45	.98
30. Eat regularly.	.70	-.20	1.57	.07
31. Have regular checkups.	-.17	-.27	.44	.31
32. Take supplementary medicine such as nutrients and vitamins.	.32	-1.57	-.78	.23
33. Try to avoid being overly anxious.	-.13	1.09	-1.09	-.13
34. Avoid excessive activity.	.20	-.23	-.59	-.07
35. Do ancestral rites or move graves of ancestors.	-2.06	-1.52	-.07	-.88
36. Maintain clean air and adequate humidity in the household.	-.34	1.12	.00	-.32
37. Try and take things easy.	.50	.31	-.67	-.85
38. Leave it to fate.	-1.61	-.49	-1.91	-1.57

treatments from specialist hospitals or certain doctors, and used Chinese herbal treatments, stress relieving therapy and kept the house in a pleasant environment (ventilation, humidity). Therefore, they were identified as the information seeking.

3) Type 3 : Dietary Control

People categorized in type 3 tried to keep Rheumatoid arthritic symptoms and health intact by dietary control. They reduced their intake of food to keep weight under control and ate a regular and balanced diet. Therefore they are grouped as the dietary control.

4) Type 4 : Western Medical Treatment

People categorized in type 4 were those who followed the treatments suggested by specialists from hospitals for the Rheumatoid arthritis symptoms and health care. They are called Western medical treatment type and they followed calcium intake, restricted joint exercise, did underwater exercise, wore comfortable shoes, took hospital medicine and went to hospital for physiotherapy.

3. Causal Perception of Illness and Related Health Seeking Behavior

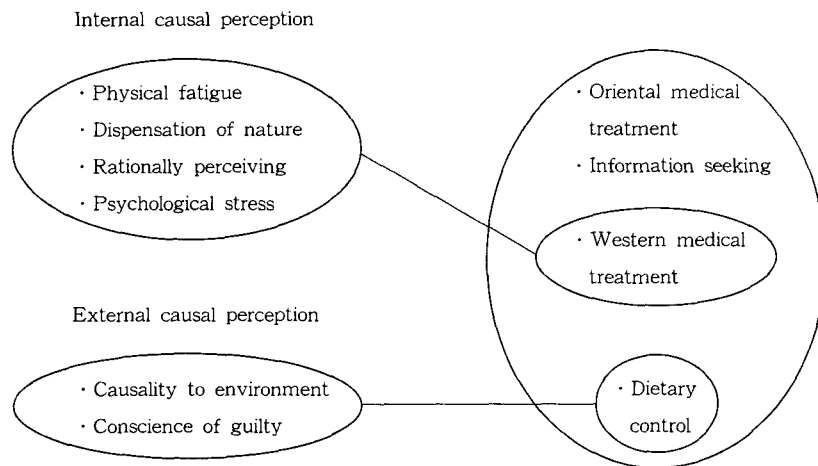
After investigating the relationship between types of causal perception and health seeking behavior, we found out that there were various health seeking behaviors for each causal perception. This supports the idea that not only does causal perception but also other elements affect health seeking behaviors, just as the influential elements cannot be accounted for perfectly in various health related models. However, if we look at elements weighted relatively highly in each type and sort out the causal perceptions into unchangeable internal elements and changeable external elements, we can find a relationship with health seeking behaviour types as in figure 2.

Oriental medical treatment and information seeking type were common health seeking behaviors of all six causal perception types. Only difference for internal causal perception types was related to hospital instructions and external causal perception types were related to dietary control. This suggests that female patients with Rheumatoid Arthritis who has visited a specializing hospital tend to go for Oriental medicine or health management information from mass media or health specialist rather than alternative treatments. In addition, it is expected that patients with unchangeable internal causal perception might follow health care instructions better. In addition, patients with changeable external causal perceptions might follow self-controlling treatments such as dietary or weight controlling treatments. Therefore, we can infer that all Rheumatoid Arthritis patient rely on Oriental medical treatment and utilize information on their illness.

Internal causal perceptions such as physical fatigue, dispensation of nature, rationally perceiving and psychological stress types followed the instructions of doctors thoroughly. However, external causal perception types, causality to environment and conscience of guilty types, cared for their health by means of dietary control in their own way. In conclusion, for Rheumatoid arthritis patients, the most advisable health care is to carry out both hospital and dietary treatment together to achieve continuous treatment with positive causal perceptions.

V. APPLICATION OF THE STUDY

The result of this study can help health care providers, especially nurses to understand the types of causal perceptions and health seeking behaviors of Rheumatoid arthritis patients to gain treatment compliance from patients according to their causal perceptions of the illness, and use it to develop educational nursing



<Figure 2> Relationships between causal perception and health seeking behavior

intervention to aid health care.

If the patients of external causal perception can be persuaded, by the use of re-enforced education, to follow the instructions of the health care more thoroughly, the health care providers could offer a contract-like treatment to help patients. If the patient is of the unchangeable internal causal perception type, the health care can promote dietary or weight control treatment to help the patient and encourage a continuous self-care.

This study has some limitation in terms of objectively investigating the causal perceptions and health seeking behaviors of Rheumatoid arthritis patients because of the nature of Q-methodology which subjective perception is the main interest. Also studies with experimental design are needed to test the effect of nursing interventions on the typology of health seeking behavior of Rheumatoid arthritis patients in the future.

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