

Development and Psychometric Properties of the Self-Blame Attributions for Cancer Scale

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OBJECTIVES: To adapt the Cardiac Self-Blame Attributions Scale into the Self-Blame Attributions for Cancer Scale (SBAC) for use in patients with cancer and analyze its psychometric properties.

SAMPLE & SETTING: 113 patients receiving radiation therapy at the University of Kansas Cancer Center.

METHODS & VARIABLES: The SBAC and other self-report measures were administered during outpatient oncology appointments for radiation therapy to establish the psychometric properties of the SBAC.

RESULTS: A two-factor structure represented behavioral and characterological self-blame attributions. Reliability estimates for each factor were excellent and evidence of convergent and discriminant validity was found, indicating support for the SBAC as a valid and reliable measure of self-blame attributions in patients with cancer.

IMPLICATIONS FOR NURSING: The SBAC may help healthcare providers, including nursing staff, to identify the self-blame patterns exhibited by patients with cancer. Future research can assess the reliability and validity of SBAC across stages of treatment and establish the predictive validity of the scale in individuals with cancer.

KEYWORDS self-blame; attributions; cancer; behavioral self-blame; characterological self-blame
ONF, 47(1), 79-88.
DOI 10.1188/20.ONF.79-88

Threatening life events, such as receiving a cancer diagnosis, may trigger the need to identify an explanation for the threatening event or create causal attributions (Bennett, 2018).

Creating attributions is a fundamental cognitive task, with wide-reaching implications for interpersonal functioning, psychological adjustment, and mental and physical health (Fiske & Taylor, 2017). Because of the aversive and unpredictable nature of the disease, patients with cancer may search for a cause or reason for their diagnosis, such as behavioral risk factors that are associated with the development of cancer (e.g., alcohol consumption, smoking) (Maasland, van den Brandt, Kremer, Goldbohm, & Schouten, 2014). A study by Taylor (1983), which analyzed the adjustment processes of 78 women with breast cancer, found that more than 95% of participants reported a causal attribution for their diagnosis. Therefore, the development of attributions is an important cognitive process that may allow patients with cancer to effectively adapt to their diagnoses (Taylor, 1983).

Abramson, Seligman, and Teasdale (1978) made distinctions between the various types of attributions developed by individuals. A theory proposed by Janoff-Bulman (1979) highlights the cognitive process for creating a self-blame attribution or attributing the occurrence of a stress-inducing event to oneself. Self-blame attributions are deconstructed into two types: behavioral self-blame (BSB) and characterological self-blame (CSB). BSB, an internal attribution, is defined as the tendency to blame one's own behaviors for a threatening event. BSB is believed to be associated with better adjustment because of the malleability of behavior; although support and resources may be needed, individuals can theoretically change their own behaviors with relative ease. CSB is also considered an internal attribution, but because the blame is attributed to one's own character or