

CAUSAL REATTRIBUTIONS IN PSYCHOSOMATICS

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Objective: To measure changes in causal attribution in chronic fatigue syndrome. The cause of chronic fatigue syndrome (CFS) is still unknown. Behavioral, cognitive and affective factors may play a major role in perpetuating fatigue.

Method: 175 patients fulfilling Fukuda CFS criteria participated in a six-month CBT associated with GET based on adaptive pacing strategy, in a group setting. Causal attribution was measured with the Causal Attribution List (CAL). Therapy didn't aim change in causal attribution. All patients were included in a prospective outcome study at the university outpatient Chronic Fatigue Reference Center (UCL), with multidimensional assessments at baseline and after treatment: Checklist Individual Strength (CIS); Short Form General Health Survey (SF36), Causal Attribution List (CAL).

Results: At baseline, SFC patients were more likely to attribute their fatigue to physical than psychosocial causes ($p < 0.001$). After treatment, fatigue severity and behavioural consequences (CIS) and the most factors of health-related quality of life (SF36) improved significantly ($p < 0,001$). After treatment, patients had more causal attributions (CAL) than at baseline ($p < 0,001$). Correlation analyses indicated that improvement of subjective fatigue (CIS-severity, SF36-vitality) was not correlated significantly neither with physical or psychosocial causal attributions scores at baseline, nor with individual changes of physical or psychosocial causal attributions after treatment.

Conclusion: Causal reattribution is not necessary in chronic fatigue syndrome CBT. In our study ($n=175$) improvement of subjective fatigue is not correlated with changes in causal attribution. The advantages of abstention from causal reattribution in psychosomatics will be discussed.