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Causal Attribution, Personal Responsibility, and Regret in Lung Cancer Survivors

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Casual attribution, personal responsibility, and regret in lung cancer survivors

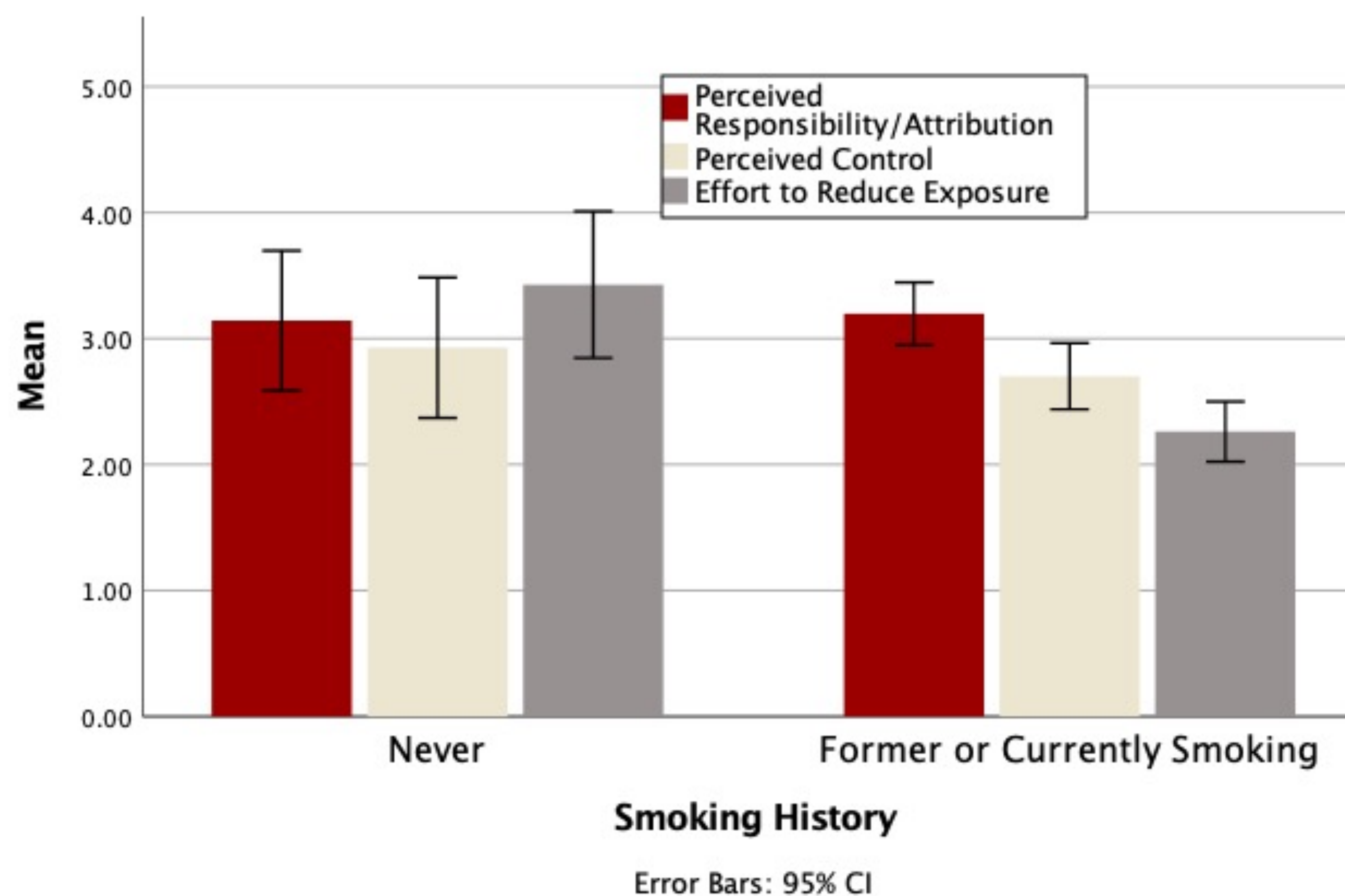
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INTRODUCTION

- Lung cancer is the second-most common cancer for males and females
- Lung cancer is the leading cause of cancer-related deaths.
- 90% of lung cancer cases are associated with a smoking history.
- While the main risk factor to lung cancer is cigarette smoking, the largest risk factor for nonsmokers is secondhand smoke, where tobacco smoke is inhaled from others smoking in that environment.
- Attribution Theory states that humans need to ascribe events to underlying causes, especially if they are negative, unwished for, or unanticipated.
- The present study examines how attribution processes (attributing secondhand smoking to causing lung cancer, perceived control over exposing oneself to secondhand smoke, effort to avoid secondhand smoke) may be associated with stigma-related processes (personal responsibility, regret for past decisions, stigma from medical staff) in lung cancer survivors with and without smoking histories.

RESULTS

Mean Levels of Attribution, Perceived Control, and Effort to Avoid Secondhand Smoke between Lung Cancer Survivors who Never Smoked and those with Smoking History



DISCUSSION

- Experiences of personal responsibility, control, and regret are important in lung cancer patients and survivors because they are often linked with treatment nonadherence, feelings of isolation and depression, and a general avoidance of healthcare providers.
- Some lung cancer survivors view their disease as a punishment of their own feelings.
- Efforts to avoid secondhand smoke was more frequent for survivors who never smoked.
- Personal responsibility and regret for past decisions were associated with efforts to avoid secondhand smoke in survivors who never smoked.
- Overall, findings may support that lung cancer survivors with no smoking history may strongly attribute their lung cancer to secondhand smoke and feel personally responsible and regretful if they did not avoid smoke from others around them.

Limitations

- Survey-based study (response biases)
- Cross-sectional design (cause cannot be inferred)
- Low subsample size of survivors who never smoked (generalizability of findings are unclear)

Directions for Future Research

- Other risk factors include recurrent exposures to carcinogens such as asbestos, nickel, and arsenic. A family history of lung cancer and other genetic factors may increase one's risk. Future research may explore these sources of attribution and potential regret.

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METHOD

- Paper surveys with return envelopes mailed to lung cancer survivors
- Surveys included attributions for personal and secondhand smoking
- T-tests were used to examine mean differences between ever and never smoking groups on attribution questions and correlations were used to examine associations between attribution questions and personal responsibility, regret, and medical blame.

Secondhand smoking	Never (n = 34)			Former/Current (n = 162)		
	Causal Attribution	Perceived Control	Effort to Avoid	Causal Attribution	Perceived Control	Effort to Avoid
Personal Responsibility	-.11	.15	-.42*	-.18*	-.06	-.22**
Regret	-.16	-.04	-.42*	.05	.003	-.04
Medical Stigma	-.04	.05	-.26	-.06	-.02	-.02

Note. * $p < .05$, ** $p < .01$.