The Influence of Religiosity on the Types of Health Concerns People Pray About

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Introduction

It is only in recent decades that interest in understanding the relationship between religion and health has reawakened in scientific and academic spheres. According to Wulff (cited by Duriez, Soenens, & Hustebaut, 2005), there are four different specific attitudes towards religion that people have. These four attitudes are Orthodox (Literal Affirmation), External Critique (Literal Disaffirmation), Relativism (Reductive Interpretation) and Second Naiveté (Restorative Interpretation) (Duriez et al, 2005).

- Orthodox - a religious attitude usually exhibited by religious fundamentalists. For them every question on faith should and does have only one specific, definite and immutable answer. Analytical or complex questions, doubts and ambiguity are to be avoided at all costs.
- External Critique - represents a religious attitude in which individuals reject the existence of the religious realm.
- Relativism – a religious attitude where there is no personal belief in God but religion is approached in a symbolic way.
- Second Naiveté - represents a religious attitude in which the existence of the religious realm is affirmed and the individual seeks to find symbolic meaning in the religious language which has personal relevance.

In this study, I examine whether the religious attitudes people have influence the types of health concerns they will pray about.

Hypotheses

- Individuals who have orthodox religious attitude will pray for all types of health concerns.
- Individuals who exhibit external critique religious attitude will not pray for any health concerns.
- Individuals who exhibit relativism religious attitude will pray for major health concerns and not any other health concerns.
- Individuals who exhibit second naiveté religious attitude will pray for all types of health concerns.

Method

Participants: 50 individuals (40 women, 10 men, Mean = 24, age range: 18-69) participated in the study. Individuals had to be 18 years or older to be eligible to participate. Participants were recruited from introductory psychology students and family and friends of the principal investigator.

Procedure and Materials:

Participants took an online survey. The survey questions came from two sources. One part was a modification of the Post Critical Belief Scale and the other part was developed for the purpose of this study. The shortened Post Critical Belief Scale consists of 18 items (Duriez, Soenens, & Hustebaut, 2005).

- Post Critical Belief Scale
  - 18 item statements
  - Extent of agreement with item statements scored from a scale of 1 (I strongly disagree) to 5 (I strongly agree).

- Types of Health Concerns People Pray About
  - Participants asked to identify from a provided list of 20 health concerns those they would pray about.
  - Items scored from a scale of 0 (I do not pray) to 5 (Would definitely pray).

- Categorizing Health Concerns
  - Participants identify which of the 20 health concerns they considered to be minor health concerns, medium health concern or major health concerns.
  - Items scored from a scale of 1(Minor) to 3(Major).

Results

A 4 (religious attitudes group: orthodox or external critique or relativism or second naivete) x 3 (health concerns: major or medium or minor) repeated measures ANOVA on the religious attitude group scores.

- No significant interaction was found between the influence of religious attitudes and praying for health concerns, F(6,92) = 2.091, p=0.062, partial η² = .120.

Discussion

While the hypothesis that individuals who have orthodox religious attitudes will pray for all types of health concerns (Hypothesis 1), that individuals who exhibit external critique religious attitudes will not pray for any health concerns (Hypothesis 2) and that individuals who exhibit relativism religious attitudes will pray for major health concerns and not any other health concerns (Hypothesis 3) was not confirmed, the results of the study showed that there was a trend towards significance. It is possible that the findings turned out this way as a result of the bias present when determining what health concerns were major, medium and minor. This determination is subjective as what may be considered major by one would be a medium health concern to another. However, despite the failure to confirm hypothesis 1,2 and 3, analysis of results showed there was a difference in the health concerns people prayed about based on the religious attitudes. The hypothesis that individuals who exhibit second naivete religious attitude will pray for all types of health concerns (Hypothesis 4) was confirmed. More than half of the participants identified as having a second naivete religious attitude. This is the religious attitude most encourage and accepted in today’s modern society. Thus, it is not conceivable that those individuals would pray for all health concerns as they not only believe in God but seek a spiritual symbolic understanding of faith.

References


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<table>
<thead>
<tr>
<th>Religiosity Group</th>
<th>Mean</th>
<th>N</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second Naiveté</td>
<td>3.3472</td>
<td>28</td>
<td>.95370</td>
</tr>
<tr>
<td>Orthodox</td>
<td>.8333</td>
<td>1</td>
<td>.1</td>
</tr>
<tr>
<td>Relativism</td>
<td>2.2549</td>
<td>19</td>
<td>1.55669</td>
</tr>
<tr>
<td>External Critique</td>
<td>2.2655</td>
<td>2</td>
<td>.21045</td>
</tr>
<tr>
<td>Total</td>
<td>2.8386</td>
<td>50</td>
<td>1.32951</td>
</tr>
</tbody>
</table>

Analysis showed that there were differences between the religious attitudes. Post-hoc Tukey test could however not be performed for the Religiosity group because one group had fewer than two cases.

- F(3,46)=4.134, p=0.011, partial η² = .212