## Extended Abstract

# INFLUENCE OF RELIGIOUS/SPIRITUAL ORIENTATION ON HEALTH OF ROMAN CATHOLIC AND UNITY CHURCH MEMBERS

**Charlene Bradshaw, C. Norman Shealy, M.D., Ph.D. & Paul Thomlinson, Ph.D.**

*Religion . . . calls the soul to the highest adventure it can undertake, a proposed journey across the jungles, peaks, and deserts of the human spirit. The call is to confront reality, to master the self. —Huston Smith*

A previous study has demonstrated that religious beliefs that depicted God as a punishing deity were associated with worse mental health than those representing God as a collaborative partner (Koenig, Pargament, and Nielsen, 1998). In this study that explored the relationship of the type of religious/spiritual orientation to health, the Zung Depression Scale, the State-Trait Anxiety Inventory, the Symptom Index, the Religious Life Inventory, and a Subject Background Self-Report Questionnaire were administered once to 102 Roman Catholic and 103 Unity volunteer church members. Study participants responded to the written self-report measurements: 1) to determine if there were differences between the two faith groups in regard to anxiety, depression, and overall health symptoms; 2) to determine if the groups were different in their ways of being religious, as measured by the RLI; and 3) to determine if different ways of being religious are predictors of health. **Results 1)** indicate no significant differences between Roman Catholic and Unity faiths in regard to overall health status. **Results 2)** specify the two groups are significantly different in their ways of being religious. Roman Catholics are *End* oriented and search no further than the church itself for answers to existential questions; Unity members are more *Quest* oriented and search for expansive visions to spiritual questions. **Results 3)** show significant predictive relationships between the different ways of being religious and health outcomes, revealing that *Means* oriented individuals, which include Extrinsic individuals, those who use religion for security, status, and self-justification, show more depression, state, and trait anxiety. *End* oriented individuals include Intrinsic "true believers" who show less depression, state, and trait anxiety. *Quest* oriented individuals show less overall anxiety and less Orthodox belief. Orthodox believers reveal more depression, state and trait anxiety, and overall health symptoms. How one views oneself within one's own religious/spiritual experience has a profound influence on health.

The **Review of Literature** includes five chapters. Chapter One addresses the mind-body-spirit viewpoint discussing the relationship of thoughts, emotions, and attitudes on the human energy system and the power of intensely potent conscious and unconscious fear-based belief patterns on healing. Chapter Two scrutinizes core beliefs of Christianity and its teachings related to health and healing. Chapter Three presents some views of respected health care professionals who believe that religion is related to illness. Chapter Four presents research on why the desire for God is so deeply engrained in our hearts, waiting for us to heed its call, and Chapter Five examines more studies on the religion/spirituality health relationship that may indicate an association between religion and illness. In the remaining chapters, a detailed description on how the study was conducted, a summary and analysis of the data, and an evaluation and interpretation of the implications with respect to the hypotheses are given. In Chapter Six, **Methodology**, the research design, subjects, measures, and procedures for the study are presented. In Chapter Seven, **Results**, statistical tests are analyzed. In Chapter Eight, **Discussion**, conclusions are stated, recommendations for further studies made, and importance of findings emphasized.

This investigation first hypothesized that there are differences between Roman Catholics and Unity church members in regard to anxiety, depression, and overall health symptoms, as it was posited that perhaps the type of faith/belief assented to might be related to health. No support for the first hypothesis was found when one simply looks at each as a separate religious group or which separate building members attend. There seems to be little difference in terms of their overall health status as measured by the Zung Scale for depression, the State-Trait Anxiety Inventory, and the Symptom Index for overall health symptoms. Space limitations do not permit the reproduction here of the tables for the dependent variables of anxiety, depression, and overall health symptoms.

Results from *t*-tests for independent groups support hypothesis #2, that the two groups are significantly different in their ways of being religious as measured by the Religious Life Inventory, not surprisingly, as shown in Figures 1 and 2. Roman Catholic subjects in this study are Intrinsic, External, Internal, Orthodoxy, and *End* oriented; Unity subjects are Intrinsic, Internal, *End*, and *Quest* oriented. Statistically speaking, the RLI, to the extent that this test measures something valid and reliable, shows support for hypothesis #2.

Findings from the bi-variate correlation analysis support hypothesis #3, that the different ways of being religious are predictors of health, as shown in Table I, revealing that it is how one views oneself within one's own religious/spiritual experience or overall faith structure that has a profound influence on one's health. Overall patterns emerged that support hypothesis #3: 1) *Means* oriented individuals, those who use religion as a means to other self-serving ends, include Extrinsic and External believers. Extrinsic believers use religion to provide security, solace, status, and self-justification; External believers attend church for social

***Figure 1.*** *Mean scores for different ways of being.*

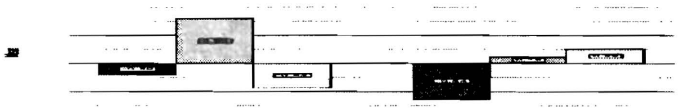

***Figure 2.*** *Mean scores for religious orientation.*

***Table 1***

**Religious Orientation and Health**

| | | Extrinsic | Intrinsic | External | Internal | Quest | Ortho | Means | End | Quest | Zung | State | Trait |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SI | Pearson Corr | 0.06 | -0.08 | -0.07 | -0.01 | -0.02 | 0.07 | 0.04 | -0.03 | -0.03 | .401** | .421** | .447* |
| | Sig. (2-tailed) | 0.44 | 0.26 | 0.31 | 0.85 | 0.82 | 0.29 | 0.58 | 0.73 | 0.69 | 0.00 | 0.00 | 0.00 |
| | N | 203 | 205 | 205 | 205 | 204 | 205 | 203 | 205 | 204 | 204 | 205 | 203 |
| Extrinsic | Pearson Corr | | -.218** | .264** | -0.02 | 0.06 | .146* | .971** | 0.09 | 0.03 | .277** | .168* | .166* |
| | Sig. (2-tailed) | | 0.00 | 0.00 | 0.74 | 0.42 | 0.04 | 0.00 | 0.21 | 0.70 | 0.00 | 0.02 | 0.02 |
| | N | | 203 | 203 | 203 | 202 | 203 | 203 | 203 | 202 | 203 | 203 | 201 |
| Intrinsic | Pearson Corr | | | .244** | .490** | 0.04 | .173* | -.258** | .619** | 0.00 | -.414** | .301** | -.329* |
| | Sig. (2-tailed) | | | 0.00 | 0.00 | 0.61 | 0.01 | 0.00 | 0.00 | 0.97 | 0.00 | 0.00 | 0.00 |
| | N | | | 205 | 205 | 204 | 205 | 203 | 205 | 204 | 204 | 205 | 203 |
| External | Pearson Corr | | | | .351** | 0.10 | .295** | .454** | .691** | -.144* | -.143* | -0.09 | -0.07 |
| | Sig. (2-tailed) | | | | 0.00 | 0.17 | 0.00 | 0.00 | 0.00 | 0.04 | 0.04 | 0.20 | 0.33 |
| | N | | | | 205 | 204 | 205 | 203 | 205 | 204 | 204 | 205 | 203 |
| Internal | Pearson Corr | | | | | 0.07 | .443** | 0.01 | .790** | -0.01 | -0.11 | -0.01 | -0.08 |
| | Sig. (2-tailed) | | | | | 0.30 | 0.00 | 0.94 | 0.00 | 0.87 | 0.11 | 0.85 | 0.27 |
| | N | | | | | 204 | 205 | 203 | 205 | 204 | 204 | 205 | 203 |
| Quest | Pearson Corr | | | | | | -.199** | 0.02 | -0.08 | .984** | -0.02 | 0.06 | 0.01 |
| | Sig. (2-tailed) | | | | | | 0.00 | 0.77 | 0.24 | 0.00 | 0.73 | 0.41 | 0.93 |
| | N | | | | | | 204 | 202 | 204 | 204 | 203 | 204 | 202 |
| Orthodoxy | Pearson Corr | | | | | | | .181** | .718** | -.370** | 0.11 | .174* | .147* |
| | Sig. (2-tailed) | | | | | | | 0.01 | 0.00 | 0.00 | 0.11 | 0.01 | 0.04 |
| | N | | | | | | | 203 | 205 | 204 | 204 | 205 | 203 |
| Means | Pearson Corr | | | | | | | | .174* | -0.01 | .259** | .163* | .170* |
| | Sig. (2-tailed) | | | | | | | | 0.01 | 0.85 | 0.00 | 0.02 | 0.02 |
| | N | | | | | | | | 203 | 202 | 203 | 203 | 201 |
| End | Pearson Corr | | | | | | | | | -.209** | -.168* | -0.06 | -0.09 |
| | Sig. (2-tailed) | | | | | | | | | 0.00 | 0.02 | 0.42 | 0.20 |
| | N | | | | | | | | | 204 | 204 | 205 | 203 |
| Quest | Pearson Corr | | | | | | | | | | -0.04 | 0.02 | -0.02 |
| | Sig. (2-tailed) | | | | | | | | | | 0.54 | 0.74 | 0.77 |
| | N | | | | | | | | | | 203 | 204 | 202 |
| Zung | Pearson Corr | | | | | | | | | | | .586** | .603* |
| | Sig. (2-tailed) | | | | | | | | | | | 0.00 | 0.00 |
| | N | | | | | | | | | | | 204 | 202 |
| State | Pearson Corr | | | | | | | | | | | | .829* |
| | Sig. (2-tailed) | | | | | | | | | | | | 0.00 |
| | N | | | | | | | | | | | | 203.00 |

**Notes:** * Correlation is significant at the 0.05 level (2-tailed) ** Correlation is significant at the 0.01 level (2-tailed).

reasons. The more the Means orientation, the more depression, state, and trait anxiety experienced; 2) *End* oriented individuals, those who use religion as an end unto itself, include Intrinsic, Internal, External, and Orthodox subjects. Intrinsic individuals are the "true believers;" Internal believers show strong internal needs for certainty, strength, and direction; External believers allow the social environment to influence their religion; and Orthodox believers follow rigid traditional doctrine. The more *End* oriented, the less depression endorsed; 3) *Quest* oriented individuals reflect expansive rather than restrictive visions in search to existential questions. The higher the Quest score, the less External or social churchgoer oriented and the less the Orthodox belief. Since Orthodox believers endorse more state and trait anxiety, those on a Quest show less overall anxiety. Patterns from the multiple regression analysis also support hypothesis #3: 1) External or social churchgoers show less depression; 2) Intrinsic "true believers" reveal less depression, less state anxiety, and less trait anxiety; 3) Extrinsic individuals, those who use religion for their own ends, for security, status, and self-justification, show more depression; and 4) Orthodox believers reveal more depression, more state and trait anxiety, and more overall health symptoms.

This study utilized a comparative, correlational design. The predictor variables of the study were the different religious motivators, which could not be manipulated; the criterion variables of the study were anxiety, depression, and symptoms. The cross-sectional approach utilized in the study, aiming to develop a snapshot of an individual's biopsychosocial state at a particular place and time based upon one's life history of religious/spiritual orientation, beliefs, and behaviors, utilized a specialized one-time test administration method.

The principal investigator met with church leaders by appointment to discuss study protocol. The survey booklet including consent forms and a standardized cover sheet with written instructions for each participant to follow was orally reviewed at that time. The church leaders each set their own test schedule for test administration. The study was announced during the church service, and volunteers took the surveys in church social fellowship halls following the church service. Refreshments were provided. The principal investigator distributed the booklets, monitored the test session, and collected the separate consent forms and booklets upon completion. Thank you letters were mailed to each participating church leader after the study was completed. A report on general health patterns of church members was sent to each church after the completion of the study.

The most important finding from this study was that Orthodox believers reveal more depression, more state and trait anxiety, and more overall health symptoms. I declared earlier my intuition that those who adhere to more traditional fear-based theology may be more anxious and depressed than those who follow principles of joy-based spirituality. There must be an important call to examine our faith and the subsequent beliefs we empower, as our beliefs will shape how we will heal if we get sick.

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**CORRESPONDENCE:** Charlene Bradshaw • cebrad@direcway.com

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