

Mental Illness and Social Dominance Orientation: Paranormal Health Beliefs

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Abstract--- Illusory beliefs are false beliefs that act as a "filter" through which reality gets organised and given meaning. Even though there have been a lot of studies on this subject, there haven't been many that look at how illusory beliefs affect health concerns. The goal of the current research is to look into the links between paranormal health beliefs (specifically pseudoscientific beliefs of a biomedical nature), social dominance orientation, God-centered health locus of control, and using religion as a way to deal with problems, as well as their ability to predict mental illness. Based on the analyses done, it became clear that the social dominance orientation and the god-centered health locus of control are precursors to biomedical pseudoscientific beliefs, which in turn affect how people cope by turning to religion. Using religion to deal with problems is a sign of illness. These results point in a good direction for figuring out what makes people make decisions about their health, so they should be taken into account even in the most different health situations.

Keywords--- Health Beliefs About the Paranormal, Social Dominance Orientation, Mental Illness, Health, Sense of Control, Copy of Strategies.

I. Introduction

Health is a complicated condition that involves many different areas: the biological, the psychological, and the social. It also requires the involvement of many different social actors (individuals, groups, organisations, and institutions) who work together to set and reach different goals, such as prevention, education, and promotion. The "bio-psychological-social model of health" [2] was based on this idea of health. This model says that people are active subjects who use a complex system of material, cognitive, emotional, and relational resources [3, 4]. It also says that taking responsibility for one's own health is a central theme in the field of health promotion. So, in this way, conditions are made for people to start making choices that affect their own well-being in a conscious and positive way. Among the many psychological factors that play a role in this process, illusory beliefs about health play an important role. So, it seems important to learn more about how people react to false beliefs, with the goal of understanding how these beliefs might work when people need to talk about their health. More specifically, this study will look at a certain kind of false belief: biomedical pseudo-scientific beliefs that look like science but repeat some of the myths that are typical of conservative ideology. They don't like change and stick to what they know. We will look into where this type of belief might have come from and try to figure out what role it plays in how people deal with stress and illness.

1.1. Psychic Beliefs and Health

In the literature, illusory beliefs are often described as paranormal beliefs [5, 6]. The paranormal can encompass a wide variety of phenomena, and the definition of paranormal belief has been amended numerous times, primarily with relation to the following factors: 1. that which cannot be explained by present science; 2. that which can only be explained by considerable modifications of limiting and fundamental scientific concepts; 3. incompatibility with normative perceptions, attitudes, and expectations regarding reality [7, 8, 5]. Therefore, it is a complex and difficult-to-operationalize notion; yet, there has been a scholarly consensus for many years that it is a multidimensional construct. Traditional Religious Belief, Psi, Witchcraft, Superstition, Spiritualism, Extraordinary Life Forms, and Precognition are the dimensions identified by Tobacyk [8, 9]. Several research have studied the association between paranormal beliefs and health, discovering a strong and positive correlation with mental illness [10] and manic-depressive episodes [11]. In contrast, inconsistent results have been discovered in connection to neuroticism [12, 13] and anxiety [14, 15]. Other studies [16, 17] have indicated that certain types of beliefs (e.g., religious and fatalistic attitudes) may hinder healthcare utilisation and healthcare-related activities. More recently, false beliefs have been discussed in the literature, notably in regard to the realm of health [4, 18], including beliefs and practises of rapid healing, illness prevention, and the general promotion of health. Several other dimensions, such as Religious Beliefs, Superstition Beliefs, Beliefs in Extraordinary Events, and Parapsychological Beliefs, have previously evolved from more general investigations of paranormal beliefs in the context of paranormal beliefs regarding health. However, another dimension also emerges: that of Pseudoscientific Beliefs of a Bio-Medical Nature, which refer to the negative impact on human health of specific categories deemed socially deviant or marginal (homosexual,

immigrant) and to the threats to human health posed by hereditary transmission or genetic contamination (interracial relationships). Furthermore, they are positively correlated with an external health-related locus of control and adversely associated with an internal health-related locus of control, according to these studies. Men, both adolescents and adults, have greater confidence in medicine as a science and a tendency to rely on a bio-medical approach in regard to the protection of species, whereas adult women have more religious beliefs [4, 18].

From a social-cognitive point of view, the function of illusory beliefs is fundamentally adaptive. In fact, Taylor and Brown (19), when talking about the relationship between health and the paranormal, bring up the idea of the self-serving illusion. They say that illusory beliefs, even though they are definitely false beliefs, serve an important function for mental health by creating a "filter" through which reality gets order and meaning. Grimmer and White [20] have also shown that these kinds of beliefs are important for adapting to health and illness, with specific examples from different dimensions.

From a psychodynamic point of view, on the other hand, Irwin [21] has come up with the psychodynamic functions hypothesis, which compares belief in the supernatural to a coping strategy like avoidance, which is used to treat post-traumatic stress disorder.

1.2. The Paranormal Beliefs and Relationships with Other Objects

1.2.1. Adaptive Strategies

Regarding the definition of well-being, adaptation plays a crucial role. By adaptation, one refers to the coping methods that people use to retain and regain their sense of well-being following stressful situations [22]. Numerous research, influenced by various theoretical models, have established the value of coping strategies; however, scholars do not agree on the significance of these strategies and the mechanisms through which they promote well-being [23]. Coping refers to the cognitive and behavioural efforts combined to manage certain internal or external demands that appear to exceed a person's resources [24]. One of the most well-known ways was created by Lazarus and Folkman [25], who distinguish between problem-focused and emotion-focused coping styles. From this framework, the two authors build a preliminary measure called the Ways of Coping Checklist [26], but in the years thereafter, further instruments [27, 28] have been created with the intention of broadening the variety of viable coping techniques. The objective is to be able to measure, with better precision and comprehensiveness, the ways in which individuals respond to adverse occurrences.

There are few studies on the association between illusory beliefs and coping styles/strategies, and the subject of the adaptive or destructive character of illusory beliefs (in terms of health) remains controversial due, among other reasons, to their multidimensionality. Subjects who claim to believe in the supernatural tend to avoid confronting problems head-on; they prefer to deny or seek refuge in fantasy, distancing themselves from emotional anguish [29]. Therefore, they employ a passive coping mechanism. At the same time, however, according to some authors, participants can use their belief in paranormal phenomena to feel in control of unforeseen situations [30]. Those who believe in these phenomena have a tendency to reformulate unpleasant life situations, such as severe physical abuse, in terms of supernatural processes in an effort to explain and thereby cope with a traumatic life event [31]; they employ an active-cognitive coping technique. Similar pathways have also been identified as the basis for good and negative religious coping methods [32, 33]. Positive religious coping entails turning to religion to liberate oneself from fear, wrath, and sin, to seek comfort and reassurance from members of the religious community and the clergy, and to engage in religious activity to divert attention from stressful circumstances. This method of coping is associated with higher psychological well-being, a lower incidence of depression, anxiety, and distress, and increased spiritual development, positive affect, and self-esteem. Negative religious coping consists of reframing stressful circumstances as deeds of the Devil or as God's punishment for one's sins, waiting passively for God to manage the issue, and indirectly exerting control over events through prayers for a miracle or divine intervention. In the majority of circumstances, this kind of coping can be detrimental to an individual's well-being, as it leads to a denial of responsibility and is therefore positively connected with anxiety and an external locus [34, 35].

1.2.2. Locus of Control

The locus of control [36, 37] plays a prominent role among the psychological factors that can influence the well-being or poor health of individuals. In other words, individuals' conceptions about what causes events in their life and what determines their health state play a role (health locus of control). Understanding that the genesis of one's own health is founded in one's own activities (internal causes) entails giving one's own will, participation, and responsibility greater weight [38, 39]. This places one at one end of a binary, the other end of which is attributing one's health to unknown and unforeseeable reasons (supernatural forces) or to the diagnosis of medical professionals (external causes). Internal locus of control subjects are more sensitive to health-related information, have a better understanding of their own situation, and want to improve their health, often succeeding in being less vulnerable to physical and psychological risks [40].

Studies have demonstrated that people who believe in the paranormal tend to have an external locus of control [8, 41 - 43], despite the fact that other authors [44, 45] do not recommend considering global measures of locus and paranormal beliefs, as the strength and indication of the relationship between the two constructs can vary depending on the type of belief. In particular, superstitious beliefs, which imply a lack of control, are associated with an external locus of control, whereas psychological views, which imply a more active personal participation, are associated with an internal locus.

1.3. The Current Research

Because false beliefs can affect how people act, the first goal of this study is to find out how Pseudo-Scientific Beliefs of a Bio-Medical Nature are related to Social Dominance Orientation, God-Centered Health Locus of Control, Coping by Turning to Religion, and Mental Illness. We have hypothesised that there are positive relationships between God-Centered Health Locus of Control, Social Dominance Orientation, Coping by Turning to Religion, and Illness, and Pseudo-Scientific Beliefs of a Bio-Medical Nature.

Also, the second goal is to understand the role of personality variables (Social Dominance and Locus of Control) in Pseudo-Scientific Beliefs and how they work, as well as how people turn to religion to deal with perceived illness. This is important for developing psycho-educational intervention programmes that raise awareness of the socio-cultural aspects of these beliefs.

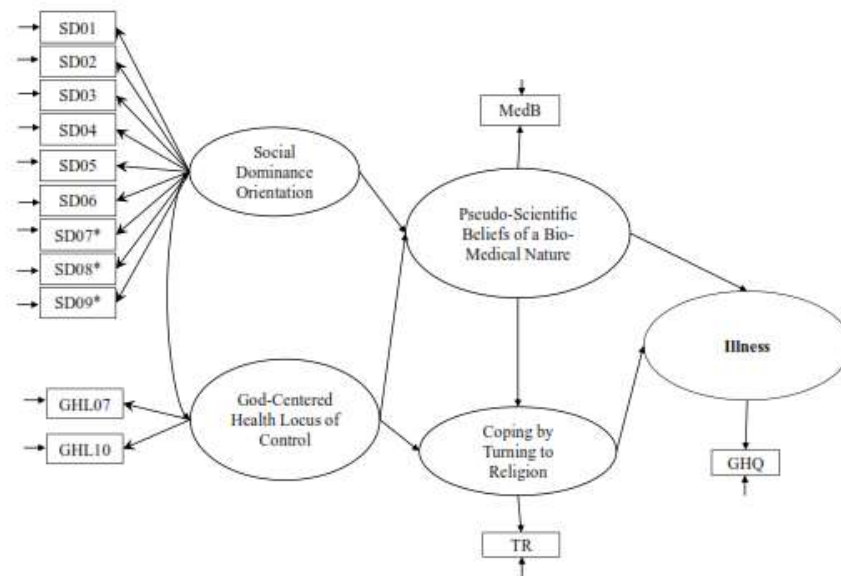


Figure 1: Model Concept of the Structural Equation Model

More specifically, as far as what causes illness, which is an outcome variable, we have made a model (Fig. 1) in which: Social Dominance and God-Centered Health Locus of Control have been added as antecedents of Pseudo-Scientific Beliefs of a Bio-Medical Nature; God-Centered Health Locus of Control and Pseudo-Scientific Beliefs are considered predictors of Coping. We also think that the relationship between the variables could be different for religious people (like Catholics) and people who don't believe in God.

II. Procedure

2.1. Participants and Selection Method

451 people from India were chosen at random to make up a convenience sample. 19 people were taken out of the study because they said they followed a religion other than Catholicism. Most of the people in the study were women (76.8%), and only 23.2% were men. Their ages ranged from 18 to 70 years ($M = 24.9$, $SD = 11.6$). 66.2 percent of the people who took part were Catholic, while 33.8 percent didn't believe in any god. 57.0% of the participants have a center-left political orientation, 28.9% are in the middle, and 14.1% are in the center-right.

People could choose to take part in the study and stay anonymous, and they were asked to answer as honestly as possible. Also, all of the people who took part in the study gave their written permission.

III. Results

3.1. Means, and Standard Deviations and Correlations

Table shows the means, the standard deviations, and the relationships between them (1). The zero-order correlations between the instruments show that Pseudo-Scientific Beliefs are not related to Illness, but they are strongly related to Social Dominance Orientation (0.31**), Coping by Turning to Religion (0.23**), and God-

Centered Health Locus of Control (0.16**). In fact, only Social Dominance Orientation (0.10**) and Coping by Turning to Religion (0.10**) were strongly linked to illness in a positive way.

Table 1: Means, Standard Deviations, and Correlations between the Study's Variables

	Mean	SD	1	2	3	4	5
1. Pseudo-Scientific Beliefs of a Bio-Medical Nature	1.42	0.58	1				
2. God-Centered Health Locus of Control	2.36	1.24	0.16**	1			
3. Coping by Turning to Religion	2.38	1.66	0.23**	0.70**	1		
4. Social Dominance Orientation	2.66	0.88	0.31**	0.09	0.13**	1	
5. Mental Illness	2.88	0.55	0.00	0.04	0.10*	0.10*	1

Note: *p < .05; **p < .01

IV. Conclusion

In particular, the relationship between Social Dominance and Pseudo-Scientific Beliefs of a Bio-Medical Nature is emphasised, as is the role of Social Dominance in predicting these beliefs. Based on these results, we think that paranormal health beliefs are part of the "legitimising myths," which, according to Social Dominance Theory, cause people to value their own view of social relationships (both within and between groups) as being structured in a hierarchy and full of conflict. These results are similar to what was found in studies on group-based dominance [61, 62], which found a positive correlation between the tendency toward social dominance and the sub-dimension of group-based dominance that is related to support for social dominance based on group membership. Beliefs in Group-Based Dominance are essentialist, common-sense ideas about social groups that justify the social order. Today, these theories use pseudoscientific and ideological ideas, which were popular during the fascist era, as if they were common sense. [63] Even people who lean toward conservatism in the modern world agree with these ideas. It has been said that the "myth" that the dominance of one group over another is the direct result of God's will is less likely to be true today than it was a century ago [64]. At least in part, science and, more specifically, genetics have replaced religion as the basis for conservative ideologies and social stereotypes [62]. The results also make us think about the bad effects of a person's tendency to be dominant. Even if this tendency doesn't seem to have a direct effect on psychosocial well-being, it may do so in a bad way when people share biomedical beliefs about health.

Also, coping with problems by turning to religion is linked to biomedical pseudoscientific beliefs. So, to deal with health problems, people turn to a concept of divine will, which combines faith in God with a quasi-magical intervention by the doctor-miracle worker and medicine as a technical-scientific tool [4]. This link can be seen as proof that Rogers and his colleagues [65] were wrong about how paranormal beliefs help people deal with stress. In turn, coping by turning to religion was a predictor of illness. It seems that coping by turning to religion, especially if it is based on paranormal beliefs, is a passive, negative strategy that can lead to a state of illness. The relationships here are only for people who are not atheists and who follow the Catholic faith. Because the instruments used are so specific, this data can be interpreted with confidence. However, it needs to be looked into and confirmed in the future. Based on the results of this study, it seems important to learn more about how people feel about paranormal beliefs, which can affect how people deal with health problems, what they expect to happen, and whether or not they do harmful things.

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