



# The Role of Quest Religiosity in Medical Decision Making

Grace White, Caroline Angell, Robert Arrowood, & Cathy Cox

Department of Psychology, Texas Christian University



## Abstract

Many religions teach to be considered a believer, followers must be certain in the doctrine and rely on the gods for their needs. Quest motivated religious people, however, value doubt in their beliefs and are uncertain about the validity of their religion. The purpose of the present work was to examine medical decision making among individuals who actively question their religious beliefs. Specifically, we found that quest orientation significantly predicted rejection of faith healing practices, instead favoring science based medical treatment. Furthermore, quest was associated with lower belief that supernatural agents influenced one's health. These findings support previous research suggesting that quest individuals are motivated to embrace their religious doubts, resulting in less reliance during difficult or even life threatening situations.

## Introduction

Prior research has found reliable differences in the motivations that drive people within their religion (Hood, 2018). Although many individuals internalize their beliefs (i.e., intrinsic) or believe with absolute certainty (i.e., fundamentalism), others are uncertain about their faith. Specifically, quest orientation is associated with doubts and questions in an attempt to gain a better understanding of the belief (Batson, 1976). Questers display greater openness and tolerance of conflicting beliefs as they quest on a search for truth. As a result of their openness, however, these individuals often experience lower well-being (van Tongeren et al., 2016) and greater existential concerns (Arrowood et al., 2018) due to their search for meaning. Within religion, despite their explicit declaration of faith quest individuals often push away their religion entirely preferring novelty or more secular practices and experiences (Arrowood, Cox, & Vail., 2019). On the other hand, those low in quest religiosity would believe in the absolute certainty of their religion above all else (Batson, 1976).

This has considerable implications for medical decision making as many religions have doctrines toward faith healing. Given that quest individuals are less certain and doubtful in their religious belief, this would suggest that these persons should be more skeptical of religious based healing. Overall, we hypothesized that high quest persons, in general, should be less likely to recommend faith based healing as an alternative to traditional science based approaches. Additionally, we expect that these individuals would ascribe less power to supernatural agents to heal disease. We anticipate the opposite finding for those low in quest.

## Method

Participants were blind to the true purpose of the study. Each construct of interest was embedded within a larger study of neutral questionnaires (e.g., need for meaning; personal need for structure). Given prior research (Arrowood et al., 2017; Galen, 2015), non-religious individuals were removed from all analyses. Additionally, due to the nature of the DV, only Christians were sampled.

### Participants:

166 participants (84 = female, 82 = male;  $M_{AGE} = 34.29$ ,  $SD = 11.17$ ) were recruited from Amazon's mechanical Turk and compensated \$1.00.

### Materials:

**The Quest Religiosity Scale** (Batson & Schoenrade, 1991). This questionnaire measures the extent to which individuals actively question their religious beliefs as part of their spiritual identification. The scale showed high reliability ( $\alpha = .82$ ).

**Medical Decision Making** (Vess et al., 2009). Participants read a short essay about a man who refused medical treatment to instead rely on faith healing. They were then asked to imagine that they were the doctor and how likely they would conduct treatment without relying on faith.

**Belief About Miraculous Healing** (Village, 2005). This questionnaire assess four dimensions about miraculous healing beliefs (i.e., supernatural agency [ $\alpha = .70$ ], exclusivity [ $\alpha = .71$ ], sovereignty [ $\alpha = .70$ ], and human/divine interaction [ $\alpha = .80$ ]).

## Results

All variables of interest were entered simultaneously into a bivariate correlation matrix. Results supported our hypotheses:

**H1:** There was a significant positive relationship between quest and intention to conduct treatment without faith.

**H2:** Quest was negatively associated with belief that supernatural agents influence the healing process. Quest was also associated with greater belief that human behavior is important in the healing process.

## Results (cont.)

Table 1: Means, standard deviations, and Pearson Correlation Matrix (n = 166)

	M	SD	1	2	3	4	5	6
1. Quest	4.26	.96	-					
2. MDM	5.39	2.56	.21***	-				
3. Supernatural	3.34	.60	-.29***	-.43***	-			
4. Exclusivity	2.44	.70	.26***	.34***	-.52***	-		
5. Sovereignty	3.29	.77	-.05	-.21**	.52***	-.34	-	
6. Human/Divine	2.77	.85	.161*	-.05	.18*	.07	.42***	-

Note: \*  $p < .05$

\*\*  $p < .01$

\*\*\*  $p < .001$

## Discussion

Despite advances in modern medicine, humans are faced with difficult medical choices. As quest individuals strive to endorse their openness, this study suggests that they will downplay their religious beliefs. Although this is certainly advantageous for their health, they may face considerable backlash from other individuals who ascribe to the importance of faith healing (Village, 2005) or perhaps loss status within their religious community (Hunsburger, 2003). On the other hand, low quest was associated with more reliance on faith healing suggesting that their health may be at jeopardy as they were less likely to recommend actual medical care. Thus, future research should apply these findings in actual medical scenarios to be able to better treat individuals of varying faith orientations.

## SciCom

Individuals who doubt their faith may prefer to avoid traditional faith healing for their medical needs. The current study examined religious individuals preference for medical practice and beliefs about their well-being. We found that people who doubt prefer actual medical intervention over faith healing. Additionally, they believed that supernatural agents played a smaller role in their recovery.

