Psychological Predictors of Women’s Spiritual Help-seeking Behaviour

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The fact that more women seek help from spiritual houses than the men has been well supported by literature; but little is known about the psychological predictors of women’s spiritual help-seeking behaviour. The objective of this study is to investigate the psychological predictors of women’s spiritual help-seeking behaviour. Using a multivariate ex post facto design and multistage sampling, 400 participants were drawn from the population of women help-seekers from 12 spiritual houses in Ibadan metropolis. Their ages ranged between 20 and 65. Out of the total sample of 208 (52.2%) of the respondents were single (never married); 96 (24%) were married (living with their husbands); 68 (16.8%) were divorced; while 28 (6.86) were separated (but still legally married). The lowest educational qualification of participants was the senior school certificate, while the highest held a PhD. Validated scales were used to collect data which were analyzed with stepwise multiple regression analysis. Thereafter, 2 x 2 ANOVA was used to analyze hypotheses 1-3, while hypothesis 4 was analyzed with a test of independence. The results revealed that psychological variables (the need for achievement, self-esteem and health locus of control) jointly, significantly predicted women’s spiritual help-seeking behaviour ($p < .05$). Of all these variables, however, only the need for achievement independently predicted help-seeking behaviour ($p < .05$). Therefore, professionals should pay more attention to the development of specific therapeutic measures that would address problem variables identified in this study, with special consideration to spiritual therapy.

Keywords: spiritual houses, informal help centres, help-seekers, women

Introduction

The term ‘problem’ is not new in the world, as there have been records of drought, hurricanes, wars, outbreaks of epidemics, psychological disturbances and personal problems, such as the lack of finance, accommodation; low self-esteem, depression, and so on. Research has shown that people seek different means of solving different problems (Rahman, 2000). Some help-seekers use formal help-care centres, while others use informal help-care centres.

Ahmed et al. (2001) and MacKian (2003) have established that a large percentage of help-seekers (mostly women) seek informal help, especially from spiritual houses. Although available literature has shown that research has been carried out in the area of help-seeking behaviour, a vacuum seems to exist in the area of the psychological predictors of women’s spiritual help-seeking behaviour, as the psychological variables that predict women’s spiritual help-seeking behaviour are yet to be known. The main objective of this study, therefore, was to investigate the psychological variables that are likely to predict women’s spiritual help-seeking behaviour.

This researcher has observed that many of the problems that drive women to seek help are psychological in nature — such as the loss of a husband, coping with an irresponsible husband, childlessness, depression, loneliness and so on. He also observed that most of the spiritual help-givers do not have the professional qualifications to provide the required services. Hence, most of these women help-seekers experience delayed diagnosis, while some of them are even abused. In the end, the women often leave worse than they came – this does not, however,
mean that all women who seek help from spiritual houses are exploited.

In Africa, the place and importance of informal help centres, such as spiritual houses, have been recurrent in literature over the years (Peltzer, 2003). The results of a pilot study, as well as a review of related literature, have shown that more women (than men) seek spiritual help, to cope with life's challenges (Mbiti, 2006; Oladipo, 2006; Rahman, 2000). Yet, there seems to be no empirical evidence that psychologists take cognizance of this phenomenon in the development of therapeutic strategies for help-seekers.

In this study, psychological variables refer to: need, achievement, motivation, self-esteem, and the health locus of the respondents. These were apart from some demographic variables that were also considered. The selection of these variables was informed by observing trends in the literature and findings from the pilot study that was conducted.


The locus of control has also been reported to be a significant psychological variable that predicts help-seeking behaviour of individuals. The perceived locus is perhaps the most known of the psychological constructs associated with beliefs about control. Although this trait is no doubt distributed normally among people, those who believe that they are influenced by external forces are considered to have an external locus of control (Badr and Moody, 2005). However, those who have confidence that whatever happens to them, pleasant or unpleasant, is substantially within their domain of influence are said to have a predominantly internal locus of control (Tones, 1997). In other words, people who score 'external' on locus of control are more likely to attribute life's successes and failures to factors such as fate, luck, and/or chance. Conversely, those who score 'internal' on locus of control have a higher tendency to attribute life's outcomes to personal attributes such as ability, effort, and personal power of control (Molloy, 1997).

Locus of control is a personal attribute that has been linked to behaviours such as help-seeking (Georgiou and Bradley, 1992; Rotter, 1990). Researchers have also found that health locus of control differentially predict health-related behaviours. Locus of cause attributions are used to make inferences about whether a given behaviour is a product of the actor or the situation. In other words, what a woman believes is responsible for what she experiences at a particular time could be used to infer what her help-seeking behaviour would be. The internal or external attribution made by individuals for a particular difficulty has been shown to have implications for help-seeking (Shapiro, 1983; Tessler and Schwartz, 1972). In examining several studies on locus of control, Rotter (1966) found strong support for the assumption that individuals who have a strong belief that they can control their own destiny are likely to:

a. be more aware of environmental factors that may influence future behaviour
b. take steps to improve environmental conditions
c. place greater value on skill or achievement reinforcement
d. be resistive to conformity and other subtle attempts to influence their behaviour (Rotter, 1966; McLaughlin and Saccuzzo, 1997; Hewitt et al., 2004).

Empirical evidence supports the importance of attributes in the help-seeking process. For example, the willingness to seek help increases when the assistance is less visible and more private (Wills and DePaulo, 1991). Individuals who believe that others will attribute their need for help to something internal (such as incompetence) would likely see assistance as
threatening to their image and, consequently, may choose not to seek help.

Although need achievement as a psychological variable does not have an independent significant prediction of spiritual help-seeking behaviour, it has a significant joint prediction with other variables (that is, self-esteem and health locus of control). This could be due to the fact that professional or career achievement for a woman, especially in Yorubaland, is not a prominent issue. Rather, targets that are set for the woman include: getting married at a particular age; having a good husband to marry; having children and living a happy life. Since career issues are not of major concern, there is really no strong expectation that a woman should pursue any career per se. Only those who are yet to achieve the targets (as set by the family or society) that may be high on need achievement motivation. The moment these needs are met, the individual might show no significant drive. Hence, it has been reported that need achievement motivation is not a significant independent predictor among women’s spiritual help-seekers.

Methodology

Design of the study

This study adopted an ex-post-facto design. This was considered adequate because none of the independent variables in the study was consciously manipulated by the researcher; they had already occurred and were measured as such.

Participants

The participants in the study comprised 400 women help-seekers, randomly selected from twelve spiritual houses in Ibadan metropolis. These were women who had sought spiritual help from spiritual houses at least three times. Their ages ranged between 20 and 65 years. Two hundred and forty participants (60%) were between 20 and 32 (considered here as young), while 160 (40%) were between 33 and 70 (considered old). Further, 208 (52.2%) of them were never married (henceforth referred to here as ‘single’); 96 (24%) were married (and living with their husbands); 68 (16.8%) were divorced, while 28 (6.8%) were separated (but still legally married). The lowest educational qualification of the participants was the senior school certificate, while the highest was a PhD holder. Seventy-four (18.5%) of the sample were in polygamous relationships, while 118 (29.5%) had monogamous homes. Family type was not applicable to the remainder of the participants because they were not married (that is, 208 or 52%).

Sampling Procedure

The study adopted a multistage sampling technique; different sampling techniques were used at different stages of the selection of participants and spiritual houses. The purposive sampling method was used to select the women help-seekers. A systematic random sampling was used in selecting the spiritual houses, as well as the women sampled from study population. The spiritual houses from which the sample was drawn were those which held counselling services and created avenue for one-on-one interaction between help-seekers and help-givers. Twelve spiritual houses were randomly selected from a list of registered spiritual houses with the Corporate Affairs Commission (CAC). It was observed that spiritual houses which held counselling sessions made frequent contacts with help-seekers, as the latter made several trips to see the former. This was one reason that such counsellors were more appropriate for the research.

The study participants were randomly selected in the following manner. In the spiritual houses from where participants were sampled, help-seekers were given numbers in their order of arrival (during counselling sessions); those who obtained even numbers were selected for participation, while those with odd numbers were not included (this selection criterion was determined through the ballot system).

Instrument of Data Collection

Validated scales were used to collect data on the variables of interest - the psychological variables of interest include: need achievement, self-esteem and health locus of control. Some demographic variables were also examined, but they were not the main focus of the research.
Spiritual Help-Seeking Behaviour

The women’s spiritual help-seeking behaviour measurement (WSHSBM), which was developed and validated by Oladipo (2006), was used to measure the dependent variable. It was a 39-item Likert scale measurement, with scoring in the direct form. It has a Cronbach’s alpha reliability coefficient of .97 and a Guttman split-half reliability of .95. The total correlation for the scale was between .56 and .87. Individuals who scored within the mean or above the mean were said to be high on spiritual help-seeking behaviour, while those who scored below the mean were low on spiritual help-seeking behaviour.

Need for achievement

The need for achievement was measured with the modified version of Edward achievement motivation scale (Oyefeso, 1988), which was a 9-item Likert scale with an alpha reliability coefficient of .81; a test re-test reliability coefficient of 0.61; a split-half reliability of 0.82 and an internal consistency ratio of 0.82. Individuals with a mean score, or a score above the mean were regarded as having high need for achievement, while those with scores below the mean were considered having a low need for achievement.

Self-esteem

Self-esteem was measured with a 15-item self-reported Likert scale, developed by Adanijo and Oyefeso (1986). The scale has an alpha reliability coefficient of .81 and a split-half reliability coefficient of 0.79. Individuals who scored within the mean score or above the mean were regarded as having high self-esteem, while those who scored below the mean were considered low on self-esteem.

Health locus of control

To measure health locus of control, the 11-item scale developed by Wallston et al. (1976) was used. It has an alpha reliability coefficient of 0.54; split-half reliability of .56; and test/ re-test reliability of 0.71. Those who scored within the mean score or above the mean were regarded as having external health locus of control, while those who scored below the mean were considered as having internal health locus of control.

Hypotheses

1. Need achievement and self-esteem will significantly, independently and jointly predict women’s spiritual help-seeking behaviour.
2. Need achievement and health locus of control will significantly, independently and jointly predict women’s spiritual help-seeking behaviour.
3. Health locus of control and self-esteem will significantly, independently and jointly predict women’s spiritual help-seeking behaviour.
4. Young women will significantly seek spiritual help more than old women.

Data analysis

Hypotheses 1 – 3 were tested with a 2 x 2 ANOVA, while hypothesis 4 was tested with the t-test for independent samples.

Four hypotheses were tested in all, and the results are presented below. For hypothesis 1, which states that the need achievement and self-esteem will significantly, independently and jointly predict women’s spiritual help-seeking behaviour, the results showed that need achievement did not have a significant independent influence on women’s spiritual help-seeking behaviour (df = 1, ms = 140.2, f=7.1, p>.05), whereas self-esteem had a significant independent prediction (df = 1, ms =257.7, f=1.3, p<.05). But there was a significant influence of the two variables on spiritual help-seeking behaviour of women (df =1, ms=581.1, f=2.9, p<.05) (table 1).

<table>
<thead>
<tr>
<th>Variables</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need achievement: motivation</td>
<td>1</td>
<td>140</td>
<td>7.1</td>
<td>.05</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>1</td>
<td>257.7</td>
<td>1.3</td>
<td>&lt; .05</td>
</tr>
<tr>
<td>Need achievement and self-esteem</td>
<td>1</td>
<td>581.1</td>
<td>2.9</td>
<td>&lt; .05</td>
</tr>
</tbody>
</table>

For hypothesis 2, which states that need achievement and health locus of control will significantly, independently and jointly influence
women's spiritual help-seeking behaviour, the results showed that need achievement did not have a significant independent influence on women's spiritual help-seeking behaviour \((df = 1, \text{ms} = 138.7, f = 7.0, p > .05)\). In other words, health locus of control had significant independent prediction of spiritual help-seeking behaviour of women \((df = 1, \text{ms} = 184.1, f = .1, \ p < .05)\); and there was no significant joint prediction of need achievement and health locus of control on women's spiritual help-seeking behaviour \((df = 1, \text{ms} = 259.8, f = .1, p > .05)\) (table 2).

Table 2. Hypothesis 2: Summary of need achievement motivation and health locus of control on spiritual help-seeking behaviour

<table>
<thead>
<tr>
<th>Variables</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>P</th>
<th>n.s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need achievement motivation</td>
<td>1</td>
<td>139</td>
<td>7</td>
<td>.1</td>
<td>n.s</td>
</tr>
<tr>
<td>Health locus of control</td>
<td>1</td>
<td>184.1</td>
<td>.1</td>
<td>&lt; .05</td>
<td></td>
</tr>
<tr>
<td>Need achievement and health</td>
<td>1</td>
<td>259</td>
<td>.1</td>
<td>.05</td>
<td></td>
</tr>
<tr>
<td>locus of control</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

The results of hypothesis 3, which states that self-esteem and health locus of control will significantly, independently and jointly predict women's spiritual help-seeking behaviour, showed that all of the variables had significant independent and joint predictions of women's spiritual help-seeking behaviour \((df = 1, \text{ms} = 36.1, f = .0, p < .05; df = 1, \text{ms} = 337.1, f = .6, p < .05; df = 1, \text{ms} = 210.6, f = .1, p < .05)\). The hypothesis was fully accepted (see table 3).

Table 3. Hypothesis 3: Summary of influence of self-esteem and health locus of control on spiritual help-seeking behaviour

<table>
<thead>
<tr>
<th>Variables</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>P</th>
<th>&lt; .05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health locus of control</td>
<td>1</td>
<td>36.1</td>
<td>.0</td>
<td>&lt; .05</td>
<td></td>
</tr>
<tr>
<td>Self-esteem</td>
<td>1</td>
<td>337</td>
<td>1.6</td>
<td>&lt; .05</td>
<td></td>
</tr>
<tr>
<td>Health locus of control and</td>
<td>1</td>
<td>210</td>
<td>.1</td>
<td>&lt; .05</td>
<td></td>
</tr>
<tr>
<td>self-esteem</td>
<td>6</td>
<td></td>
<td></td>
<td>&lt; .05</td>
<td></td>
</tr>
</tbody>
</table>

Hypothesis 4, which states that younger women will significantly seek spiritual help more than older women, was accepted, because there was a significant difference between young spiritual help-seekers and old help-seekers \((df = 398, f = 7.16, t = 4.56, p < .05)\) (table 4).

Table 4. Hypothesis 4: Independent t-test showing the difference between young and old women spiritual help-seekers

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>X</th>
<th>SD</th>
<th>df</th>
<th>t</th>
<th>sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young</td>
<td>240</td>
<td>130.2</td>
<td>46.48</td>
<td>8</td>
<td>4.73</td>
<td>.05</td>
</tr>
<tr>
<td>Old</td>
<td>160</td>
<td>150.5</td>
<td>38.74</td>
<td>8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(t\) is significant at .05

Discussion

It was assumed in hypothesis 1 that need achievement motivation and self-esteem would independently and jointly predict women's spiritual help-seeking behaviour. The hypothesis was partially accepted because need achievement did not have significant independent influence on women's spiritual help-seeking behaviour. However, self-esteem had a significant independent prediction. It was also observed that self-esteem and need achievement had a significant joint prediction of women's spiritual help-seeking behaviour. The findings corroborate those of Hewitt, et al. (2004), who did a systematic review of predictors of delay in seeking professional help\(^1\) and reported that psychological variables predicted significantly an individual's decision to seek help, as well as where to seek help. One such psychological variable that Hewitt et al. (2004) implicated was self-esteem.

The second hypothesis was also partially accepted, in that need achievement did not have significant independent prediction, whereas health locus of control had. But there was a significant joint prediction of need achievement and health locus of control. Research have indicated that assistance may be declined when the problem is attributed to internal factors (for example, the lack of ability), while external attributes (such as, difficulty of the task)

\(^1\) Professional help here is defined as medical and or psychological help.
seem to foster increased help-seeking behaviour. In other words, women who attribute their stressful life experiences and other challenges to internal factors are not likely to seek help from external sources, while those who attribute their challenging experiences to external factors are more likely to seek help from external sources.

For example, a sick person is more likely to seek help from an external source if he believes that he has little or no control over his health situation — that is, he has external locus of control (Wills and DePaulo, 1991). There is additional evidence in Tessler and Schwartz (1972), whose research participants were placed in a situation where their performance on a task was evaluated as being inadequate. An opportunity was then offered to privately obtain help under this condition: participants were told that 10 or 65 per cent of people who had previously taken part had experienced similar difficulties. It was found that participants were prone to attributing external reasons for their difficulties, as they believed that several other people had experienced similar difficulties.

The results of Tessler and Schwartz (1972) could also be true for Nigeria, where multitudes troop to churches and crusade centres to 'receive' miracles and deliverance mainly because of the testimonies of others who had gone to such places and brought back their success stories. Such findings are thought to reflect, to some extent, of how the help-seeker attributes his problem, as being internal and external.

It has been proposed that dispositional attributes can threaten self-esteem, since they imply that a difficulty is the result of one's inherent inadequacy (Nadler, 1991). As it has been established that people wish to maintain a positive self-image, help-seeking may be inhibited if individuals fear that an action they are about to take (ie, help-seeking), would adversely affect their self-esteem (Leary and Kowalski, 1990; Josephs et al., 1992). External or situational attributes, on the other hand, do not usually threaten self-esteem because problems are viewed as products of circumstances and not of personal incompetence.

These research findings have shown that help-seeking was perceived as a means to enhancing self-esteem and not otherwise, as some researchers have reported. In other words, more women who have low self-esteem sought spiritual help, because they supposed that this would enhance their self-esteem.

It is important to note, however, that in addition to the maintenance of a positive self-image, the self-projection of the potential help-seeker is important. Thus, an individual may be concerned not only with his perceptions about an action (ie, intrapersonal attributes) but also with the reflected attributes — that is, the attributes he believes others would make about them (Leary and Kowalski, 1990). As a consequence, people engage in impression management strategies, to secure a favourable evaluation from others. The decision to seek help may, therefore, be influenced by an individual's perception of the social consequences of such an action.

Empirical evidence supports the importance of reflected attributes in the help-seeking process. For example, the willingness to seek help increases when the assistance is less visible and more private (Wills and DePaulo, 1991). Individuals who believe that others will attribute their need for seeking help to something internal (eg, incompetence) seem more likely to see assistance as a threat to their public image and, consequently, may choose not to seek help. People who have stigmatizing conditions are likely to show more concern for their private and public image, because they usually perceive inherent threats to their self-esteem, as well as public image (Snodgrass, 1992; Kenny and DePaulo, 1993).

In some African cultures, an individual's self-esteem is not taken with levity and these can influence an individual's help-seeking behaviour. Someone who is in 'stigmatized situation' or perceives that she may be stigmatized as a result of her condition may not seek professional help. Even when such an individual seeks informal help, it would be done secretly, to avoid stigmatization. There is evidence that some people who believe they have a condition which could cause stigmatization if known, do not seek help available to them because they believe that this would mean an open admission of inadequacy. The stigma associated with certain health problems, especially psychological ones, is a major barrier to receiving professional help.
Simmons (2000) stated that stigmatization accounts for 85% of what influences the choice of when, how and where people seek help. Stigmatization has a negative effect on self-esteem and will directly or indirectly affect one’s locus of control. This probably explains why women who are stigmatized or feel that they would be stigmatized seek spiritual help, particularly in Africa, where the ‘custodians’ of the spirit world are believed to be able to keep secret things divulged to them by help-seekers, as well as proffer solution to problems in order to get rid of the stigma and be integrated back into the society without any fear or anxiety.

Furthermore, the interaction between self-esteem and locus of control will affect the decision of the help-seeker in deciding whether or not to seek help. For example, there is a probability that someone with high self-esteem would be low on openness, as she may not see the need to make adjustments in accordance with new ideas and/or situations. She may also have an ‘internal locus’, i.e., someone attributes the cause of her actions and behaviour to internal factors.

Implication of findings

These findings have profound implications for counsellors, psychologists (especially social psychologists) and informal help-givers, including spiritual help-givers. The findings have generated such questions as: Are spiritual help-givers sufficiently equipped to adequately meet the psychological needs of women who have decided to seek help from them? Do professionals (such as psychologists and counsellors) see the need to explore the possibility of blending Western psychotherapeutic measures with culturally-acceptable methods of intervention in order to record better results, gain wider acceptance and, invariably, build a society of people who are psychologically and socially well-adjusted?

In addition, the study has also shown the need for a psycho-spiritual therapeutic package. Since it has been established that there are certain psychological variables that predict women’s spiritual help-seeking behaviour and that most spiritual help-givers are not trained psychologists, the latter cannot be said to be competent enough to give holistic solutions to those who go to them for help. It is, therefore, necessary to develop a culturally-relevant therapeutic package that takes into consideration the psychological, cultural and spiritual aspects of the help-seeker, so as to give him a holistic help. This will go a long way in helping many who may. In other words, an eclectic but harmonious combination of behavioural techniques (therapeutic interventions) and psycho-spiritual therapy techniques could achieve more desirable therapeutic outcomes.

Conclusion

The psychological variable of need achievement significantly influences women’s spiritual help-seeking behaviour; therefore, help-givers and professionals should pay attention to the development and use of variable-specific therapies which will adequately address the identified psychological needs of women. Also, psychologists should begin to consider and make workable plans for developing training programmes for spiritual help-givers in order to enhance their efficiency and effectiveness.

References


Field Work


Biographical Note

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