PSYCHOMETRIC VALIDATION OF A QUESTIONNAIRE FOR ASSESSING PARANORMAL HEALTH BELIEFS AND STATISTICALLY MODELLING THE EFFECTS OF THE CONSTRUCT ON HEALTH OUTCOMES LONGITUDINALLY

Andrew Denovan

Manchester Metropolitan University, United Kingdom

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Background: Paranormal health beliefs denote the inclination to endorse illusory supernatural notions about well-being and treatment. These ideations are important since they potentially influence perceptions of health and allied behaviours. Noting this, researchers in Italy developed and verified the Paranormal Health Beliefs Scale (PHBS). Despite initial promising outcomes, the construct and measurement properties of the PHBS have remained under investigated.

Aims: To psychometrically validate the Paranormal Health Beliefs Scale with an English-speaking sample (Phase 1). In addition, to develop and test a model assessing how paranormal health beliefs relate to health-related outcomes over a sustained period (Phase 2).

Method: Data collection focuses on English-speaking individuals residing in the UK. Phase 1 uses cognitive interviewing (with a purposive sample of 14 to derive detailed results) followed by Rasch and factor analysis with a large, representative sample to evaluate the PHBS in practice. Phase 2 uses structural equation modelling to examine the degree to which illusory health beliefs influence health behaviours (i.e., use of mainstream healthcare and adoption of recommended healthy behaviours) over time (a six-month period). Potential mediating variables, including health-related locus of control, belief in science, and attitudes to complementary and alternative medicine, will be considered.

Preliminary results: For Phase 1, cognitive interviews identified issues with culturally particular content/points of reference, phraseology, and wording of the PHBS. To address these a modified version of the PHBS was produced. Round 2 then examined the effectiveness of changes. Analysis revealed fewer concerns, although difficulties with ambiguity, complex terminology, and response scale appropriateness persisted. The modified PHBS was distributed to a large sample of 850, and exploratory factor analysis revealed the existence of four meaningful dimensions: Religious Belief, Superstition, Precognitive Belief, and Health Myths. A dimension including negatively keyed items also existed, which suggested the presence of a method factor. The modified PHBS shows promise as a more effective measure of paranormal health beliefs for English-speaking samples. Subsequent analysis will focus on Rasch scaling (to conclude Phase 1) prior to examining the influence of paranormal health beliefs longitudinally (Phase 2).

Keywords: Cognitive interviewing, Illusory thinking, Paranormal health beliefs, Paranormal Health Beliefs Scale, Questionnaire scrutiny

E-mail contact: a.denovan@mmu.ac.uk