

## JOURNAL OF ISLAMIC CIVILIZATION AND CULTURE (JICC)

Volume 3, Issue 2 (July-December, 2020)

ISSN (Print): 2707-689X

ISSN (Online) 2707-6903

Issue: <http://ahbabtrust.org/ojs/index.php/jicc/issue/view/9>

URL: <http://ahbabtrust.org/ojs/index.php/jicc/issue/view/9>

Article DOI: <https://doi.org/10.46896/jicc.v3i2.119>



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Complicate Health Disparities  
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**Received on:** 29 January, 2020  
**Accepted on:** 26 November, 2020  
**Published on:** 26 December, 2020

**Citation:** Rachel Bailey and Hafiz Javedur  
Rehman, "Construction: Fatalism  
Is Not Fatalistic:  
Misunderstandings of Fatalism  
Complicate Health Disparities  
Research in the United States,"  
JICC: 3 no, 2 (2020): 33-48



**Publisher:** Al-Ahbab Turst Islamabad

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## **Fatalism Is Not Fatalistic: Misunderstandings of Fatalism Complicate Health Disparities Research in the United States**

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### **ABSTRACT:**

*Fatalism is a common concept among many world religions. However, it is also commonly misunderstood by lay individuals and scientists. Particularly in the West and concerning religious belief and health agency of African Americans, the ineffability of fatalism leads to a complexity in health communication research that reifies negative racial ideology.*

*Different world religions frame their relationships to health agency differently. Scholars have sought to determine this framing for nearly two hundred years, and the epidemiology of religion became a notable subfield of social, behavioral, and psychosocial epidemiology in the 1980s.<sup>1</sup> Such research seeks to determine how aspects of religious experience impacts health behaviors. In particular, suspicion that religious belief in “fatalism” entails refusal to employ health-enhancing behaviors persists. This review of the literatures on fatalism in religious and health contexts shows it does not. Instead, emergent is a complexity of what fatalism actually means and how this complexity contributes to a narrative that minorities, and particularly African Americans, bring their health disparity upon themselves because of a religious belief in fatalism that may actually represent unidentified religiously oriented rationalizations of low self-efficacy.*

*The ensuing essay illustrates the complexity of fatalism in health contexts. We begin with a brief overview of the Islamic theological perspective of fatalism and its application in health contexts. Then we look at the complexity of fatalism in Western health contexts and according to Judeo-Christian traditions, focusing especially on errant scholarly perspectives on African American religion and its relationship to health behaviors. In general, it seems the ineffability of fatalism in various religious contexts challenges scientific attempts to control the term’s complex meaning. This essay draws critical attention to this discursive enigma and the rhetorical workings of health disparity research that presents fatalism as a health risk for minorities in such a way that reifies harmful racial ideology in the West.*

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**Fatalism in Islam:**

The concept of fatalism in Islam lies at a balance between predestination and mans' free choice. The Koran in some verses relates fate to an Allotter or expressly to Allah. Everything is dominated by the omnipotent God and his will. For instance, 45: 23, 25 says:

They say, "There is only our life in this world, we die, and we live, and nothing destroys us but time." But they have no knowledge..... Say, "God quickens you, then he kills you, then he will gather you unto the resurrection day."

Similarly, in another verse of the Koran it is stated:

53: 44-49: That it is he who makes laugh and weep, and that it is he who kills and makes alive, and that it is he who has created pairs, male and female, from a clot when it is emitted, and that for him is the next production, and that he enriches and gives possession.

The meaning is entirely clear: Time as a manifestation of destructive Fate that is repudiated in order to make room for a purely religious interpretation of human destiny: it is God, Allah, who give life and death and makes man responsible for the way he lives.<sup>2</sup> Thus, man's destiny is in God's hands, and there is no place for an impersonal Fate, which appeals to the predestination rather than man's free choice. To explain this concept, as a generally accepted principle of guidance from Koran about a matter in hand, all the relevant verses are to be columnized for opinionating about the subject. This is well accepted and executed method in religious exegesis in Islam and here also we need to clip other verses related to the matter of fatalism. In Koran another verse says: "There is nothing for man but what he earns through his own struggle." If Koran is going to base rewards for humans on the basis of his own struggle, then free choice to opt one way or the other is an inevitable object. In Islam the relationship between man and God is that of Master and servant, Creator and created, Ruler and ruled. Muslims look toward God as the only source of knowledge and guidance.<sup>3</sup> God has made His Will known to people through His Messengers who received guidance from Him and communicated it to the people. The people according to Koran are guided to two ways, one of obedience and submission to God and the other of obedience of Satan. Now people are free to follow either and will be answerable according to the choice opted on the day of resurrection.

As the method of the divine scheme to present guidance, the ambit of this predestination like any other concept of religion is interpreted by Traditions or Sunnah of the Prophet Muhammad. The Prophet Muhammad guided Muslims for every possible self-protection before leaving a matter to destiny. However, what is beyond the control of human beings shall be left to destiny. In pandemics the Prophets guided Muslims not to leave or enter the place where the pandemic breaks: a kind of lockdown introduced with primary record. Evidently, the relationship of health and fatalism in Islam has its limits: every possible remedy is the obligation of

the people to medical problems, but what is beyond the control of human beings is left to destiny. The Koran and teachings of the Prophet Muhammad both teaches strict predestination and appeals to man's free choice, but this should probably not be classified as fatalism but rather as religious determinism, where the point is God's omnipotence, not predestination itself.<sup>4</sup>

### **Fatalism in Western Health Contexts:**

Because health disparities in the United States persist, and are even increasing in conditions such as colorectal cancer, maternal-related deaths, infant mortality, diabetes, hypertension, and HIV infection rates, U.S.health researchers invest time and resources looking for causes.<sup>5</sup>Institutions in the form of university housed research centers dedicated to health disparity research and federally funded programs launched by the National Institutes of Health encourage this research.<sup>6</sup> Because of the salience of religion among certain minority groups, particularly African Americans, disparitiesresearchers question if the correlation of religion and health represents a causal relationship where religious belief influences health belief and health behavior among this population.<sup>7</sup>The operationalization of religion in African American health research manifests in two general ways.<sup>8</sup> One way is to consider African American churches as platforms for disseminating information and encouraging positive health behaviors such as prevention and screening.<sup>9</sup> The second way is to consider African American religious beliefas a health risk. Specifically, researchers question whether religious belief in fatalism undermines health agency.

Very simply, in Western contexts fatalism refers to the notion "that what happens (or has happened) in some sensehas to (or had to) happen."<sup>10</sup> Health communication researchers Celeste Condit and LijingShen find that in Western health contexts "fatalism refers to beliefs that one's health is up to luck, destiny, or some divine intervention."<sup>11</sup>However, multiple instantiations of fatalism where meaning is modified by its association with an additional term, as in religious fatalism, medical fatalism, and cancer fatalism, along with a lack of precise meaning of fatalism as a stand-alone term, complicate understanding and application of fatalism in Western health research. Communication scholars like Condit and Shen have tried to clarify the more complex meanings of fatalism and to expose its positive meaning and effect among patients. Their effort may help Western health care providers better understand fatalism as it relates to health behavior.

However, new research in disaster relief suggests the complication may persistbecause scientists inevitably understand fatalism differently than lay individuals.<sup>12</sup> Like faith in God, fatalism in a spiritual sense is ineffable, thus beyond scientific taxonomy. Such lay belief in fatalism may persist even among non-devout individuals because religious belief is deeply engrained in most cultures. Indeed, ethnographic research addressed later in this essay by practical theologian Roger

Abbott reveals that researchers and scientists perceive fatalism differently than what lay individuals intend when lay individuals use signifiers of fatalism.

Still, a persistent concern among Western health care providers and researchers is that if individuals believe their health is out of their hands and in God's or determined by forces beyond their control, they will not take steps to prevent disease or follow doctor recommendations to treat it. Thus, aside from specific religious groups that explicitly refuse medical care, like Jehovah's Witnesses and Christian Scientists, the construct of fatalism as a religious belief (derived from Judeo-Christian, Islamic, and Buddhist traditions) emerges as a health risk if it prevents patients from engaging in positive health behaviors. These health behaviors can include seeking information about health, going to the doctor, getting health screenings, eating healthy, exercising, engaging in various forms of preventive behavior like diagnostic screenings, and complying with health recommendations.

Health researchers determine fatalistic orientation of the subjects they study through the use of scales and then consider the measurement of patient responses in relation to other variables including health behaviors and outcomes. Part of determining fatalistic orientation involves determining what influences fatalistic beliefs. Does one's religious orientation produce fatalism or does one's secular experience produce it? Or is it a combination of the two? In research focusing on African American health, researchers present an understanding of fatalism produced by both religious experience and by secular experience. While religious experience and cultural practice can produce religiously associated fatalistic beliefs, secular experiences that produce fatalistic beliefs include medical experiences, experience with cancer in particular, and other social experiences. For example, Barbara Powe and Alonzo Johnson define fatalism in terms of cancer fatalism or "the belief that death is inevitable when cancer is present."<sup>13</sup> Their research finds that because African Americans perceive an abundance of death by cancer influences, African Americans demonstrate high levels of fatalistic belief in cancer.<sup>14</sup> Also found in the literature is the term medical fatalism. Perceiving negative outcomes as a result of medical intervention influences this orientation. Again, health research finds that African Americans also demonstrate high levels of belief in medical fatalism because of their medical experience.<sup>15</sup> In addition, research finds that characteristics such as low socioeconomic status and low literacy can produce fatalistic belief and compound its effects.<sup>16</sup>

Shen and Condit find that different conceptualizations of fatalism influence results of studies that measure its effects.<sup>17</sup> For example, "[a]lthough it is believed that certain ethnic groups such as Hispanics and African Americans are more likely to be fatalistic," as studies by various scholars indicate, the study Shen et al conducted in 2009 indicated otherwise.<sup>18</sup> This 2009 study used an updated conceptualization of fatalism also resulting from research by Shen, Condit, and others.<sup>19</sup> Although much research indicates the negative effects fatalistic beliefs can have on health behaviors,

a 2009 study by Bethany Keeley, Lanelle Wright, and Condit, again applying a newer and unique conception of fatalism, found fatalistic statements “serve useful functions, rather than being simply a repudiation of the utility of health choices.”<sup>20</sup> Thus, more current conceptualizations of fatalism find that fatalism does not negatively influence health and instead serves a coping function, whereas older conceptions suggest that fatalistic beliefs negatively influence positive health behavior by rendering patients resistant to preventive health measures.

As mentioned, research by Shen, Condit, and fellow scholars has led to new ways for determining and measuring fatalistic beliefs among patient populations in the West and updating scales that assess an individual’s level of fatalism. Their scale provides a conception of fatalism that applies “to a wider range of health conditions and with a broader set of cultures” than the previous and widely used scale referred to as Powe Fatalism Inventory (PFI), a 15-item scale.<sup>21</sup> The newer, validated 20-item fatalism scale by Shen et al builds upon Powe’s analysis and development efforts, confirms the construct of fatalism as being “cognitive in nature,” while distinguishing dimensions of fatalism into “predeterminism, luck and pessimism.”<sup>22</sup> With this scale examples of statements coded include: Predeterminism, “if someone is meant to get a serious disease, it doesn’t matter what kinds of food they eat, they will get that disease anyway; Luck: My health is a matter of luck; Pessimism: Everything that can go wrong for me does.”<sup>23</sup> In addition to conceiving of the meaning of fatalism in terms of predeterminism, luck, and pessimism, this scale updates the PFI by expanding application of the scale to beyond African Americans and beyond cancer. This is important because the scale now promotes investigation of medical fatalism among a random sample of participants, not just minorities or African Americans in particular to see if the problem persists among a variety of patient characteristics other than a social categorization of race.<sup>24</sup> However, as ensuing analysis suggests, complications persist. Indeed, complication regarding the meaning of fatalism in the West has a long history.

### **Secular and Non-secular Fatalism:**

In the West, disagreement over the role of agency in secular and non-secular understandings of fatalism dates back to Aristotle. Still today, western philosophers argue Aristotle’s meaning of fatalism as it relates to determinism and free will.<sup>25</sup> Do individuals have free will or is their behavior continuously determined by conditions beyond their control? Distinct from philosophy, theological understanding of fatalism as it relates to the doctrine of providence bears plenty of complications as well in reaction to Charles Darwin’s evolutionary theory and the theory of adaptation that followed.<sup>26</sup> Of the Judeo-Christian religions, an understanding of religious fatalism that might implicate agency is most characteristic of Calvinism in Protestantism. Even so, Calvinist fatalism concerns the question of salvation in terms of one’s eternal destiny, not everyday choices, a distinction often confused. Belief in providence

affects a belief in God that inspires and enables human agency rather than prevents it.<sup>27</sup>

If philosophical and theological understanding of fatalism remains unsettled in the West, its meaning in Western health contexts must reflect this unsettled meaning. Of course, fatalism has epistemological roots in ancient philosophy of both Eastern and Western thought. Ancient Eastern and Western philosophy each influence Eastern and Western religions as well as modern understanding of science and medicine, as the nearly diametrically opposed constructs of Chinese Medicine and Biomedicine suggest.<sup>28</sup> Practitioners of Western cultures conceive of philosophical, religious, and scientific thought and practice as related but separate constructs. For the most part, practitioners of Eastern cultures do not distinguish these three constructs. The Cartesian split did not influence Eastern thought along the same timeline that it did Western thought. Still, both Eastern and Western philosophical traditions distinguish meaning between the terms fate, as in predeterminism, and fatalism, as in the acceptance of predeterminism, neither of which apply to a scientific understanding, and, as described above, neither of which apply to an accurate theological conception of human agency. This subtle distinction represents another complication of the term's meaning as it is not certain whether health researchers or participants also distinguish fate from fatalism. Philosophy scholar Robert Solomon clarifies that fatalism

is not scientific or causal necessity (it precedes modern science by millennia) and should not be confused or conflated with what is often called "determinism." Nor is fatalism theological necessity (as in "It's God's will"), for notions of fate thrive in many cultures (for instance, the notion of karma in Buddhist cultures) that do not invoke the concept of God. But, as the concept of karma makes evident, fatalism need not invoke any agency at all (except, perhaps, the agency of the subject fated). (Fate, by contrast, does seem to imply such an agent, and to that extent is a more narrow and contentious version of fatalism.) What is necessary seems to be only the outcome, regardless of causes, regardless of agency.<sup>29</sup>

Thus, fatalism does not really mean agency, at least not in a strict scientific sense. According to Solomon's explanation, philosophically believing in either fate or fatalism would not implicate a patient's agency because only the outcome of health is what is fated and not the external forces or internal efforts that affect that outcome. However, the use of the term in health contexts suggests otherwise when fatalism is conceived as an obstacle to positive health behavior that might mitigate negative health events by preventing agency.

Many health researchers, whether religious or not, likely do not register a distinction between philosophical interpretations of fatalism and theological interpretations, let alone denominational specific meanings unless they seek input from theological experts. Evidence of this bears out in theological ethnographic research by Roger Abbott who investigates religious fatalism in disaster research and

calls for “a far more nuanced, granular methodological approach to exploring how religious aspects helped and/or hindered survivors of the earthquake of 2010” in Haiti.<sup>30</sup> Abbott describes two reasons that justify a need for more granular analysis of religious meaning related to fatalism. One, social scientists tend to conceive of fatalism differently (as in scientifically) than their religiously orientated subjects. For example, social scientists interpret fatalism when participants may be expressing rationalization in terms of a religious orientation.<sup>31</sup> Social scientists may interpret any non-protective response to indicate fatalism when such responses could be expressions of rationalization in the context of religious belief in salvation and providence.<sup>32</sup> Two, “for Christians who believe strongly in divine sovereignty and providence, their teleological doctrine does not equate at all with fatalism.”<sup>33</sup> In the Christian religion, practitioners experience a personal relationship with God, as Abbott explains in his analysis of Haitian earthquake victims’ responses to the disaster.

In the vast majority of cases our participants self-identified as having a personal relationship with God, who they felt cared for them providentially, during and after those overwhelming storms. In other words, for our Haitian participants, the language of their experiences of God’s providence was expressive of divine sovereignty in the face of overwhelming natural hazards, but with a concomitant personal relationship open to reciprocal, responsible choice-making. This was not religious fatalism.<sup>34</sup>

According to Abbott’s theological ethnographic review of narrative data in disaster research following the 2010 earthquake and consequential relief efforts in Haiti, the meaning of fatalism relates to meaning associated with divine providence whether researchers or participants mention that context specifically. This unspoken meaning may implicate the interpretation of participant response in research gauging fatalistic beliefs.

Although the terms ‘fatalism’ and ‘providence’ were never explicitly used by the researchers or the participants, the language interviewees used and the meaning they expressed would be categorized in traditional theological terms under divine providence. Yet, when social scientists commentate upon the same beliefs, they tend to use the term ‘religious fatalism.’<sup>35</sup>

In short, even if individuals do not specifically and explicitly indicate a theological understanding of fatalism, an understanding that does not signify agency, their language may be categorized as an indication of agency.

Although similar theologically based ethnographic analysis could not be found in the context of healthcare, the same thing could be happening. For example, in a 2013 study investigating “the beliefs and attitudes of older African American colorectal cancer (CRC) survivors that may influence health behavior changes after treatment,” researchers noted:

As found in previous research [20, 62], discussions of fatalism emerged as a set of complex beliefs with often overlapping and/or opposing ideas about the role of faith,



science, and self-choice. For example, beliefs about cancer being predestined coexisted with beliefs that the environment (e.g., toxins in food and the air) is responsible for cancer. Similarly, beliefs about God as ‘the decider’ were integrated with ideas about personal choice.<sup>36</sup>

This research suggests that whether or not researchers or participants mention providence or religion specifically, what gets coded as fatalistic language could also be interpreted as language presenting religious meaning related to divine providence, not just divine intervention. In other words, whether or not health disparities research focusing on fatalism recognizes that it is analyzing a range of religious meaning, it is. A lack of granularity in considering religious meaning can miscode an expression of religious rationalization for scientific fatalism.

### **Fatalism and African Americans:**

Complications from a lack of granularity bears out in some of the older models of fatalism scales used in Western health contexts. The PFI Scale accounts for fatalism in the context of African Americans and cancer with “four philosophical components: fear, predetermination, pessimism, and inevitable death (Power, 1995).”<sup>37</sup> Powe’s review of research finds that those who express fatalistic cancer beliefs are less likely to participate in cancer screening programs, while “[s]pirituality may be the avenue for modifying fatalistic perceptions.”<sup>38</sup> Because the PFI Scale accounts for predeterminism (divine intervention) separately from fear, pessimism, and inevitable death, it seems Powe conceives of fatalism scientifically and as a separate construct from spirituality. However, Powe explains that “as such, cancer fatalism was viewed as a surrender of the human spirit, characterized by perceptions of hopelessness, powerlessness, and social despair.”<sup>39</sup> The use of the word spirit suggests that this conception conflates scientific and religious understanding of fatalism. In addition, given the likelihood that religiously oriented participants rationalize low self-efficacy with statements that get coded as scientific fatalism, it could be the case that items that get interpreted as cancer fatalism are also really expressions of religiously oriented rationalizations of, and attempts to cope with, the high risk of cancer.

Another scale found in the literature also measures fatalistic belief specifically related to cancer rather than as a religious orientation. It comes from the Health Information National Trends Survey (HINTS) and was developed by the National Cancer Institute.<sup>40</sup> Again, however, even though this scale does not intend to measure religiously oriented expressions of fatalism, it could be coding religiously-oriented expressions as non-religiously oriented expressions. In a 2018 study using the HINTS scale and assessing fatalistic cancer beliefs and information seeking among formerly incarcerated African-American and Hispanic men, the study found that the majority of the participants (68.7%) held fatalistic beliefs.<sup>41</sup> The study determined levels of cancer fatalism based on participant ratings of the following

understood to be expressions of cancer fatalism: “When I think of cancer, I automatically think of death.”; “There’s not much you can do to lower your chances of getting cancer.”; and “It seems like everything causes cancer.”<sup>42</sup> The researchers found that participants’ high level of perceived susceptibility increased their expressions of cancer fatalism. This finding supports the claim that what gets coded as expressions of cancer fatalism could also be interpreted as expressions of coping with the threat of cancer from a religious orientation of fatalism without explicitly claiming intended religious meaning.

A clear distinction between religiously oriented understanding of fatalism and a scientific understanding emerges in analysis of “Denominational and Racial and Ethnic Differences in Fatalism,” by C.K. Jacobson. In this essay Jacobson’s own analysis reveals an example of what Abbott describes when social scientists hold a different understanding of fatalism than the religiously oriented persons they study. This indication appears in Jacobson’s essay’s introductory sentences: “Historically, three related questions about fatalistic attitudes among church members have been of interest to those social scientists who study religion. The first is whether religion makes individuals more fatalistic, or more tolerant and acceptant of their position in society and life.”<sup>43</sup> The second sentence exemplifies a difference in how social scientists conceive of fatalism and how theologians conceive of it. In light of Abbot’s explanation of fatalism, religious fatalism means being tolerant and accepting. Jacobson and other social scientists apparently consider being tolerant and accepting to mean something other than fatalism. In addition, contrary to other research, Jacobson’s examination of the relationship between religiosity and a measure of fatalism found that “being religious is more associated with fatalistic views” and that “whites are less fatalistic than African Americans, Hispanic Catholics, or Native American Protestants.”<sup>44</sup> This directly contrasts with research by Condit et al, which finds that African Americans are not the most fatalistic group and that religiosity serves as a coping mechanism for poor health and an inspiration for good health. The coping mechanism that Condit et al describe could be likened to the rationalization Abbott describes when religiously oriented individuals also experience a perception of low self-efficacy.

More health research that closely examines the relationship among fatalistic beliefs, cognition, and health behaviors of minorities confirms that fatalism is not a strong predictor of health belief; instead, these studies find that barriers to healthcare, including low knowledge of recommended behaviors and lack of insurance coverage, serve as strong predictors.<sup>45</sup> In these instances, what gets coded as fatalism likely also reveals either a religiously oriented rationalization and coping mechanism for making sense of circumstances which individuals perceive as being beyond their control.

Jeff Levin’s 2018 review of empirical research findings through 2011 found that of the 1,376 studies collected in both volumes of the *Handbook of Religion and*

*Health*, 63.2 percent report positive findings such that “religiousness, however defined or assessed, seems to exhibit a generally protective or primary-preventive effect.”<sup>46</sup> However, Levin notes limitations to these findings which should guide future research. Future research should consider greater variety in the domains of religious expression, for example in addition to attending church or reading the bible. This suggestion implies that even though some participants do not indicate religiosity in ways that researchers expect, participants could still be religious in the orientation of their sense making. Given the saliency of religion among African Americans, when researchers analyze responses for purposes of determining fatalistic orientation, participants may be expressing religious rationalization of a situation even if researchers do not recognize the expression as religious. Levin also suggests that future research should attempt greater variety in groups studied “since most of what is known about the relationship between religion and population health is based on study samples of Whites, Christians, and U.S. residents.”<sup>47</sup> This suggests that researchers might not be as experienced in recognizing religious expression among other cultural groups.

Finally, what does fatalism mean within the context of the Black American Church specifically? According to the standard reference used in much health research on fatalism and African American health, *The Black Church and the African Experience*, by C. Eric Lincoln and Lawrence Mamiya, the seven main denominations that account for more than eighty percent of black religious affiliation in the United States are three groups of Methodists, three groups of Baptists, and one group of Pentecostal. Again, although researchers generally recognize that scientifically understood fatalistic orientations are driven by religious beliefs, research of African American Baptists by Malcolm Cort and Lionel Matthews with the assistance of pastors found otherwise.<sup>48</sup>

Despite participants’ views of God’s fore ordination, we were unable to detect a pervasive sense of the characteristic helplessness and hopelessness prominent in the literature on this orientation. Participants displayed self-caring; the majority participated in daily physical exercise, and more than one-third had their annual medical check-up that year. Thus, the disabling terms generally associated with the outlook of persons of a fatalistic orientation do not match the outlook of participants of this study.<sup>49</sup>

Perhaps the inclusion of theological experts helped avoid a collapse of meaning that paired a scientific understanding of fatalism with negative health behaviors. Either way, Cort and Lionel contend that “[a]lthough the term ‘fate’ is used to describe the predestination which characterizes the African American Baptist belief system, the embedded meaning of the word does not identify the outlook of these believers.”<sup>50</sup> Cort and Lionel question whether belief in fate (as in predestination) means the same thing as fatalism. Indeed, it seems to mean the opposite in a significant amount of research. Similar to the clarification Solomon makes regarding

philosophical distinction between fate and fatalism, Cort and Lionel find that research in “[t]he context of the lives of African American Baptists reveals a need for a distinction between ‘fatalism’ and ‘fate,’ which are used interchangeably in much of the literature, and for the introduction of a new term, “benign fatalism.”<sup>51</sup> Thus, even when religious orientation ascribes to doctrine of predeterminism among African Americans, that orientation does not negatively influence health agency.

### **Reifying Racial Ideology:**

Despite updated conceptualizations, misunderstanding of fatalism still presents complications that result in egregious effects. In general, social scientists continue to characterize religious belief negatively by associating it with a Western, scientific, and negative understanding of fatalism. Specifically, a complexity of fatalism in health disparities research contributes to a narrative that minorities, and particularly African Americans, bring their health disparity upon themselves because of a supposed religious or philosophical belief in fatalism that may actually represent unidentified religiously oriented rationalizations of low self-efficacy. In particular, two complications occur that obscure the conceptualization of fatalism in relation to health disparity. One is that high levels of cancer fatalism and medical fatalism among disparate groups conflates the meaning of such secular fatalism with the noted saliency of religion among these groups to increase consideration of fatalism as a health risk for these populations. The increased consideration of secular fatalism still indirectly implies a concern with religious belief. The second is that complex religious and secular meaning complicates the usefulness of fatalism in health research as an indicator of health effects, even in research that attempts to distinguish secular meaning. The conflation of philosophical and theological meaning of fatalism leads to a conflation of the assessment of meaning of participants’ responses as Condit et al illustrate. Combined, these complications contribute to a racially harmful narrative.

By repeatedly investigating fatalism as a health risk among African Americans and other minorities in the West, regardless of how researchers link fatalism to religion, researchers unwittingly end up reifying race and racism. The hyper focus on disparity research, and the lack of random sampling it encourages as researchers investigate risk among disparate groups, positions religious fatalism as an enduring and negative cultural trait of minorities living in America but not of white Americans. This also creates conditions for biologism, or the characterizing of a cultural trait as an enduring trait such that it appears to function biologically.<sup>52</sup> Religion becomes a negative biologicistic trait of minorities in the West. Biologism reifies race as a biological condition. Research on fatalism also reifies negative beliefs about race, suggesting that minorities in the West are inherently less healthy and bring negative health conditions upon themselves. Further, instead of helping to eliminate racism and poor social conditions under which many minorities in the West live,

including lack of access to healthcare, nutritious food, wealth, education, and information, resources go toward addressing a problem that is not a problem: minority religious belief. Continually positioning minority religion, masked as fatalism, as a health risk also drives a narrative of the need to alter or influence minority cultural beliefs. It likely also threatens minority cultural identity. Individuals may fear the risk of practicing their religious belief, both because they may perceive it as a risk to their health given the scientific attention focused on it, and because they may fear being further stigmatized for their race and religious practice if public health experts position such practice as a public health risk.

Nancy Kreiger's scholarship on epidemiology explains how the stereotype that African Americans bring their health disparity upon themselves traces back to seventeenth century natural philosophy and has been reinforced by U.S. public health policies, particularly those of the eugenics era.<sup>53</sup> Indeed, Kelly Happe's genomic and epigenetic rhetorical scholarship argues that the racist ideology of eugenics continues in genomic and epigenetic medicine today.<sup>54</sup> Condit also illustrates how racial ideology persists in genomic research even though scientists know better.<sup>55</sup> Health disparity research that focuses on fatalism also reinforces negative health-related stereotypes by suggesting that African American religious belief, or African American pessimism about health-related self-efficacy or about the medical establishment's willingness or ability to help, contributes to African American health disparity.

Miscommunication regarding the word fatalism in the context of health research leads a significant number of health researchers, and consequently the public, to assume that internalization of a religious or philosophical conceptualization of fatalism plays a causal role in health disparity because the belief makes minorities in the West resistant to positive health behaviors. The assumption then serves as a problematization that distracts public health efforts from focusing on actual causes of health disparity such as lack of access to care and wealth and the effects of the lived experience of race, including well-founded fear of medical authority and stress-induced illness. Because fatalism continues and because health disparity continues, researchers continue searching for a causal relationship. Their continued search further suggests that the problem is racially-biologically inherent rather than resulting from a socially produced condition.

### **Conclusion:**

A review of the application of the word fatalism in health contexts and health research in light of Abbott's analysis suggests that the meaning of fatalism may complicate even the best efforts and intentions to determine more precise meaning. Even though differences in meaning may seem too nuanced to be consequential, the distinction is significant, and the effects are also significant, even, as Abbott suggests, egregious. In an effort to determine an individual's fatalistic beliefs, researchers could inevitably

interpret and categorize phrases under the various instantiations of fatalism and confuse spirituality, even among individuals who claim to not be religious, as indication of a limited internal locus of control when that is not the case. Rather than expressing an acquiescence of self-power to God or other external forces, individuals are likely projecting their acceptance of the awareness that certain things are out of their control, and they are ok with it. Further, they are ok with God and will work with and through God to resolve their health as best they can even if their understanding of God remains an ineffable expression.

That social conditions beyond the control of people who suffer from their inadequacy persist is a terrible injustice. However, individuals who cultivate spirituality to the point that they practice spiritual acceptance of these conditions and compassion even toward those who discriminate against them, presents a sacred spiritual ideology that deserves not just respect but support. Such spiritual ideology can promote peace and further disrupt racial ideology. Trying to change that seems dangerously ethnocentric. Further, it does not reduce health disparity. From a spiritual perspective, compassionate acceptance of a health condition does not mean giving up. It means being ok. Although participants talk the language of acceptance, it does not mean that they are fatalistic in the ways that scientists perceive. Indeed, individuals who suffer from racial discrimination have very good reasons to justify a resistance to complying with medical authority. Given the statistics of cancer incidence among minorities in the West and given the social conditions that limit self-efficacy, expressing pessimism is not fatalistic in a spiritual or scientific sense. Rather, it seems logical based on experience.

Decreasing health disparity requires changing the material conditions that challenge self-efficacy for those who suffer from disparate health conditions. Further, while it is possible that health disparities researchers could know a great deal about the theological and philosophical aspects of fatalism, it seems highly unlikely that they could know enough about how participants perceive of that knowledge, given everyone's unique experience of these blended constructs. While cultural groups may share aspects of certain beliefs and practices, spirituality even among organized religious groups is a highly individualized experience. To be able to quantify it accurately let alone usefully according to responses to scripted and arguably cryptic questions about fatalism so as to determine an individual's level of its relation to health decisions they might make and might enact or not, despite what they say, seems dangerously idealistic. Why not let spirituality do its good work and just focus on changing the social conditions that cause disparity, like racism and lack of access to care, wealth, health information, and education?

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