

DAILY SPIRITUAL EXPERIENCE SCALE (DSES)

Reference:

Underwood, L. G. & Teresi, J. (2002). The Daily Spiritual Experience Scale: Development, theoretical description, reliability, exploratory factor analysis, and preliminary construct validity using health related data. *Annals of Behavioral Medicine*, 24, 22-33.

Description of Measure:

A 16-item self-report measure of spiritual experience. It specifically aims to measure ordinary, or daily, spiritual experiences – not mystical experiences (e.g., hearing voices) – and how they are an everyday part of the individual's life. The first 15 items of the questionnaire are measured on a 6-point Likert-type scale: many times a day, every day, most days, some days, once in a while, and never or almost never. Item 16 is measured on a 4-point scale: Not Close at All, Somewhat Close, Very Close, As Close as Possible.

Abstracts of Selected Related Articles:

Ano, Gene G. Vasconcelles, Erin B. (2005) Religious coping and psychological adjustment to stress: A meta-analysis. *Journal of Clinical Psychology* 61:4, 461

A growing body of literature suggests that people often turn to religion when coping with stressful events. However, studies on the efficacy of religious coping for people dealing with stressful situations have yielded mixed results. No published studies to date have attempted to quantitatively synthesize the research on religious coping and psychological adjustment to stress. The purpose of the current study was to synthesize the research on situation-specific religious coping methods and quantitatively determine their efficacy for people dealing with stressful situations. A meta-analysis of 49 relevant studies with a total of 105 effect sizes was conducted in order to quantitatively examine the relationship between religious coping and psychological adjustment to stress. Four types of relationships were investigated: positive religious coping with positive psychological adjustment, positive religious coping with negative psychological adjustment, negative religious coping with positive psychological adjustment, and negative religious coping with negative psychological adjustment. The results of the study generally supported the hypotheses that positive and negative forms of religious coping are related to positive and negative psychological adjustment to stress, respectively. Implications of the findings and their limitations are discussed.

Idler, E., Musick, M. A., Ellison, C. G. et al. (2003). Measuring multiple dimensions of religion and spirituality for health research: Conceptual background and findings from the 1998 General Social Survey. *Research on Aging*, 25, 327-365.

Progress in studying the relationship between religion and health has been hampered by the absence of an adequate measure of religiousness and spirituality. This article reports on the conceptual and empirical development of an instrument to measure religiousness and spirituality, intended explicitly for studies of health. It is multidimensional to allow investigation of multiple possible mechanisms of effect, brief enough to be included in clinical or epidemiological surveys, inclusive of both traditional religiousness and noninstitutionally based spirituality, and appropriate for diverse Judeo-Christian populations. The measure may be particularly useful for studies of health in elderly populations in which religious involvement is higher. The measure was tested in the nationally representative 1998 General Social Survey ($N = 1,445$). Nine dimensions have indices with moderate-to-good internal consistency, and there are three single-item domains. Analysis by age and sex shows that elderly respondents report higher levels of religiousness in virtually every domain of the measure.



Moss, E. L. & Dobson, K. S. (2006). Psychology, spirituality, and end-of-life care: An ethical integration?. *Canadian Psychology, 47*, 284-299.

With an increased focus on multidisciplinary care, psychologists are being called to work within palliative care teams. Spirituality is often a salient issue for palliative individuals, and has significant implications with respect to psychological functioning. This paper discusses the incorporation of spirituality/religion into psychological end of life care, with a focus on the biopsychosocial-spiritual model of health, and the consideration of spirituality/religion as an aspect of cultural diversity. Discussion also surrounds the ethical integration of spirituality/religion into psychological assessment and treatment, as well as recommendations for clinical training. An overall theme of this article is that attending to the spiritual needs of palliative individuals is important to fulfill one's ethical responsibilities as a psychologist. Thus, seeking ways to ethically integrate these concepts into psychology training and practice remains an essential endeavor.

Scale

The list that follows includes items which you may or may not experience, please consider how often you directly have this experience, and try to disregard whether you feel you should or should not have these experiences. A number of items use the word God. If this word is not a comfortable one for you, please substitute another idea which calls to mind the divine or holy for you

	<i>Many Times a Day</i>	<i>Everyday</i>	<i>Most Days</i>	<i>Some Days</i>	<i>Once in a While</i>	<i>Never or Almost Never</i>
I feel God's presence	1	2	3	4	5	6
I experience a connection all life	1	2	3	4	5	6
During worship, or at other times when connecting with God, I feel joy, which lifts me out of my daily concerns.	1	2	3	4	5	6
I find strength in my religion or spirituality	1	2	3	4	5	6
I find comfort in my religion or spirituality	1	2	3	4	5	6
I feel deep inner peace or harmony	1	2	3	4	5	6
I ask for God's help in the midst of daily activities	1	2	3	4	5	6
I feel God's love for me directly	1	2	3	4	5	6
I feel God's love for me through others	1	2	3	4	5	6
I am spiritually touched by the beauty of creation	1	2	3	4	5	6
I feel thankful for my blessings	1	2	3	4	5	6
I feel a selfless caring for others	1	2	3	4	5	6
I accept others even when they do things that I think are wrong	1	2	3	4	5	6
I desire to be closer to God or in union with Him	1	2	3	4	5	6
	Not Close at All	Somewhat Close	Very Close	As Close as Possible		
In general, how close to you feel to God?	1	2	3	4		

Scoring



The first 15 items are usually scored together as a full scale score – the score is kept continuous. Item 16 is scored separately.

Dr. Underwood requests that researchers link to her website, <http://www.dsescala.org/> for more information on the most current articles concerning the scale. Please also see <http://www.dsescala.org/OrdSpirExper.pdf> for more information on Scoring.

SPIRITUAL EXPERIENCE INDEX (SEI)

Reference:

Genia, V. (1991). The spiritual experience index: A measure of spiritual maturity. *Journal of Religion and Health, 30*, 337-347.

Description of Measure:

A 38-item scale designed to measure individual faith and spiritual journey which aims to avoid questions associated with any specific religious tradition. Respondents answer each question using a 6-point Likert-type scale, ranging from Strongly Disagree to Strongly Agree.

Abstracts of Selected Related Articles:

Genia, V. (1997). The Spiritual Experience Index: Revision and reformulation. *Review of Religious Research, 38*, 344-361

An expanded analysis of the original Spiritual Experience Index yielded two distinct dimensions. The item groupings with the highest factor loadings were identified as the Spiritual Support and the Spiritual Openness subscales. The analysis provided preliminary evidence for the internal consistency and construct validity of SS and SO. The possibilities of using scale scores on both dimensions to categorize individuals into four spiritual types were also explored.

Mansfield, C. J., Mitchell, J., King, D. E. (2002). The doctor as God's mechanic? Beliefs in Southeastern United States. *Social Science and Medicine, 54*, 399-409.

Spiritual practice and beliefs related to healing are described using data from a telephone survey. Questions in the survey address the practice of prayer and spiritual beliefs related to healing. Questions explore belief in miracles, that God acts through religious healers, the importance of God's will in healing, and that God acts through physicians. Questions also ask whether people discuss spiritual concerns with their physician and whether they would want to if seriously ill. We create a composite index to compare religious faith in healing across race, gender, education, income denomination, and health status. Logistic regression predicts types of patients who believe God acts through physicians and those inclined to discuss spiritual concerns when ill. The most important findings are that: 80% of respondents believe God acts through physicians to cure illness, 40% believe God's will is the most important factor in recovery, and spiritual faith in healing is stronger among women, African-Americans, Evangelical Protestants, the poorer, sicker, and less educated. Those who believe that God acts through physicians are more likely to be African-American than White (OR=1.9) and 55 or older (OR=3.5). Those who discuss spiritual concerns with a physician are more likely to be female (OR=1.9) and in poor health (OR=2.1). Although 69% say they would want to speak to someone about spiritual concerns if seriously ill, only 3% would choose to speak to a physician. We conclude that religious faith in healing is prevalent and strong in the southern United States and that most people believe that God acts through doctors. Knowledge of the phenomena and variation across the population can guide inquiry into the spiritual concerns of patients.

Tate, D.G. & Forchheimer, M. (2002). Quality of life, life satisfaction, and spirituality: Comparing outcomes between rehabilitation and cancer patients. *American Journal of Physical Medicine and Rehabilitation, 81*, 400-410.



Objective: To determine differences in quality of life, life satisfaction, and spirituality across different patient groups and to determine what factors may relate to these three outcomes across rehabilitation and cancer patients.

Design: Subjects were first stratified by five diagnostic groupings. Patient data were then regrouped for additional analytic purposes into two large cohorts. All subjects completed questionnaires once. Differences in scores and correlations were computed, and regression models were specified.

Results: Group differences were found across the quality of life measures used in the study. There were also differences in life satisfaction and spiritual well-being. Spirituality was found to be associated with both quality of life and life satisfaction, although it was not a significant predictor in a multivariate context.

Conclusions: In general, subjects with prostate cancer reported higher scores across all measures. Spirituality showed a strong association with both life satisfaction and quality of life, and it was a significant predictor of life satisfaction among rehabilitation subjects. Factors such as age, marital status, and work status, in addition to specific dimensions of quality of life, such as social functioning and functional well-being, were found to be associated with total quality of life.

Scale:

Please indicate to what extent you agree or disagree with the following statements.

1= Strongly Disagree, 2= Disagree, 3= Somewhat Disagree, 4= Somewhat Agree, 5= Agree, 6= Strongly Agree

1. I often feel closely related to a power greater than myself.	1	2	3	4	5	6
2. I often feel that I have little control over what happens to me.	1	2	3	4	5	6
3. My faith gives my life meaning and purpose.	1	2	3	4	5	6
4. My faith is a way of life.	1	2	3	4	5	6
5. Ideas from faiths different from my own may increase my understanding of spiritual truth.	1	2	3	4	5	6
6. One should not marry someone of a different faith.	1	2	3	4	5	6
7. My faith is an important part of my individual identity.	1	2	3	4	5	6
8. My faith helps me to confront tragedy and suffering.	1	2	3	4	5	6
9. My faith is often a deeply emotional experience.	1	2	3	4	5	6
10. It is difficult for me to form a clear, concrete image of God.	1	2	3	4	5	6
11. I believe that there is only one true faith.	1	2	3	4	5	6
12. It is important that I follow the religious beliefs of my parents.	1	2	3	4	5	6
13. Learning about different faiths is an important part of my spiritual development.	1	2	3	4	5	6
14. I often think about issues concerning my faith.	1	2	3	4	5	6
15. If my faith is strong enough, I will not experience doubt.	1	2	3	4	5	6
16. Obedience to religious doctrine is the most important aspect of my faith.	1	2	3	4	5	6
17. My relationship to God is experienced as unconditional love.	1	2	3	4	5	6
18. My spiritual beliefs change as I encounter new ideas and experiences.	1	2	3	4	5	6
19. I am sometimes uncertain about the best way to resolve a moral conflict.	1	2	3	4	5	6
20. I often fear God's punishment.	1	2	3	4	5	6
21. Although I sometimes fall short of my spiritual ideals, I am still basically a good and worthwhile person.	1	2	3	4	5	6



22. A primary purpose of prayer is to avoid personal tragedy.	1	2	3	4	5	6
23. I can experience spiritual doubts and still remain committed to my faith.	1	2	3	4	5	6
24. I believe that the world is basically good.	1	2	3	4	5	6
25. My faith enables me to experience forgiveness when I act against my moral conscience.	1	2	3	4	5	6
26. It is important that my spiritual beliefs conform with those of persons closest to me.	1	2	3	4	5	6
27. Persons of different faiths share a common spiritual bond.	1	2	3	4	5	6
28. I gain spiritual strength by trusting in a higher power.	1	2	3	4	5	6
29. There is usually only one right solution to any moral dilemma.	1	2	3	4	5	6
30. I make a conscious effort to live in accordance with my spiritual values.	1	2	3	4	5	6
31. I feel a strong spiritual bond with all of humankind.	1	2	3	4	5	6
32. My faith is a private experience which I rarely, if ever, share with others.	1	2	3	4	5	6
33. Sharing my faith with others is important for my spiritual growth.	1	2	3	4	5	6
34. I never challenge the teachings of my faith.	1	2	3	4	5	6
35. I believe that the world is basically evil.	1	2	3	4	5	6
36. Religious scriptures are best interpreted as symbolic attempts to convey ultimate truths.	1	2	3	4	5	6
37. My faith guides my whole approach to life.	1	2	3	4	5	6
38. Improving the human community is an important spiritual goal.	1	2	3	4	5	6

Scoring

Scoring is kept continuous. Items 2, 6, 11, 12, 15, 16, 20, 22, 26, 29, 32, 34, and 35 are reverse sc



SPIRITUAL EXPERIENCE INDEX – REVISED (SEI-R)

Reference:

Genia, V. (1997). The Spiritual Experience Index: Revision and reformulation. *Review of Religious Research, 38*, 344-361

Description of Measure:

A 23-item scale that measures faith and spiritual journey, aiming to not impose any particular faith as part of the questions. This questionnaire is a revised version of the Spiritual Experience Index. Mainly, the original has been shortened, and, through factor analysis, been revised into two subscales: Spiritual Support (13 questions) and Spiritual Openness (10 questions).

Abstracts of Selected Related Articles:

Genia, V. (1991). The spiritual experience index: A measure of spiritual maturity. *Journal of Religion and Health, 30*, 337-347.

The Spiritual Experience Index was developed to measure spiritual maturity in persons of diverse religious and spiritual beliefs. The scale was constructed from a developmental rather than a multidimensional conceptualization of faith. Initial findings from a religiously heterogeneous college sample indicated good reliability for the SEI and supported its use as a unidimensional measure. Higher scores on the SEI were significantly related to lower dogmatism and intolerance of ambiguity. The SEI was also moderately related to higher religious participation and positively correlated with intrinsicness and quest. However, compared with the intrinsic and quest scales, the SEI emerged as the strongest indicator of adaptive spiritual functioning. Directions for future research are suggested.

Kroll, J. & Erikson, P. (2002). Religion and psychiatry. *Current Opinion in Psychiatry, 15*, 549-554.

There has been not quite a sea change, but a slow steady increase in the number of articles touching upon religious issues in the psychiatric literature. The breadth of topics is much the same as before, ranging from studies of the association (and presumed causal relationship) between religious (and spiritual) beliefs and practices and recovery rates from various illnesses, to the characteristics of individuals who do and do not place religion centrally in their lives, to discussions of the value of collaborations between clerical and psychological practitioners. Many studies still tack on a few religious variables as their measure of religiosity (church attendance and denomination) within a broader medical study, thus limiting confidence in the significance of findings. Nevertheless, even these studies provide interest and direction for future research.

Dein, S. (2005). Spirituality, psychiatry, and participation: A cultural analysis. *Transcultural Psychiatry, 42*, 526-544.

This article begins by asking whether religion and spirituality are useful terms for cross-cultural comparisons. After discussing the increasing distinction between religion and spirituality in Western cultures, it points out how the terms religion and spirituality are used in divergent ways in the literature and the need for conceptual clarification in this area. Broadly, spirituality relates to interconnectedness, ultimate meaning or life force itself. The current use of the term spirituality in Western cultures derives both from Christian spirituality and 'New Age' thinking, which often appropriates ideas from Eastern religious traditions. The sociocultural roots of this division are complex, involving both growth of individualism, the pursuit of meaning and discontent with materialism and scientific rationalism. This situation is contrasted with other



monotheistic religions where there is no distinction between religion and spirituality. This turn to spirituality has influenced health care professionals' conceptualizations of health and healing. The implications for psychiatry are discussed. I conclude that spirituality is a way of 'being in the world' and shares affinities with Tambiah's notion of a participatory mode of thinking.

Scale:

Please indicate to what extent you agree or disagree with the following statements.

1= Strongly Disagree, 2= Disagree, 3= Somewhat Disagree, 4= Somewhat Agree, 5= Agree, 6= Strongly Agree

<i>Spiritual Support Subscale</i>						
1. I often feel strongly related to a power greater than myself.	1	2	3	4	5	6
2. My faith gives my life meaning and purpose.	1	2	3	4	5	6
3. My faith is a way of life.	1	2	3	4	5	6
4. I often think about issues concerning my faith.	1	2	3	4	5	6
5. My faith is an important part of my individual identity.	1	2	3	4	5	6
6. My relationship to God is experienced as unconditional love.	1	2	3	4	5	6
7. My faith helps me to confront tragedy and suffering.	1	2	3	4	5	6
8. I gain spiritual strength by trusting in a higher power.	1	2	3	4	5	6
9. My faith is often a deeply emotional experience.	1	2	3	4	5	6
10. I make a conscious effort to live in accordance with my spiritual values.	1	2	3	4	5	6
11. My faith enables me to experience forgiveness when I act against my moral conscience.	1	2	3	4	5	6
12. Sharing my faith with others is important for my spiritual growth.	1	2	3	4	5	6
13. My faith guides my whole approach to life.	1	2	3	4	5	6
<i>Spiritual Openness Subscale</i>						
1. I believe that there is only one true faith.	1	2	3	4	5	6
2. Ideas from faiths different from my own may increase my understanding of spiritual truth.	1	2	3	4	5	6
3. One should not marry someone of a different faith.	1	2	3	4	5	6
4. I believe that the world is basically good.	1	2	3	4	5	6
5. Learning about different faiths is an important part of my spiritual development.	1	2	3	4	5	6
6. I feel a strong spiritual bond with all of humankind.	1	2	3	4	5	6
7. I never challenge the teachings of my faith.	1	2	3	4	5	6
8. My spiritual beliefs change as I encounter new ideas and experiences.	1	2	3	4	5	6
9. Persons of different faiths share a common spiritual bond.	1	2	3	4	5	6
10. I believe that the world is basically evil.	1	2	3	4	5	6

Scoring:

Items 1, 3, 7, 10 in the Spiritual Openness Subscale are reverse-scored. Each subscale is scored separately. Scoring is kept continuous.

QUEST SCALE

Reference:

Batson, C. D. & Schoenrade, P. A. (1991). Measuring religion as a quest: 2.) Reliability concerns. *Journal of Scientific Study of Religion*, 30, 430-447.

Description of Measure:

A 12-item measure of the respondent's perception of religion as a quest. The authors propose that there are 3 dimensions to personal religion: Intrinsic, Extrinsic, and Religion as a Quest. This measure is designed to gauge the 3rd dimension. Religion as a quest is defined by the authors as "openly facing complex, existential questions ... and resisting clear-cut, pat answers (p. 430)." This measure is further divided into 3 subscales which together make up this 3rd dimension: (1) Readiness to Face Existential Questions without Reducing their Complexity, (2) Self-Criticism and Perception of Religious Doubt as Positive, (3) Openness to Change. Respondents answer each item on a 9-point scale ranging from 1 (strongly disagree) to 9 (strongly agree).

Abstracts of Selected Related Articles:

Genia, V. (1996). I., E., Quest, and fundamentalism as predictors of psychological and spiritual well-being. *Journal for the Scientific Study of Religion*, 35, 56-64.

This study examined how social desirability and religious fundamentalism may moderate relationships between religious orientation and measures of psychological and spiritual health. Intrinsic scorers scored higher on fundamentalism but were not susceptible to a social desirability response bias. In multiple regression equations, intrinsic religion emerged as the strongest predictor of psychospiritual health. Fundamentalism added little or no variance in predicting psychological or spiritual well-being. Quest yielded negative correlations with social desirability and fundamentalism. High quest scorers also reported more personal distress and lower spiritual well-being. Social extrinsicness (Es) was unrelated to psychological or spiritual health whereas personal extrinsicness (Ep) predicted higher personal distress when social desirability and fundamentalism were controlled. Ep was also associated with a satisfying relationship with God but was unrelated to a sense of life satisfaction. With the exception of the extrinsic subscales, all religious measures exhibited good psychometric qualities. Ep and Es suffered from weak internal consistency

Batson, C. D. & Schoenrade, P. A. (1991). Measuring religion as a quest: 2.) Reliability concerns. *Journal of Scientific Study of Religion*, 30, 416-429

In this paper, concerns are addressed regarding the validity of the Quest scale introduced by Batson (1976) and Batson and Ventis (1982). Some have wondered whether this scale might be more a measure of agnosticism, of anti-orthodoxy, of sophomoric religious doubt, or of religious conflict, if indeed, it is a measure of anything religious at all. We have reviewed the available evidence regarding validity, much of which has appeared in unpublished research reports, theses, dissertations, or convention papers, and thus has not been widely available. Based on the evidence, we have concluded that the Quest scale does indeed measure a dimension of personal religion very much like the one it was designed to measure: an open-ended, active approach to existential questions that resists clear cut, pat answers. Concerns regarding the reliability of the Quest scale, which have proved more persistent, are addressed in a companion paper. .

Genia, V. (1991). The spiritual experience index: A measure of spiritual maturity. *Journal of Religion and Health*, 30, 337-347.



The Spiritual Experience Index was developed to measure spiritual maturity in persons of diverse religious and spiritual beliefs. The scale was constructed from a developmental rather than a multidimensional conceptualization of faith. Initial findings from a religiously heterogeneous college sample indicated good reliability for the SEI and supported its use as a unidimensional measure. Higher scores on the SEI were significantly related to lower dogmatism and intolerance of ambiguity. The SEI was also moderately related to higher religious participation and positively correlated with intrinsicness and quest. However, compared with the intrinsic and quest scales, the SEI emerged as the strongest indicator of adaptive spiritual functioning. Directions for future research are suggested.

Scale:

Please indicate to what extent you agree or disagree with the following statements.

1 = Strongly Disagree.....9 = Strongly Agree

<i>Readiness to face existential questions without reducing their complexity</i>									
1. I was not very interested in religion until I began to ask questions about the meaning and purpose of my life.	1	2	3	4	5	6	7	8	9
2. I have been driven to ask religious questions out of a growing awareness of the tensions in my world and in my relation to my world.	1	2	3	4	5	6	7	8	9
3. My life experiences have led me to rethink my religious convictions.	1	2	3	4	5	6	7	8	9
4. God wasn't very important for me until I began to ask questions about the meaning of my own life.	1	2	3	4	5	6	7	8	9
<i>Self-criticism and perception of religious doubt as positive</i>									
5. It might be said that I value my religious doubts and uncertainties.	1	2	3	4	5	6	7	8	9
6. For me, doubting is an important part of what it means to be religious.	1	2	3	4	5	6	7	8	9
7. I find religious doubts upsetting.	1	2	3	4	5	6	7	8	9
8. Questions are far more central to my religious experience than are answers.	1	2	3	4	5	6	7	8	9
<i>Openness to change</i>									
9. As I grow and change, I expect my religion also to grow and change.	1	2	3	4	5	6	7	8	9
10. I am constantly questioning my religious beliefs.	1	2	3	4	5	6	7	8	9
11. I do not expect my religious convictions to change in the next few years.	1	2	3	4	5	6	7	8	9
12. There are many religious issues on which my views are still changing.	1	2	3	4	5	6	7	8	9

Scoring:

Items 7 and 11 are reverse scored. Scoring can be at the subscale level or as a whole. Scoring is kept continuous.



RELIGIOUS FUNDAMENTALISM SCALE

Reference:

Altemeyer, B. & Hunsberger, B. (1992). Authoritarianism, religious fundamentalism, quest and prejudice. *International Journal for the Psychology of Religion*, 2, 113-133.

Description of Measure:

A 20-item scale designed to measure militant conservative belief. Respondents answer the items using a 9-point scale. 10 items are worded in a portrait direction and 10 items in a contra-orientation direction.

Abstracts of Selected Related Articles:

Hunsberger, B. (1996). Religious fundamentalism, right-wing authoritarianism, and hostility toward homosexuals in non-Christian religious groups. *International Journal for the Psychology of Religion*, 6, 39-49.

In this article, I extend the work of Altemeyer and Hunsberger (1992) on religious fundamentalism to several non-Christian groups. The psychometric properties of the Religious Fundamentalism scale remained strong among small, self-selected samples of adults from Muslim, Hindu, and Jewish backgrounds. Also, as in past research with persons from Christian backgrounds, correlations from .42 to .74 emerged among scores on the Religious Fundamentalism, Right-Wing Authoritarianism, and Attitudes Toward Homosexuals scales (Altemeyer and Hunsberger, 1992). That is, the religious fundamentalists within each of four religious groups tended to be authoritarian and to have hostile attitudes toward homosexuals. Within the limitations of the present samples, the findings provide initial evidence that fundamentalists in many religions may tend to be authoritarian and hostile toward homosexuals, that religious fundamentalism may consist of essentially the same attitudes in these four major religious groups, and can be measured with some efficiency with the Religious Fundamentalism scale.

Genia, V. (1996). I., E., Quest, and fundamentalism as predictors of psychological and spiritual well-being. *Journal for the Scientific Study of Religion*, 35, 56-64.

This study examined how social desirability and religious fundamentalism may moderate relationships between religious orientation and measures of psychological and spiritual health. Intrinsic scorers scored higher on fundamentalism but were not susceptible to a social desirability response bias. In multiple regression equations, intrinsic religion emerged as the strongest predictor of psychospiritual health. Fundamentalism added little or no variance in predicting psychological or spiritual well-being. Quest yielded negative correlations with social desirability and fundamentalism. High quest scorers also reported more personal distress and lower spiritual well-being. Social extrinsicness (Es) was unrelated to psychological or spiritual health whereas personal extrinsicness (Ep) predicted higher personal distress when social desirability and fundamentalism were controlled. Ep was also associated with a satisfying relationship with God but was unrelated to a sense of life satisfaction. With the exception of the extrinsic subscales, all religious measures exhibited good psychometric qualities. Ep and Es suffered from weak internal consistency.

Pargament, K. I. (2002). The bitter and the sweet: An evaluation of the costs and benefits of religiousness. *Psychological Inquiry*, 13, 168-181.

Psychologists have tended to view religion from a distance as a global, undifferentiated, stable process that is largely good or largely bad. This article presents a more fine-grained analysis of religion and its implications for well-being, positive and negative. The empirical literature points to five conclusions. First, some forms of religion are more helpful than others. Well-being has been linked positively to a religion that is internalized, intrinsically motivated, and based on a secure



relationship with God and negatively to a religion that is imposed, unexamined, and reflective of a tenuous relationship with God and the world. Second, there are advantages and disadvantages to even controversial forms of religion, such as fundamentalism. Third, religion is particularly helpful to socially marginalized groups and to those who embed religion more fully in their lives. Fourth, religious beliefs and practices appear to be especially valuable in stressful situations that push people to the limits of their resources. Finally, the efficacy of religion is tied to the degree to which it is well integrated in the individual's life. These conclusions belie stereotypes or simple summaries about religion. Instead, they suggest that religion is a richer, more complex process than psychologists have imagined, one that has the potential both to help and to harm. Questions about the general efficacy of religion should give way to the more difficult but more appropriate question, How helpful or harmful are particular forms of religious expression for particular people dealing with particular situations in particular social contexts according to particular criteria of helpfulness or harmfulness?

Scale: Please contact Dr. Altemeyer directly concerning permission to use items.

REVISED RELIGIOUS FUNDAMENTALISM SCALE

Reference:

Altemeyer, B. & Hunsberger, B. (2004). A revised Religious Fundamentalism Scale: The short and sweet of it. *International Journal for the Psychology of Religion*, 14, 47-54.

Description of Measure:

This revised version of Altemeyer and Hunsberger's original Religious Fundamentalism Scale (see Religious Fundamentalism Scale on this website) aimed to improve the original in two ways: (1) Measure all aspects of fundamentalism as best as possible and (2) Shorten it. Thus, the revised version has only 12 statements, is more internally consistent, and broader. Respondents answer each item on a 9-point scale.

Abstracts of Selected Related Articles:

Altemeyer, B. & Hunsberger, B. (1992). Authoritarianism, religious fundamentalism, quest and prejudice. *International Journal for the Psychology of Religion*, 2, 113-133.

Five studies of university students and their parents were carried out to investigate the relationships among right-wing authoritarianism, various indices of religious orientation, and prejudice. Measures of religious fundamentalism, and religious quest, developed for this research, proved to be psychometrically sound, and were good discriminators between prejudiced and unprejudiced persons, across a variety of different measures of prejudice and authoritarian aggression. Scores on both Religious Fundamentalism and Religious Quest scales also were correlated strongly with right-wing authoritarianism and the Christian Orthodoxy scale, although orthodoxy itself tended not to be correlated with prejudice. Apparently, religious fundamentalism and nonquesting are linked with authoritarianism and prejudice toward a wide variety of minority groups. Possible explanations for these relationships are discussed.

Hunsberger, B. (1996). Religious fundamentalism, right-wing authoritarianism, and hostility toward homosexuals in non-Christian religious groups. *International Journal for the Psychology of Religion*, 6, 39-49.

In this article, I extend the work of Altemeyer and Hunsberger (1992) on religious fundamentalism to several non-Christian groups. The psychometric properties of the Religious Fundamentalism scale remained strong among small, self-selected samples of adults from Muslim, Hindu, and Jewish backgrounds. Also, as in past research with persons from Christian backgrounds, correlations from .42 to .74 emerged among scores on the Religious Fundamentalism, Right-Wing Authoritarianism, and Attitudes Toward Homosexuals scales (Altemeyer and Hunsberger, 1992). That is, the religious fundamentalists within each of four religious groups tended to be authoritarian and to have hostile attitudes toward homosexuals. Within the limitations of the present samples, the findings provide initial evidence that fundamentalists in many religions may tend to be authoritarian and hostile toward homosexuals, that religious fundamentalism may consist of essentially the same attitudes in these four major religious groups, and can be measured with some efficiency with the Religious Fundamentalism scale.

Pargament, K. I. (2002). The bitter and the sweet: An evaluation of the costs and benefits of religiousness. *Psychological Inquiry*, 13, 168-181.

Psychologists have tended to view religion from a distance as a global, undifferentiated, stable process that is largely good or largely bad. This article presents a more fine-grained analysis of religion and its implications for well-being, positive and negative. The empirical literature points to five conclusions. First, some forms of religion are more helpful than others. Well-being has been



linked positively to a religion that is internalized, intrinsically motivated, and based on a secure relationship with God and negatively to a religion that is imposed, unexamined, and reflective of a tenuous relationship with God and the world. Second, there are advantages and disadvantages to even controversial forms of religion, such as fundamentalism. Third, religion is particularly helpful to socially marginalized groups and to those who embed religion more fully in their lives. Fourth, religious beliefs and practices appear to be especially valuable in stressful situations that push people to the limits of their resources. Finally, the efficacy of religion is tied to the degree to which it is well integrated in the individual's life. These conclusions belie stereotypes or simple summaries about religion. Instead, they suggest that religion is a richer, more complex process than psychologists have imagined, one that has the potential both to help and to harm. Questions about the general efficacy of religion should give way to the more difficult but more appropriate question, How helpful or harmful are particular forms of religious expression for particular people dealing with particular situations in particular social contexts according to particular criteria of helpfulness or harmfulness?

Scale: Please contact Dr. Altemeyer directly concerning permission to use items.