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WAYS OF APPROACHING RELIGIOSITY IN PSYCHOLOGICAL RESEARCH

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Abstract

The present paper analyses different approaches of religiosity in the psychological researches. We intend to explain the concept of religiosity, the distinction in the psychology field between religiosity and spirituality, religiosity dimensions and the main issues to be taken into account in measuring religiosity. In the analysis of the religiosity dimensions we refer to the hierarchical model of religiosity organization (Tsang and McCullough, 2003), which argues that religiosity is manifested at two levels: the dispositional level, reflecting the interindividual differences on religious features and the operational level, which refers to the interindividual diversity in the expression of religiosity. Regarding the measurement of religiosity, we analyze the conceptual clarity of the measured dimensions, the psychometric aspects of the religiosity measurement instruments, the sample representativeness and the cultural sensitivity of the instruments measuring religiosity. Throughout the article we present the results of some researches on the implications of the religiosity dimensions on the personal and family mental health.

Key Words: Religiosity, Spirituality, Dispositional Level of Religiosity, Operational Level of Religiosity, Measurement of Religiosity.

1. Introduction

In the past years there has been a change from negative attitudes in psychology, concerning religion, to the identification of more positive relations between religion and different aspects of mental health. Recent research proves that some forms of religiosity are associated with low levels of depression (McCullough and Larson, 1999), a personal well-being (Koenig, 2001), positive social attitudes (Baton et. al, 1993), a low risk of divorce and an increase in the degree of marital functionality (Mahoney, Pargament, Tarakeshwar and Swank, 2001). Tsang and McCullough (2003) present religiosity as a relevant construct for positive psychology because some forms of religiosity correlate significantly with physical and mental health, tolerance, pro-social behaviour and positive interpersonal relationships.

There are studies that try to explain the procedures and mechanisms through which religiosity influences mental health. Haugh (1998) presents four dimensions of spirituality that influence the functionality of a human being: the *cognitive* one (interpreting life's happenings through spirituality, accepting the past, appreciating the present, and looking hopefully to the

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future); the *behaviourist* one (the religious rituals and practices through which the individual sees himself, the others and the community); the *affective* one (spirituality breeds hope, love, care, security); the *developmental* one (living spirituality throughout life, as the individual integrates the lessons and experiences of life).

Religion serves multiple purposes in daily life in periods of crises. Pargament (2000) identifies five key functions of religion in conformity with the ways of approaching religion throughout time : 1. *significance/ sense* - according to Clifford Geertz (1966), religion plays a key role in the quest for significance ; when faced with sufferance or difficult situations in life, religion offers a frame for understanding and interpretation; 2. *control* - Erich Fromm (1950) emphasizes the role of religion in the search for control; when the individual has to face events that are beyond his own resources, it is religion that offers him methods of restoring the feeling of power and control; 3. *comfort/ spirituality* – according to Freudian thought, religion has the role of reducing the individual's anxiety in a world where disaster can strike at any time; spirituality and the desire to connect with a force beyond the individual is the basic function of religion ; 4. *intimacy/ spirituality* - Durkheim (1915) emphasizes the role of religion in facilitating social cohesion; religion is a mechanism for cultivating/growing social solidarity and social identity; intimacy with the others is encouraged through spiritual methods such as offering spiritual support to other people and by getting spiritual support form the clergymen; 5 *transformation/changes in life* – although, traditionally speaking, theorists see religion as playing a conservative role, by helping people maintain sense, control, comfort, intimacy and closeness to God, religion can also play an important part in the outset of major modifications through finding new meanings in life.

In the book *Happiness: Unlocking the Mysteries of Psychological Wealth*, Diener and Diener (1998) present a range of active ingredients for happiness, which are all linked to religion: encouraging beliefs (the belief in life after death), social support from the religious community, the connection with something permanent and important (religion has its own history, is shared by many people, it gives meaning to life), religious education (bringing up a child with religious beliefs and attending church are associated with happiness, even if that child will not be a religious person when adult; people who have grown up in a religious environment have a positive outlook upon the world, feel more secure, religious households offer more harmony, stability and intimacy that the non-religious ones), religious rituals (religious services, sounds, icons make the religious experience more profound).

In a study analyzing the ways in which religion influences marriage, Marks (2005) shows that religious convictions influence marriage thorough three channels: 1. religious convictions discourage divorce; 2. sharing the same religious convictions by the spouses makes them have similar views on family life; 3. faith in God protects marriage and represents the support that helps couples overcome difficult situations.

Mahoney et. al (2003) elaborate the theory of *sanctification of marriage* (a psychological process through which the aspects of life are perceived as having spiritual meaning) by proposing two different indicators for the sanctification of marriage: a. the individuals can perceive marriage as having sacred attributes; and b. the individuals feel that marriage is a manifestation of god.

Lambert and Dollahite (2008) insist that the inclusion of God in marriage leads to stable and enhanced marital involvement. By studying 57 very religious couples, of Christian, Jewish and Islamic religion, the authors identify the processes by which religiosity influences marital commitment: 1. including God as the third entity in marriage (a. the belief that God was at the basis of marriage, being the One that made it possible for the two spouses to meet, and b. the continuous presence of God in marriage); 2. the faith in marriage as a religious institution that can and must survive (a. a marriage must not be dissolved, leaving the marriage not being an option, and b. the marriage will last even after death); 3. finding a meaning by committing to

marriage (a. the religiosity ensures a sacred end by committing to marriage, and b. the religiosity offers prospects that help the couple stay involved in marriage despite the difficulties).

It is also important for the therapists to be ready to integrate their clients' religiosity in therapy. The popularity of religious/spiritual therapy has been on the increase during the last years. The arguments for using psychotherapy based on the integration of spirituality are: 1. the spirituality can be part of the solution for psychological problems; 2. the spirituality can be in itself a source of the problems; 3. people want spiritual help; 4. spirituality cannot be separated from psychotherapy. (Pargament, Murray-Swank and Tarakeshwar, 2005).

A big part of scientific research regarding the relationship between religion and mental health is done on people belonging to Neoprotestant religions and is conducted in the U.S.

Taking into account the Romanians' high degree of religiosity, we consider it important to study religiosity from a psychological perspective among the Romanian people of Orthodox religion. For eight out of ten Romanians religion plays an important role in life. Approximately 78% of the Romanians gave an affirmative answer to the question: "Is religion an important part of your daily life?" according to a Gallup poll quoted by the *EU Observer* in 2009. Due to its implications, it is very important for scientists and practitioners to measure different aspects of religiosity among the orthodox population. The research conducted in our county in the domain of integrating religion/spirituality in therapy is at its inception. There is one Research Centre of Pastoral Pedagogy and Orthodox Psychotherapy, functioning within the Faculty of Theology in Alba-Iulia, which focuses on religious counseling done by Orthodox priests.

2. Religiosity Versus Spirituality

Religiosity is a term difficult to define (Fetzer Institute, 1999, Hackney and Sanders, 2003). All the people who have approached this domain have found it difficult to define religiosity when this concept is the subject of scientific research. Thus, there are multiple definitions and models. The majority of theorists say there is a distinction between religiosity and spirituality.

Shafranske and Maloney (1990) define religiosity as representing the adherence to the practices and beliefs of an organized church or religious institution, while spirituality is seen as having a personal, experiential connotation. In this way, spirituality may or may not include religion, it can manifest itself within or without a religious context.

Religiosity is a multi-layered concept involving cognitive, emotional, motivational and behavioural aspects (Hackney and Sanders, 2003). Richards and Bergin (1997) see religion as a subset of the spiritual, considering that is possible for someone to be spiritual without being religious and to be religious without being spiritual. Being spiritual means having a transcendental relation with a superior being, whereas being religious means adopting a certain religious creed or church.

According to Hill et al. (2000), the terms religion and spirituality are kindred concepts rather than independent ones. The spirituality can be understood as a quest of the sacred, a process through which the people want to discover, encompass and bring the sacred into their lives and this process broadly takes place in a religious context, either traditional or non-traditional. Analyzing the history of the relationship between religion and spirituality, Hill et al. (2000) sustain that in the past there was a very strong bond between the two concepts, but at present a distinction between them is favoured. Zinnbauer et al. (1997) show that many people consider themselves spiritual without being religious. More and more, the word "spiritual" is used to describe religious spiritual experiences, while the word "religious" is used for institutionalized religiosity. Some people think that spirituality is a term with rather positive connotations, while religiosity implies rituals, being more outdated (Hill et al., 2000). However, defining spirituality and religion in terms of right -wrong or individual-institutional is

simplistic and does not include the interaction between the two constructs (Tsang and McCullough, 2003). For instance, three quarters of the participants in the study of Zinnbauer et al. (1997) identify themselves as being both spiritual and religious. Hill et al. (2000) assert that spirituality can be an inherent part of a person's religiosity. Therefore, it is possible for a person to be both spiritual and religious, or spiritual without being religious (the quest of the sacred outside the religious community), or religious without being spiritual (having non-sacred purposes in a religious context).

Tsang and McCullough (2003) insist that it is important that instruments which measure both spirituality and religiosity should be used in scientific research and that it is necessary to take into account both the overlapping, the interaction and the distinctions between religiosity and spirituality.

3. Dimensions of Religiosity

One of the main limitations of early studies on religiosity is to evaluate religiosity at global level. In a meta-analysis of 94 studies published since 1980 on the relationship between religion and family functioning there have been identified some problems regarding the assessment of religiosity (Mahoney, Pargament, Tarakeshwar and Swank, 2001). The authors found that 80% of the studies included in meta-analysis assessed the global religiousness, using very few indicators (membership of a church or frequency of participation in religious services) and have not assessed the extent to which couples integrate faith and spirituality in their relationship .

Gorsuch (1984) suggests that religion is a general factor that can be subdivided into a number of dimensions, arguing that it is appropriate to measure the overall religiosity when it is used in the prediction of other variables, while subdimensions can be used to predict exceptions to this rule. For example, when studying age differences on religiosity, we measure the overall religiosity, and when we predict a more specific variable, such as prejudice, it is necessary to use subdimensions of religiosity to capture all aspects of the relationship.

Currently, most researchers agree that religiosity is a multidimensional concept, but however, there are large differences between different researchers about the number and nature of these dimensions.

Tsang and McCullough (2003) propose a hierarchical model of religiosity and spirituality (Level 1- dispositional, Level 2 - operational) and make a classification of instruments for measuring religiosity and spirituality on the two levels. Thus, the authors classify the instruments for measuring religiosity and spirituality into: instruments measuring the dispositional aspects (spiritual well-being, religious involvement, religious faith) and instruments measuring the operational aspects (religious orientation, religious coping, prayer). There is an interaction between the two levels. For example, people who use religion as a way of coping with stress (Level 2 - operational) are more religious in general (Level 1 - operational). The authors of the model propose the researchers that Level 1 should be controlled before concluding that a Level 2 religiosity factor significantly affects the individuals' lives. Otherwise, researchers cannot know whether the identified effects are the result of a religious operational variable rather than to general religiosity. Tsang and McCullough (2003) explain the use of this strategy in the studies on religious coping conducted by Pargament (1997). In the studies on religious coping (the operational level of religiosity), Pargament and his colleagues frequently used measures of general religiousness (an item to measure the frequency of prayer and religious attendance) to control individual differences at the dispositional level. This strategy has enabled investigators to draw concrete conclusions about specific influences of religion (private religious coping strategies to stress), as long as they were also careful not to confuse such observations with the effects of general, dispositional differences in religiosity.

The dispositional level of religiosity (Level 1) reflects the differences between individuals on religious features, showing how much religious a person is. The authors of the model argue that the measurement of Level 1 of religiosity is important in the study of the relationship between religion and physical and psychological health. At the dispositional level, researchers assessed the following factors: *general religiousness/spirituality, religious/spiritual commitment, religious/spiritual development*:

The operational level of religiosity (Level 2) refers to interindividual diversity in the expression of religiosity, religious motivation, the use of religiosity to solve problems. Tsang and McCullough (2003) argue that the dispositional aspect of religiosity is independent of the operational aspect (where we can evaluate the differences regarding the functions or the religious life experiences of a person). Two persons with the same religiosity dispositional level may have very different ways of living, expressing and using religiosity in solving problems. There are multiple operating modes of religiosity. These include the motivations behind personal religiosity and the ways in which a person uses religion in the process of coping, prayer.

- ***Religious motivation/Religious orientation***

The distinction made by Allport and Ross (1967) between intrinsic and extrinsic religious orientation is one of the most popular conceptualizations at Level 2. Extrinsic religiosity is defined as the self-centered religiosity. These people go to church to be seen, because it is a social norm of society, which brings them respect and social advancement, receiving protection, comfort and social status. Going to church becomes a social convention. Allport considers the intrinsic religiosity as being different, identifying a category of people who are intrinsically religious, seeing religion as finality in itself. These people are more deeply involved, religion is the principle guiding their lives, a central and personal experience. The articles analysing the concepts of religiosity and spirituality indicate a high degree of overlapping the concept of spirituality to that intrinsic religiosity. The scale built by Allport and Ross (1967) - *Religious Orientation Scale* has remained until now the most widely used scale to measure religious orientation.

Batson (1993) constructed a new scale for assessing the religious orientation - *Quest Religious Orientation Scale*, adding another dimension of religious orientation: religion as quest, an approach that involves existential questions, the willingness to see religious beliefs in a positive way, religious beliefs could be moulded by the crises through which a person is going.

- ***Prayer***

Prayer is one of the fundamental aspects of religious life. Prayer has been defined as „thoughts, attitudes and actions designed to express or experience connection to the sacred“ (Koenig, George and Siegler, 1998). Prayer is our searching, contemplation and meeting with God (Bunea, 2009).

Paloma and Pendleton (1989) are among the first authors in social sciences who have studied the prayer as a multidimensional experience. They have developed a rating scale of four types of prayer: meditative prayer (reflection about God), ritual prayer (reading or saying prayers from memory), colloquial prayer (communication with God in a conversational style) and petitionary prayer (demand for fulfillment of personal or other people needs).

Prayer is an effective coping strategy which functions by creating a means of feeling in control despite confronting adversities in life and it may also reframe negative events as opportunities for spiritual growth, asking for strength in the face of illness or engendering mental models of a loving God that provide meaning and purpose in life (Dein and Littlewood, 2008). The association between prayer and well-being may occur through a number of means: relaxation, increased self-esteem and provision of optimism (Krause, 2004).

- **Religious Coping**

Coping designates a cognitive and behavioral effort to reduce, restrain or tolerate the internal or external demands which exceed personal resources (Lazarus and Folkman, 1984). *Religious coping* is the use of religious beliefs and behaviors to facilitate problem-solving, to prevent or diminish negative emotional consequences of stressful life situations (Pargament, 1997).

People often turn to religion in times of stress, especially in extreme cases of anxiety and threat. As there are different types of religious orientation, there are different ways in which people use religion to adapt themselves to stressful situations. The relationship between religion and well-being could be clarified by examining modalities people use religion to adapt to stress.

In psychology there are specific instruments which measure: religious coping styles (collaborative, passive, and self-directed) and religious coping strategies (positive and negative).

When asked how they cope with stressful situations, many people mention religion. Coping theory is a promising perspective in order to understand, study and work with religious issues (Pargament, 1997). Coping with changes often incorporates the religious dimension, when religion is available and accessible and when the limits of human resources are obvious (Harrison, Koenig, Hays, Eme-Akwari. and Pargament, 2001).

Pargament (1997) has categorized the religious coping in: positive religious coping and negative religious coping. *Positive religious coping* pattern refers to: religious forgiveness, seeking religious support, collaborative religious coping, spiritual connection, religious purification, and benevolent/ favorable religious reinterpretation. Positive religious coping is the expression of the feeling of spirituality, of a secure relationship with God, a belief that there is a purpose in life and a sense of spiritual connection with others. *Negative religious coping* pattern refers to the spiritual disconnection, to the reevaluation in terms of punishment by God, interpersonal religious discontent, demonic reassessment and reevaluation of God's power. Negative religious coping is the expression of an uncertain relationship with God, a tenuous worldview and a religious conflict on the world searching for meaning.

Religious coping is multidimensional. Although there is clear evidence of multidimensionality of religious coping, religious coping methods some moderately correlated, suggesting that people use only one method of religious coping (Pargament, 1998).

Depending on the individual's involvement in the process of religious coping, there are three ways of religious coping: passive religious coping (ceding responsibility to God, God takes full responsibility, the individual is passive), collaborative approach (problem-solving responsibility is shared, there is a partnership between the individual and God) and self-direction (the belief that God endows the person with the proper skills to solve problems and the individual must actively use these skills) - the people who use self-directed religious coping do not necessarily feel a close relationship with God. Pargament (1997) argues that collaborative coping is the most useful one, while coping by ceding responsibility and self-directed coping have led to mixed results.

Pargament (1990) show that religious coping efforts involving belief in a fair and loving God, perception of God as supportive partner, engaging in religious rituals and search of spiritual support correlates with mental health and spiritual development. However there are studies supporting the negative effects of religious coping, such as strong distress in the loss of a family member or friend, negative emotions, low self esteem, anxiety.

Positive religious coping strategies are associated with low rates of depression, self esteem, life satisfaction and quality of life, and negative religious coping strategies are

associated with high rates of depression and anxiety (Harrison., Koenig , Hays, Eme-Akwari. and Pargament, 2001, Ano and Vasconcelles, 2005).

- ***Religious support***

Fiala, Bjorck and Gorsuch (2002) developed a rating scale of the religious support that includes three subscales: support from God, the congregation's support and the support of the religious leaders.

Belonging to a religious community is positively correlated with self esteem, hope, and personal coping resources (Ellison et al., 1998).

Larson and Goltz (1989) showed that active participation in religious community life is correlated with greater family involvement and increased family satisfaction. Religious involvement in a community correlates with the stability and quality of the marital relationship, religious affiliation is not a significant factor in marital satisfaction without an active involvement (Call and Heaton, 1997).

Marks (2006) presents a review of the researches on religion and the health of the family relationships. The author puts together the existing researches around three dimensions of the religious experience (religious practices - prayer, scripture reading, rituals, traditions, religious beliefs - beliefs, structures, meanings, perspectives and religious community – the support, the involvement, the relations in their congregation) and presents their correlations with aspects of marital relations, mother-child and father-child relations. The researches presented in the review suggest that the social support provided by the religious community is an important resource for the families facing difficulties.

4. Measuring Religiosity

4.1 Theoretical and psychometric considerations

Hill and Maltby (2009) argue that in the measuring of religiosity the following aspects must be considered: the theoretical aspects (the conceptual clarity of the measured dimensions), the psychometric issues (validity, fidelity of the measuring instruments), the sample representativeness and the cultural sensitivity of the instruments to measure religiosity.

Theoretical coherence is necessary to achieve a real scientific progress. Not any scale is appropriate for a particular study, it is crucial that the researcher should choose that measuring instrument with the best representation of the concept intended to be measured.

They are also very important aspects of psychometric instruments measuring religiosity: validity and fidelity. Validity concerns the extent to which a scale measures what it proposes to measure. Fidelity refers to the extent a scale is consistent. There are two types of consistency: internal consistency and consistency over time. Internal consistency refers to the extent that all items measure the same scale and is measured by Cronbach alpha coefficient, and consistency over time relates to test-retest fidelity and is represented by the coefficient of correlation between subjects' responses to the same test applied at different times (from 2 weeks to 6 months).

4.2 Sample representativeness and cultural sensitivity

Hill and Maltby (2009) argue that increasing the number of tools to measure religiosity does not protect the psychology of one of the harmful aspects: unrepresentativeness of the sample of persons. Most samples are composed of young, middle-class, American college students (Hill and Pargament, 2003). Hill (2005) argues that these convenient samples - easily accessible for the studies conducted by academic institutions are problematic because age, socio-economic status and education are three variables that strongly correlate with the religious experience. Moreover, most instruments are validated measure of religiosity on

Protestant or Jewish persons. Therefore, researchers should be cautious in using a scale on a population with other characteristics. Scales validated on unrepresentative samples or small samples (a specific religious confession) are typically insensitive or inapplicable in the general population groups (Hill and Maltby, 2009). The generalization problem occurs not only when measured specific constructs to a particular religion or where the scales have been validated in the U.S. or Britain, but also when using scales that measure trans-religious constructs.

Therefore, for the accurate assessment of religiosity it is necessary to build scales specific to each religious confession, validated on the population it is addressed. If we want to evaluate the religiosity in the Orthodox Christian religion from Romania, we should use a scale to assess specific aspects of the orthodox faith and orthodox religious behavior (e.g., fasting, confession, communion). Cucuș and Labăr (2007) constructed and validated on the orthodox population in Romania a rating scale of religious belief and a religious behavior scale. The questionnaire evaluating the religious faith is structured in two dimensions: intimate belief and expressive belief. The *intimate belief* dimension assesses the extent to which subjects believe in God and divine help in difficult situations, it believes that prayer comes to God, and that faith makes the subjects stronger, they have had moments when they felt close to God, asking divinity for forgiveness when going wrong or sin, they think of God and good works to be done and ask for God's guidance when taking important decisions .

The *expressive belief* dimension measures the extent to which individuals behave in society in accordance with their religious beliefs, guiding their behavior by the principles of Christian faith and the extent to which individuals consider Christian teachings helpful in their everyday life and they think that the hardships through which they pass have a positive role and consider them religious people. Religious behavior questionnaire is structured on three dimensions: *daily religious practice* (prayer, going to church, visiting monasteries and possession of religious objects such as icons, crosses, theological books), *active position* (bringing religious arguments in discussions, sharing religious beliefs with others, offering religious advice and reading religious books) and *deep religious practices* (fasting, confession, communion).

4.3 Selecting instruments for measuring religiosity

Gorsuch (1984) argues that the measuring instruments in the psychology of religion are both a bane and a boon. Tsang and McCullough (2003) consider that the psychology of religion suffers from an abundance of scales and a lack of alternatives to self-report measures.

Because there are already many measurement scales of religiosity, Gorsuch (1984) argued that psychologists should not build other scales before making a review of the literature and see whether there is already an appropriate scale for what they want to measure and instead of developing new measurements, researchers should explore the relationship between the existing measurements and a series of psychological constructs that have not been analyzed. Despite Gorsuch's suggestion, between 1985 and 1999 there were built 40 other instruments to measure religiosity (Hill and Hood, 1999), most of which are very close to the existing ones. Tsang and McCullough (2003) argue that the construction of new scales wastes resources that could be directed towards the study of other fundamental problems of the religion psychology.

In addition to the self-reporting questionnaires, which are easy to administrate and scored, to study and accurate assessment of religiosity it is necessary to use additional techniques: interviews or peer reports. When using self-reporting questionnaires, may occur social desirability biases (Tsang and McCullough, 2003). For example, the relationship between intrinsic religious orientation and racial tolerance is questionable as it is explained by the relationship between intrinsic religiosity and social desirability (Trimble, 1997).

As there are many aspects of religion and religious experience, there is not only one efficient tool to measure religiosity. There are instruments to measure religious beliefs, religious involvement, religious affiliation, religious development, religious maturity, etc. The selection

of the instruments measuring religiosity should be based on theoretical principles and not on personal preferences or convenience (Tsang and McCullough, 2003).

Most researchers measured religiosity through self-report questionnaires. Hill and Maltby (2009) argue that self-reports are based on assumptions that a) participants have the ability to accurately evaluate and b) the participants are willing to disclose the results of their self-assessment to the investigator - assumptions that may severely limit the validity of the scientific research. But self-assessment is influenced by intentional or unintentional distortions and the honest disclosure is influenced by the evaluation apprehension, demand characteristics and impression management. Burris & Navara (2002) argue that a person may declare certain religious beliefs because of the social pressure. Also, the self-report questionnaires require a level of understanding which may be beyond some participants' comprehension and sometimes they may not be interested and give random answers. Therefore, it is very important to use alternatives to self-report measures. Hill and Maltby (2009) suggest the following alternatives to self-reporting: implicit measurements, qualitative research, using mixed designs. The implicit measurements involve the use of indirect measurement techniques to evaluate a given variable. Social cognition researchers argue that the accessibility of an attitude is representative of the fundamental cognitive structures. Gibson (2006) suggests that the reaction time is a good indicator of the accessibility of an individual scheme of God. Cohen, Shariff, Hill (2008) showed that people with strong religious views have a lower response time in accessing religious attitudes. An alternative to using self-reporting questionnaires is the use of mixed designs - other people's reports (friends, family, members of religious organization) may be useful in studying the religious practices and behaviors.

Hill, Kopp and Bollinger (2007) give a number of suggestions for the researchers, in choosing the appropriate measuring instrument of religiosity/spirituality: 1.it must serve the purpose of research; 2.the study's construct must be very well clarified, 3.it must be examined the psychometric properties of the scale, 4.it must be taken into account the characteristics of the sample on which research is conducted ; 5. development of a pilot study.

Conclusions

Religiosity is a dimension increasingly studied by researchers in psychology. Over the years, global assessment of religiosity has been less used, the assessment being done by using specific scales for different dimensions.

We analyzed in this article the ways in which religiosity is manifested at the dispositional and operational level. We believe that for an accurate analysis and assessment of religiosity and its implications, researchers must take into account various aspects of this construct and be very careful in the choice of measurement instruments. It is possible, although some tools may prove valid in terms of psychometrics to not allow a proper assessment, because beyond the displayed faith there are internalized beliefs and religious principles difficult to assess. Therefore, alternatives to self-reporting questionnaires must be used, such as focus groups, interviews or daily diary. It is also very important that the religiosity evaluation tools should be validated on the population of the targeted research.

Given the differences between different religious faith and religious behavior, sometimes it is absolutely necessary to built scales specific to religion to be studied, the use of scales for other religious confession failed to capture specific issues to provide important explanations for the study. Most investigations are carried out on samples of the U.S. population and include especially people belonging to neoprotestant religions. Sometimes the results of these surveys are not appropriate to the specific of other religions. Therefore, we propose that in the process of researches on the psychological implications of religiosity be analyzed the specific dimensions of the studied religion, and this can be better achieved

through cooperation between the researchers in the psychology field with those in that religion field in question. An interdisciplinary approach will allow a better conceptualization and explanation of religiosity.

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