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THE MEASUREMENT OF RELIGIOUS AND SPIRITUAL BELIEFS

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Michael graduated in Medicine in New Zealand. In 1978 he joined a UK training scheme in General Practice and went on to study psychiatry at the Maudsley and then to undertake research in the GP Research Unit of the Institute of Psychiatry. He is now Professor of Primary Care in Psychiatry with interests in psychiatric epidemiology and the randomised controlled trials of complex interventions. Throughout the 90's, he has been interested in research into spirituality and the effects of spiritual belief on recovery from acute physical illness. He has also looked at how spirituality and faith can influence the course of bereavements.

Michael began by asking the almost impossible question, 'what are spiritual beliefs?' He used as an example the design of an instrument which he has published from the Royal Free Hospital before asking, 'what does all this really mean? He welcomed feedback about his instrument and he raised the following points:

Definitions

We struggle to define spirituality. Spirituality implies something at the core of almost every religion and philosophy, 'a search for reality'. (Michael concentrated on what was held in common rather than what was discriminating between different approaches.) It involves:

- a sense of something that transcends man's usual modes of perception and experience (but not his reason),
- a sense of imperfection or falling short of a moral or ethical standard
- a sense of unity with others and the world
- a search for meaning

Michael then raised the difficulty of addressing the difference between superstition and spirituality, that 'hopefully spirituality is something that goes far beyond what superstition might involve'. He also suggested that philosophy and religion meet full circle. Western philosophy, Eastern religions, and Abrahamic faiths are all searching for meaning in life, seeing existence as part of a wider whole. Transcendence can be considered the converse of materialism. He quoted sound bites including one from a TV discussion when Karen Armstrong had said, 'religion is at its best about the loss of ego, not about imagining its survival in celestial conditions!'

Michael continued with the question as to whether one could measure spiritual belief. He suggested that one could measure the strength of belief without knowing about its content. He paralleled this with measuring the depth of depression without really knowing its nature. This attitudinal research looks at what people tell us *about* their depression or spiritual beliefs. We can also measure the salience of a spiritual belief to life and the impact on behaviour (e.g., affiliation practice) without going into the nature of that belief. He pointed

out that many quantitative scales have been developed over the years but most of these are in USA and are from a Judaeo-Christian perspective. He referred to a book by Hill and Wood (1999) 'Measures of Religiosity' which takes a critical look at such work.

He used the scale developed by his team - The Royal Free Interview for Religious and Spiritual Beliefs, 1995, as an example of how they went about tackling the measurement of spiritual belief. He got interested in this area after stumbling into a rehearsal of a talk on religious measures in patients with burns. Men who were seriously burned were asked if they thought that God had caused it. Michael was interested in whether the outcome was any different. A serendipitous meeting followed this with Peter Speck, a Chaplain at the Royal Free Hospital who happened also to be a Senior Lecturer in Epidemiology.

Their preliminary study was on 300 medical in-patients. The instrument was originally criticised for not including material on religious experience as distinct from beliefs. Spiritual experience tends to be influenced by peak experiences, experiences quite outside everyday life. These experiences are related to life change (King et al. 2001). The Royal Free Interview for Spiritual and Religious Beliefs: development and validation of a self-report version. *Psychological Medicine* 31:1015–1023). The interview covers areas such as spiritual/religious beliefs, the nature of any religious beliefs and their practice and importance in day-to-day life. Questions about communication with a spiritual power and the meaning and impact for illness were included. Michael was careful to avoid the word God, as a universal term for this power. A visual analogue scale was devised with a 'thermometer' scale for each item measuring strength of belief. The scale is now available in a self-report format.

There were three groups in their initial studies: hospital staff / patients presenting to their GP and lastly a group of nuns, clergy, imams etc. Hospital staff were less religious than attendees at GP surgeries. Reliability on test-retest and internal validity was high in the intensity of belief. The philosophical questions were also reliable but more chaotic in affiliations and have now been dropped. Further validation is needed in ethnic minorities and other religious groups. In the revision there is also more emphasis on religious experiences. Further validity tests were satisfactory, including comparison with one US scale, called the Religious Motivation Scale. The results showed 70-75% had spiritual beliefs but only 30% were practising.

What is the application of this type of research? Most published research in the States says, "Religion is good for you". This is worrying and may reflect bias in the reporting of results in relation to the funding for this type of research. Michael has published research that has largely countered this and received a lot of adverse comment, including anger. There is also fear that being interested in spirituality as worthy of serious academic study risks loss of tenure in the States (David Larson's anti-tenure factor).

Findings so far include the fact that spiritual belief is not related to any particular personality characteristic such as neuroticism or robustness. Strong spiritual belief is related to better outcome in bereavement. Michael is now interested in looking at the peacefulness of death experiences in relation to spiritual belief.

In conclusion Michael acknowledged that spiritual belief is difficult to

define but it can be measured reliably. We are measuring the strength of it rather than what it actually is. The test-retest reliability is high. Is it a trait or state? The test was repeated two weeks later, but *could* hold for a period of years. Is it a proxy for some other form of coping? Michael finished by criticising this area of research for being too dominated by a mechanical world concept, which standardised everything. Perhaps the essence of life lies within paradox and we need to develop different research methods that are compatible with this.

References:

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- King et al. (1995)** The Royal Free Interview for Religious and Spiritual Beliefs. Psychological Medicine 25: 1125-1134.
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