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Review

The Santa Clara Strength of Religious Faith Questionnaire: Assessing Faith Engagement in a Brief and Nondenominational Manner

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Abstract: The Santa Clara Strength of Religious Faith Questionnaire is a brief (10-item, or five-item short form version), reliable and valid self report measure assessing strength of religious faith and engagement suitable for use with multiple religious traditions, denominations, and perspectives. It has been used in medical, student, psychiatric, substance abuse, and among general populations nationally and internationally and among multiple cultures and languages. Brief non denominational self report measures of religious and faith engagement that have demonstrated reliability and validity are not common but can have potential for general utility in both clinical and research settings. This article provides an overview of the scale and current research findings regarding its use in both research and clinical practice.

Keywords: Santa Clara strength of religious faith questionnaire; faith; religion; assessment

Background of the Santa Clara Strength of Religious Faith Questionnaire

Psychology and medicine appear to have rediscovered religion and spirituality in recent years with numerous empirical research studies, workshops, conferences, and scholarly books and papers now available [1-5]. A search of the professional research literature finds hundreds of studies published during the past several decades and during more recent years in particular [1,2]. In fact, a number of specialty journals such as *Pastoral Psychology* and the *Psychology of Religion and Spirituality* have appeared that focus on this topic. Empirical research and clinical practice both need to utilize reliable,

valid, and practical instruments to assess spiritual and religious behavior, practices, and thinking [6-8]. Fortunately, there are many instruments to choose from. As research has unfolded in recent years, there are now a large number of self report measures of spiritual and religious beliefs, practices, and behaviors available to both researchers and clinicians alike [7,8]. However, many of these instruments are very long and thus not practical for usage outside of particular research settings. Others are religious tradition specific (e.g., Christian). Still others assume that the respondent is religiously or spiritually engaged already. Finally, some have little empirical research to support the instruments' reliability and validity.

The Santa Clara Strength of Religious Faith Questionnaire (SCSRFQ) is a brief (10-item, or five-item short form version), reliable, and valid self report measure assessing strength of religious faith and engagement suitable for use with multiple religious traditions as well as for people without any interest in or affiliation with religious organizations or traditions and perspectives [9-15]. It was developed to provide both researchers and clinicians alike with a brief and all purpose instrument that can be used in multiple and diverse settings with multiple and diverse populations. The SCSRFQ has been used internationally and thus it is available in multiple languages with multicultural norms now available. However, most of the international research published on the scale has originated from Europe.

The original version of the scale is a 10-item instrument that includes a variety of brief statements about religious faith (e.g., "I pray daily", "My religious faith is extremely important to me", "I look to my faith as a source of inspiration") using a 4 point Likert-like scale ranging from strongly disagree to strongly agree. The 10 items are then scored from 1 to 4 such that total scores range from 10 (low strength of faith) to 40 (strong strength of faith) [9]. For the brief version of the scale, scores range from 5 (low strength of faith) to 20 (strong strength of faith) [11].

Since the scale was developed and published in 1997, many research studies have been conducted and published examining the reliability, validity, and utility of the scale in multiple populations. While several of these studies were published by the original author of the scale [9-12] most were not [15-20]. Many studies have also been published from researchers from several countries such as Ireland and Germany as well. Research from Asia, Africa, and elsewhere has been lacking as of this date with most international studies emerging from Europe. The purpose of this brief article is to review the research on the scale conducted and published during the past 13 years.

Norms

Many studies have examined expected norms for the SCSRFQ. In a college sample, mean scores on the full 10-item measure are typically about 26 to 33 with standard deviations ranging from 6 to 8 among different students populations [9-12]. In medical populations (such as cancer patients), mean scores have been found to be about 33 ($SD = 6$) [13,14].

Reliability

A number of quality research studies published in peer review outlets have examined the reliability of the scale. Studies that have investigated the internal consistency of the scale have found corrections

ranging from 0.94 to 0.97 using Cronbach Alpha's and split-half reliability scores ranging from 0.90 to 0.96 [9-12]. Thus, available research suggests that the SCSRFQ is a highly reliable instrument.

Validity

Studies have also investigated various types of validity of the SCSRFQ. Research examining convergent validity has found correlations between the SCSRFQ and other quality religious faith instruments. The SCSRFQ has been found to closely correlate with measures assessing intrinsic religiousness such as the Age Universal Religious Orientation Scale (AUROS; r 's range from 0.70 to 0.90) and the Religious Life Inventory (RLI; r 's range from 0.76 to 0.90) as well as with extrinsic religiousness as measured by the AUROS (r 's range from 0.64 to 0.73). The SCSRFQ tends also to closely correlate with the Duke Religious Index (DRI; r 's ranging from 0.71 to 0.85) [9-12]. Studies investigating divergent validity have found that the SCSRFQ doesn't correlate with the SRS self righteousness scale (r 's range from 0.02 to 0.03), the Cautold Emotional Control Scale (CECS; depression scale with r 's ranging from 0.06 to 0.07), or with the Marlow Crowne social desirability scale (r 's range from 0.09 to -0.02) [9-15].

Studies have found that high scores on the SCSRFQ are modestly associated with perceived coping, hope, optimism, and hardiness while low scores are associated with low self esteem, depression, and anxiety with r 's ranging from 0.20 to 0.40 [9-15].

Several studies have conducted factor analytic procedures and have universally found that the SCSRFQ is comprised of one factor [11,13-15,18,19].

Brief version

Scores on the 5-item, brief version of the scale correlate very highly with the overall 10-item scale with r 's ranging from 0.95 to 0.99 among various university student populations across the United States [11,15]. Factor analysis revealed that the brief version of the SCSRFQ is also comprised on one factor [11,15].

Utility

Research using the SCSRFQ that have been published in quality peer reviewed settings have used the scale primarily in medical and university settings. Research in medical settings has focused most especially in cancer treatment facilities [13,14,21]. Research in university settings have includes both liberal arts colleges that are religiously affiliated as well as large public institutions in the United States and Europe [9-12,15,20].

The SCSRFQ has been found to predict sex related behavior among HIV cocaine-using patients [16] as well as better coping among alcohol dependent patients [17]. It has been used to predict forgiveness among marital couples [18] as well as among college students [9-12,21,23,24]. The scale has been used frequently with cancer patient finding that high scores tend to be associated with positive mood, optimism, and hope among this population [13,14].

It is difficult if not impossible to determine the utility of the scale in clinical settings since typically results found in clinical settings are used for treatment purposes only and are rarely published in professional and peer-reviewed outlets. Thus, it is unclear exactly how the scale might be used in various diagnostic and treatment facilities as well as in independent clinical practices. Since there is no cost in using the scale and since it was published originally in *Pastoral Psychology* but has been reprinted in several other outlets [1,16,18], it is impossible to know or to track who is using the scale and in what manner. There is, thus, no tracking mechanism employed to determine how the scale is being used since it is freely available to both professionals and the public for their use.

Additionally, it is unclear how strength of religious faith might change over time in various situational circumstances. Some preliminary research suggests that the scale may assess situational changes in participants' religious attitudes and thus may be more of a state rather than trait measure [25].

Conclusions and Future Directions

The SCSRFQ (including the brief version) appears to be a reliable, valid, and useful measure of strength of religious faith that has been successfully used in a wide variety of medical, educational, and other settings in multiple countries. It is quick to administer and score and there are no costs associated with its use. Future research could focus on using the scale among additional client and research populations. Clinicians using the scale are encouraged to publish their findings with it in order to develop a more comprehensive database of its utility as well as psychometric properties.

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