

INDIGENOUS ISLAMIC BELIEF QUESTIONNAIRE

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ABSTRACT

Objective: The present study was carried out for the development of an Indigenous Islamic Belief Questionnaire (IIBQ).

Research Design: Survey

Place and Duration of Study: Lahore, Pakistan. 12 months.

Sample and Method: In this research a random sample of 370 adults (both male and female) was taken from three different socio-economic status groups of Daata Gunj Bukhsh Town, Lahore.

Results: The KMO =.928 showed the sample adequacy. Varimax rotation gave eight factors, and items were retained on the basis of their factor loadings. The factor loadings ranged from .302-.890. Consequently, seven factors were retained and relabelled according to their emerging themes. One factor was dropped out because it was perceived to fall outside the sphere of our investigations. The inter-scale correlation ranged between (.729-.961) and the alpha coefficient had showed high reliability (.937).

Conclusion: The standardised Islamic belief questionnaire provides a detailed, comprehensive assessment of the religious beliefs for psychologists and clinical psychologists. This IIBQ can be used for counselling purposes because religious issues are considered important for the clients because of being brought up in the Islamic country. Therefore, this questionnaire can be helpful for a psychologist in order to identify the positive and negative effects of religion on Muslims in Pakistan.

Keywords: Islamic belief questionnaire; religious scale for adults; religious beliefs in Pakistan

INTRODUCTION

According to Central intelligence agency in the world fact book (2010) 96.4% of the population of Pakistan is Muslim. Though Muslims are divided in various sects in Pakistan, the majority of them belong to the Sunni Sect (85%) (most of these follow the Hanifi school of thought, although there are a few who follow Hanbalis and Ahulul Hadeeth) and the significant minority are Shi'a (15%).

Religion is an important aspect of everyday life; in psychology, there has always been controversy about the role of religion in people's life. For example, Freud (1927) mentioned in his work that religion is associated with intrapsychic conflicts and repressions; however, Jung (1938) mentioned that religion has a positive effect on one's life by giving meaning to one's life.

Increasing interest in studying the effect of religion on individual mental health in the field of psychology has been seen in the last few decades (Tarakeshwar, Pargament & Mahoney, 2003). The role of religion is considered important in clinical psychology for two reasons. First, there is empirical evidence which suggests a link between the religion and mental health of individuals, and second, research indicates that people use religious coping at the time of experiencing conflict. For example, a meta-analysis of 42 studies examining the relationship of religious involvement and causes of mortality indicated that religious involvement is significantly related to lower mortality (McCullough, Hoyt, Larson, Koenig & Thoresen, 2000). Similarly, 29 out of 38 studies reviewed by Benson (1992) indicated a negative association between religiousness and alcohol use.

As well as this, Ghorbani, Watson and Shahmohamadi (2008) suggested that religious beliefs may play an important role in developing mental disorders e.g. depression or anxiety. It has been found that if a child's parents have a harsh attitude towards religious education it can produce a negative image of religion in the child's mind and the possibility of him/her living in uncertainty may increase (Koenig, King, & Carson, 2012). Likewise, Exline and Rose (2005) stated that when an individual faced any suffering, he/she started to question God and considered Him responsible for his/her hardships. As a result, sometimes

individuals might experience anger and mistrust. Similarly, when individuals want to do certain activities which are considered sins by religious people this might also lead them to a sense of shame or low self-esteem (Hill, 2002).

On the other hand, studies also stressed that people use religious coping at the time of experiencing stress. Pargament, Smith, Koeing and Perez (2000) identified that religious coping can be positive or negative. In positive religious coping people demonstrate their secure relationship with God and in negative religious coping people expressed a less secure relationship with God. The relationship between religious coping and psychological mental health has been discussed in the literature; for example, Tarakeshwar and Pargament (2001) examined the religious coping in the family caregivers of autistic children. They found that positive religious coping was linked with better psychological health of the family caregivers and negative religious coping was associated with poor psychological health.

For studying the effect of religion on psychological mental health, psychologists constructed the valid and reliable religious scale (Glock & Stark, 1965). In the field of psychology religion is considered as a multi-dimensional phenomenon, but researchers did not agree with each other on the content of its multi-dimensionality (Pargament, 1997). However, in 1967 Allport introduced two religious orientations: extrinsic (practices) and intrinsic (beliefs), and this classification is widely accepted in the literature. Therefore, most of the religious scales are based on this classification. Previous literature suggests that available tools for measuring religiosity are based on Christianity and Judaism, whereas Islam, the second largest religion, lags behind (Holland et al., 1998; Francis & Stubbs, 1978).

Literature indicates that a limited amount of research has been done to develop scales which measure Islamic practices (extrinsic) and beliefs (intrinsic). For example, Sahin and Francis (2002) developed the Sahin Francis Scale, and Wilde and Joseph (1997) developed the Muslim Attitude towards Religiosity Scale. More recently, Jana-Masri and Priester (2007) developed a 19-item instrument, but its subscale (called Islam Belief) had lower than desirable internal reliability. Similarly, the Spiritual Involvement and Beliefs Scale (SIBS) was developed to measure worldwide religious traditions and to assess practices as well as beliefs. SIBS appeared to have strong test-retest reliability ($r=.92$), internal consistency (Cronbach's alpha=.92) and high correlation ($r=.80$). Compared to other instruments that have been used to assess spirituality, the SIBS has a few theoretical advantages, including broader scope, use of terms that

avoid cultural-religious bias, and assessment of both beliefs and actions (Hatch, Burg, Naberhaus & Hellmich, 1998).

In reference to Pakistan, an indigenous spiritual wellness inventory was developed by using the western measure of spiritual wellness (SWI). Empirical evaluation of the inventory was conducted by computing the alpha coefficient (.84) with N= 228 , age ranging from 18- 30 years and item total correlation varying from .15 to .58 at $p < .01$ and $p < .05$ respectively. Correlations of sub dimensions with SWI varied from .29 to .77 at $p < .001$. Inter-scale correlation varied from .16 to .58 at $p < .01$ and $p < .001$ respectively. The convergent validity coefficient with the Life Satisfaction Scale was .97 while discriminant validity of an inventory with the Aggression Scale was found to be -.63 (Hanif & Gohar, 2005).

It is worth mentioning, in Pakistan (a Muslim country) insufficient research has been found on the development of religious scales; existing religious scales focused more on measuring religious activity and spiritual beliefs. However, less attention has been given to measuring Islamic beliefs (intrinsic worship) (e.g., Sitwat, 2005). Therefore, the present study is focused upon the development of the indigenous Islamic beliefs questionnaire (IIBQ).

Literature suggests that intrinsic religiousness (religious beliefs) in Muslim people often has a positive effect on their mental health. For example, Kamal and Loewenthal (2002) studied 40 young Hindus and 60 Muslims in the UK, and found that their Muslim participants expressed more on the questions related to what is forbidden in their religion than Hindu participants. For instance, Muslim participants expressed that they believe that suicide is condemned in Islam. Similarly, Pargament, Smith, Koenig and Perez (1998) reported that religious activities might help with coping in times of adversity. It has been identified that people who are suffering from mental disorders such as depression may feel better when taking part in religious activities. Prayers have a psychological value because when individuals pray, they have a belief that a supreme power is there to look after them (King, Speck & Thomas, 1995).

In Islam, intrinsic religiosity/the internal form of worship is referred to as 'Imaan' and has seven facets, which include: belief in the Oneness of God (Allah); Allah's Angels; Allah's Books; Allah's Messengers; the Day of Judgment (the hour of reckoning); destiny or fate (al-Qadr) and life after death (Lewis & Churchill, 2009).

Here, I define these beliefs briefly. The first facet of Islam is the belief in the Oneness of God. A Muslim has the beliefs that Allah is Supreme and Eternal, Infinite and Mighty, Merciful and Compassionate, the Creator and Provider. The second facet is the belief in Allah's Angels who are created to protect humans, guard heaven and hell, and carry His messages. The third facet is belief in the Holy Books. That is to say Allah has blessed mankind with the Holy Books of revelations to guide people about the pattern of life. The fourth facet of Islam is belief in Prophets. Allah has sent these Prophets amongst mankind and, according to the Quran, the Holy Prophet (PBUH) is the last messenger of Allah. The fifth facet of Islam is belief in the Day of Judgment, where on that day the bodies of the dead will be re-joined with their souls and all humans will stand before Allah, and they will be answerable for all their deeds. The sixth facet of Islam is belief in destiny, according to which, Allah has the knowledge and is the Creator of all things; nothing exists outside of His will and decree. The seventh facet of Islam is belief in life after death. Muslims believe that their life in this world ends with their death and another life begins (Maqsood, 2008).

The research mentioned above suggests that beliefs may affect one's life positively. The believer may have high self-esteem and self-respect because she/he knows that no one but Allah can provide him/her anything. They also avoid bad deeds, for example, hurting others (physically or mentally) because they have a belief that they will be accountable for all their acts on the Day of Judgment. They also feel contented over whatever they have and do not suffer from depression at times of loss (material or human). They have a strong sense of security all the time because they are assured that their life is in the hands of Allah and nobody will take their life through any weapon (Calverley, 2004).

In short, religious beliefs can affect Muslims' attitude and actions in life, and Muslims plead for mercy from Allah while facing dejection, depression, etc. Therefore, it is important that individuals should be clear about their religious beliefs so they can get through their life hardships (Pratt, 1920).

In Pakistan, individuals are sometimes taught about their religion in their home or at a Mosque. Those individuals who have a positive understanding of their religion might pass through life with a positive mental approach, but for those without such an understanding, their mental health might be affected due to

their negative understanding of Islam. For example, it might be possible that they do not perceive God as merciful and forgiving.

However, no such psychological measure is available which could measure one's Islamic belief in Urdu. This indicates the need to develop standardised indigenous tools in Pakistan which will be used to study the effect of religious / Islamic beliefs on Muslims' mental health in Pakistan. Therefore, in the present study, an attempt has been made to develop an indigenous Islamic belief questionnaire in Pakistan.

METHODOLOGY

Participants

According to Federal Bureau of Statistics (1998), the total population of Lahore was 6,318,745 with an annual 1.92% population growth rate. District Lahore comprises of six towns for administrative purposes and each has its own administrative structure.

In the present research, the "Daata Gunj Bukhsh" town was selected because this was the most populous town of the Lahore district covering all socioeconomic statuses, and was also observed to be the central place of the Lahore district. At the time of data collection, Daata Gunj Bukhsh Town consisted of 33 union councils (UCs), according to the information collected with the assistance of the town hall along with the physical survey of the area. The town was divided into three strata: lower, middle and upper socioeconomic status (SES). This division was based on the level of infrastructure, public utilities and residential plot size. The three strata were as follows.

Table 1
Three strata of Daata Gunj Bukhsh Town

Strata	No of Union Councils	Population	% of total population
Lower SES	17	655911	52
Middle SES	11	417685	33
Upper SES	5	191389	15
Total	33	1264985	100

One union council from each of the strata was selected for data

collection. A sample of 370 participants was collected, with equal numbers of males and females, with an age range of 18- 60 and from three socioeconomic statuses i.e., lower, middle and upper. Only one individual was taken from every third house of upper, middle and lower socioeconomic status. The inclusion criteria were as follows: permanent residency in the area; ability to recite the Quran; and absence of psychological disorder.

Demographic information such as age, gender, religion, main stream education, physiological disorders and psychological/psychiatric disorders were collected to check the eligibility criteria for taking part in the research.

Procedure

The construction of the questionnaire followed three phases. Before applying the factor analysis on the data, a pilot study was also carried out.

In Phase 1

The researchers constructed the initial questionnaire following two steps.

In step one, the researcher conducted interviews with four religious scholars teaching at the renowned post-graduate institutes of Lahore, each having a doctorate degree in Islamiyat. Interviews were semi-structured and comprised such questions as: what are the religious factors that may affect human psychology? These type of questions were asked to evaluate individuals' religious beliefs etc.

In step two, the researchers constructed a set of sample questions based on the basic seven beliefs of Islam i.e. oneness of Allah, the Holy book, Angels, Prophets, the day of judgment, life after death and fate or destiny. Due to the sensitivity of religious beliefs, the opinion of the religious scholars was sought on the formulation of the questions and the adequacy of the Urdu vocabulary used. A few of the items were as follows: to what extent do you believe in the oneness of Allah? Do you deny Allah's presence in bad times? Religious scholars were asked to rate the appropriateness of the items on a five points Likert scale (see below sample items for the initial pool). On the basis of the feedback, the style of stating the questions was changed before conducting the second pilot study.

1	2	3	4	5
بالکل نہیں	کمی صدک	درستگانہ	بہت	بہت زیادہ

35. آپ کو اس بات پر کہتا یقین ہے کہ اللہ انسان کو رزق کی فرائی اور نگہ دتی دیتا ہے

36. آپ کو اس بات کا کہتا یقین ہے کہ اللہ نے انسان کو اچھائی اور برائی کی تمیز دینے کے بعد اس کو اسکے عمل میں اختیار دے رکھا ہے

In Phase 2

In the second phase, the questionnaire was given to five practising clinical psychologists at Lahore and to one Islamic scholar for rating. Three raters had doctorates whereas two were registered on doctorates in Clinical Psychology and the Islamic scholar also had a doctorate.

The ratings were made on 1-10 point rating scale, where 1 stands for low and 10 stands for high rating. They were asked to rate items by considering how appropriately an item was measuring the said construct (belief) and how important the item was regarding the construct (belief). The raters were also asked for suggestions to improve the questionnaire. The suggestions and ratings helped in constructing a sophisticated questionnaire. On the basis of the feedback, six new items were added, seven items were rephrased, and one item was dropped.

In Phase 3

In the third phase, by considering the sensitivity of the studied phenomenon, the refined version of questionnaire was rated by five religious scholars recognised by the government of Pakistan. The ratings were made in the same way as in phase two. On the basis of the feedback, three items were rephrased and two items were deleted on the basis of low ratings.

Pilot Study

A pilot study was conducted on 30 participants, 10 from each socioeconomic status. Participants were asked to rate each item on a five-point scale i.e., I agree without any doubt, I agree, I have knowledge, I have

information and I don't agree. The data was entered into SPSS and analysed by a nonparametric test, to check the normalisation of data obtained. The results showed absolute 0.089, positive 0.088 and negative -0.089 showing that the population was quite near to normal distribution.

Participants were also given a feedback form. The form consisted of questions regarding readability, comprehensiveness and understandability of the questions, and the length of the questionnaire. They were asked to rate their responses on a 10 point scale. In addition, a face validity question was also incorporated in the feedback form. Participants were given four options and asked to pick the one which they considered the test was measuring.

RESULTS

Sampling adequacy

The Kaiser-Meyer-Olkin measure verified the sampling adequacy for the analysis. In the current study (KMO=.928) this value is considered excellent (Field, 2009). Bartlett's test of Sphericity, Chi-square 8421.117, p, <.000, df 666 also validated the adequacy of the sample (see Table 1).

Table 1
KMO and Bartlett Indigenous Islamic Belief Questionnaire

KMO	Bartlett	Chi-square	df	Significance
.928	.928	8421.117	666	.000

Explanatory factor analysis

After the sample adequacy tests, an eigenvalue was selected in order to measure the variance of all values which were subjected for a factor. In the present research any eigenvalue above 0.1 was taken as a rule for factor construction (Kaiser, 1960). The factor loadings were obtained after the varimax rotation with absolute suppression below 0.3 (Norman & Streiner, 1994). Therefore, out of the 37 items, 31 were retained, and six items (6, 8, 29, 31, 33 & 34) were dropped due to low value factor loading (See table 2).

Table 2
Factor loadings for Items on Indigenous Islamic Belief Questionnaire

Relabeling	Item No.	Factors						
		I	II	III	IV	V	VI	VII
Oneness of Allah	2	.774						
	3	.810						
	4	.790						
	5	.679						
	6	.605						
Holy Book	10	.398						
	11	.439						
	12	.302						
	13	.481						
Faith	1	.627						
	9	.737						
	16	.644						
	21	.766						
	25	.809						
	26	.745						
	36	.380						
Judgment of Deeds	14	.360						
	15	.332						
	17	.833						
	18	.870						
Life after Death	27	.443						
	28	.498						
	30	.411						
Prophet and Fate	22	.313						
	23	.360						
	24	.540						
	32	.370						
	35	.403						
	37	.388						
Angels	19	.677						
	20	.814						

Reliability

The internal consistency was measured to estimate the homogeneity of items for the overall scale. Cronbach's alpha coefficient for the overall scale was 0.93 (see Table 3). For the inter-item consistency the obtained inter-scale correlation (see Table 4) was between .961 and .721 which showed a high inter-item reliability (Field, 2009).

Table 3
Alpha Coefficient of Indigenous Islamic Belief Questionnaire

Sample	Number of Items	Alpha
370	37	.937

Table 4
Inter Scale Consistency of Islamic Belief Questionnaire

No. of Items	Co-efficient Alpha
1	.829
2	.841
3	.880
4	.932
5	.942
6	.769
7	.929
8	.798
9	.865
10	.961
11	.936
12	.888
13	.901
14	.883

Table Contd....

No. of Items	Co-efficient Alpha
15	.897
16	.870
17	.803
18	.727
19	.840
20	.771
21	.864
22	.904
23	.925
24	.895
25	.866
26	.845
27	.940
28	.901
29	.901
30	.936
31	.835
32	.961
33	.902
34	.947
35	.936
36	.887
37	.892

DISCUSSION

The present research was conducted for the development of a standardised Indigenous Islamic Belief questionnaire; therefore, validity, reliability and norms were established. The tool was validated using content validity as well as factorial validity. To obtain content validity, 10 experts (including five Islamic scholars and five clinical psychologists) rated the items high on a 10- point rating scale. For factorial validation, exploratory factor analysis was used with the rule of having 10 times the number of variables.

Originally the researchers had seven factors but rotated matrices gave eight. This occurred because the oneness of Allah was split into two: oneness of Allah and belief in wali. However, belief in wali was not added to the scale because it was related to a prevailing cultural belief rather than a basic Islamic belief. Later on, the obtained factors were relabelled according to their content such as: oneness of Allah; Holy books; basic faith; judgement of deeds; Holy Prophets and fate; life after death and angels. However, the basic faith factor was merged into the factor analysis. Furthermore, two original factors, the Holy prophet and fate, were merged, and Day of Judgment was changed into judgment of deeds. However, life after death and angels were not changed.

In the results, factor one, named Oneness of Allah, comprises five items, with factor loading range .615-.810. Factor two, termed the Holy Books, consists of four items with factor loading range .302 -.481. The third factor, namely basic faiths, comprised seven items which are based on the basic beliefs of Islam and which include the Oneness of Allah, Holy books, angels, prophets, life after death, Day of Judgment and destiny and fate with factor loading range .380-809. The fourth factor, judgment of deeds, comprises four items, all of which measure the belief of an individual regarding the judgment of their conduct with factor loading range .360-.870. The fifth factor, named life after death, and containing three items, judges a person's belief in life after death with factor loading range .411-.498. Factor six, named fate and the prophets, contains items judging both individuals' belief in fate and in the prophets. It comprises of six items with factor loading range .313-.540. The seventh factor, Angels, contains two items, and measures the level of the individual's belief in angels, protectors and sources of Allah's blessing with factor loading range .677-.814.

One of the strengths of this study is that all of the items were directly derived from the Islamic theory, and not grounded in modern westernised theories. Furthermore, the large sample size and a diverse socioeconomic group from one of the main cities of Pakistan slightly increased its generalizability.

Limitations

Apart from strengths, some problems and limitations of the study should also be addressed. Researchers faced some practical problems during the study. For example, Islamic beliefs are considered sensitive to explore not only in the opinion of Islamic scholars, but also in the opinion of various psychologists and clinical psychologists. The argument is that the researchers asked participants to

quantify their beliefs and if any individual quantified the basic belief (construct 3) less than 5 (this means less than 100%) that might take them out of Islam because in Islam an individual must have total belief in the basic tenets. Therefore, this concern was taken seriously by the researchers and every caution was used in stating the items clearly, to avoid any participant misconception. Moreover, Clinical Psychologists and Islamic Scholars rated the questionnaire dually.

It is worth mentioning that IIBQ is only at an early stage. If any researcher wants to measure Islamic beliefs among those people who are facing adversity, it is necessary to change the given instruction. For example; "I would like you to fill in this questionnaire by thinking of your views over the last month". However, as this is the initial version of the IIBQ, in future studies a few changes might occur e.g., the researchers might change the response style of the questionnaire or change the instructions. It is recommended that this study should be replicated in other provinces of Pakistan.

Conclusion

For many clients in Pakistan, religion is either a source of coping or a problem in itself. Comprehensive assessment in these cases is very appropriate, and sometime essential for counselling or psychotherapy. That is why this standardised Islamic belief questionnaire has been developed to measure religious beliefs in Pakistani Muslims, which ultimately helps psychologists and especially clinical psychologists to determine the positive or negative effects of Islamic beliefs in Muslims, which in turn helps them in the process of counselling.

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