

## Availability of validated instruments for the study of religiousness in Brazilian samples

Disponibilidade de instrumentos validados para o estudo da religiosidade em amostras brasileiras

Comment about "Properties of the Duke Religious Index in a sample of postgraduate students"<sup>1</sup>

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Brazil is a country of continental dimensions and its plural cultural matrix reflects on diverse religious practices. In fact, a population survey indicates that more than 80% of Brazilian people attribute an important meaning for religion<sup>2</sup>. Most studies clearly indicate that religiousness has an independent protector effect for physical and mental health<sup>3</sup>. The last two decades mark an explosion in studies addressing the relationships between religiousness and mental health<sup>4</sup>. Nevertheless, there is a predominance of investigations derived from North American samples (mainly Protestant)<sup>5</sup>. In Brazil, the study of the influence of religiousness on mental health is still in its infancy.

Noteworthy, advances in this research field had been challenged by criticisms toward the scientific rigor and the actual validity of measuring religiousness<sup>3</sup>. Critics have argued that there is an extrapolation in the conclusion of many studies, where the protector effect of an aspect of religiousness are sometimes interpreted to mean the religion "in general" is positive<sup>3</sup>. The measurement of religiousness in health is a relatively recent scientific achievement which dates to pioneering investigations in the post-war<sup>5,6</sup>. King and Hunt early found that religiousness in a multidimensional construct<sup>6</sup>. Currently, there are over 100 instruments available to tap different religiousness dimension<sup>3</sup>. However, few instruments are validated for use in Brazilian samples. Lucchetti *et al.* developed the Duke Religiousness Index (DUREL), which is a brief instrument which measures three religiousness facets, namely: *organizational religiousness* (OR), *non-organizational religiousness* (NOR) and *intrinsic religiousness* (IR)<sup>7</sup>. The Brazilian Portuguese version of the DUREL (P-DUREL) was initially validated by Lucchetti *et al.* in a low-income community sample<sup>7</sup>. In this study, the P-DUREL had adequate internal consistency as well as convergent-discriminant validity. Posteriorly, our research group extended these observations and found adequate internal consistency, test-retest reliability and convergent-discriminant validity in a two different samples (i.e., university students and psychiatric outpatients)<sup>8</sup>. The study by Martinez *et al.*<sup>1</sup> validated the P-DUREL in a sample of postgraduate students. These authors found psychometric properties similar to the study by Taunay *et al.* Altogether, these three validation studies provide support for the use of the P-DUREL for the study of religiousness in our milieu.

Despite these initial efforts, there is a need for new advances in this research field. There is just another validated instrument for the study of religiousness in Brazilian sample, namely the Intrinsic Religiousness

Inventory (IRI)<sup>9</sup>. There are other validated instruments which measure related constructs, such as the Spiritual Well-Being Scale<sup>10</sup> and the Religious-Spiritual Coping scale<sup>11</sup>. Future studies should determine the psychometric properties of the P-DUREL in distinct samples (e.g., a more representative community sample and clinical samples).

The development and validation of instruments to measure religiousness is crucial step for the advance of this research field. The *Revista de Psiquiatria Clínica* had published in the last few years several studies relating religiousness to mental health for a growing audience.

### References

1. Martinez EZ, Santos Almeida RG, Carvalho ACD. Propriedades da Escala de Religiosidade de Duke em uma amostra de pós-graduandos. Rev Psiq Clín. 2012;39:180.
2. Moreira-Almeida A, Pinsky I, Zaleski M, Laranjeira R. Envolvimento religioso e fatores sociodemográficos: resultados de um levantamento nacional no Brasil. Rev Psiq Clín. 2010;37:12-5.
3. Hall DE, Meador KG, Koenig HG. Measuring religiousness in health research: review and critique. J Relig Health. 2008;47:134-63.
4. Koenig HG. Research on religion, spirituality, and mental health: a review. Can J Psychiatry. 2009;54:283-91.
5. Allport G. The individual and his religion: a psychological interpretation. New York: Macmillan; 1950.
6. King M, Hunt R. Measuring the religious variable: amended findings. J Sci Study Relig. 1967;8:321-3.
7. Lucchetti G, Granero Lucchetti AL, Peres MF, Leão FC, Moreira-Almeida A, Koenig HG. Validation of the Duke Religion Index: DUREL (Portuguese version). J Relig Health. 2012;51(2):579-86.
8. Taunay TCD, Gondim FAA, Macêdo DS, Moreira-Almeida A, Gurgel LA, Andrade LMS, et al. Validação da versão brasileira da escala de religiosidade de Duke (DUREL). Rev Psiq Clín. 2012;39(4):130-5.
9. Taunay TC, Cristino ED, Machado MO, Rola FH, Lima JW, Macêdo DS, et al. Development and validation of the Intrinsic Religiousness Inventory (IRI). Rev Bras Psiquiatr. 2012;34:76-81.
10. Marques LF, Sarriera JC, Dell'Aglia DD. Adaptação e validação da Escala de Bem-Estar Espiritual (EBE). Aval Psicol. 2009;8:179-86.
11. Panzini RG, Bandeira D. Escala de Coping Religioso-Espiritual (escala CRE): elaboração e validação de constructo. Psicologia em Estudo. 2005;10:507-16.