

RELIGIOUS LOVE MEASURE

Reference:

Levin, J. (2001). God, love, and health: Findings from a clinical study. *Review of Religious Research*, 42, 277-293.

Description of Measure:

An 8-item scale designed to measure religious love. These 8-items make up the religious love subscale of the Sorokin Multidimensional Inventory of Love Experience (SMILE). Respondents answer each item on a 5-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree).

Abstracts of Selected Related Articles:

Oman, D., & Thoresen, C. E. (2002). 'Does religion cause health?': Differing interpretations and diverse meanings. *Journal of Health Psychology*, 7, 365-380.

The question, 'Does religion (or spirituality) cause physical health benefits?' may be given at least four diverging interpretations in terms of causal path diagrams. In common usage, the question may be interpreted to indicate that religion causally influences health by: (1) any mechanism, including well-established factors such as social support and improved health behaviors; (2) additional mechanisms, such as enhanced positive psychological states (e.g. faith, hope, inner peace) acting through psychoneuroimmunologic or psychoneuroendocrinologic pathways; (3) offering psychological strength for acquiring or maintaining positive health behaviors; or (4) causally influencing health by distant healing or intercessory prayer. We review historical confusion between these interpretations, arguing that disentangling them is important for collaborative health care, promotion and research.

Levin, J. (2002). Is depressed affect a function of one's relationship with God?: Findings from a study of primary care patients. *The International Journal of Psychiatry in Medicine*, 32, 379-393.

Objective: This study examines the association between a self-reported loving relationship with God and the presence of depressed affect. Building on prior clinical and epidemiologic research on religious factors in mental health, it seeks to extend consideration to internal religious resources. Method: Data are from 205 primary care outpatients who completed a self-administered survey inquiring about their relationship with God, their mental and physical health, and various religious and psychosocial issues. The principal dependent construct is the depressed affect subscale of the General Well-Being Scale. The principal independent construct is a validated eight-item self-report measure of loving and being loved by God based on a theoretical taxonomy developed by Sorokin. Results: Hierarchical ordinary least squares regression was used to investigate the association between this construct, which Sorokin termed "religious love," and the measure of depressed affect. After controlling for sets of hypothesized mediating factors (multi-item measures of religious involvement, social resources, psychological resources, and physical health status) in five successive models, as well as several key sociodemographic variables, the statistically significant

inverse association between these two constructs in the baseline model ($= -.29, p < .01$) remained strong and statistically significant ($= -.21, p < .05$). Conclusions: These findings raise the possibility that a loving relationship with God may exert a protective effect on psychological distress. One's relationship with God thus may represent an important personal resource for mitigating the emotional consequences of poor health and other deleterious life circumstances, as well as a marker for successful religious coping.

Sprecher, S. & Fehr, B. (2005). Compassionate love for close others and humanity. *Journal of Social and Personal Relationships, 22*, 629-651.

A compassionate love scale was developed that can be used, in alternative forms, to assess compassionate or altruistic love for different targets (e.g., close others and all of humankind). Using three samples (total N = 529), the Compassionate Love scale was developed and piloted. Three studies (total N = 700) were then conducted to provide validation of the scale and to examine correlates of compassionate love. In support of our predictions, compassionate love was found to be associated positively with prosocial behavior, as directed both to close others and to all of humanity. Those who were more religious or spiritual experienced more compassionate love than those who were less religious or spiritual. Evidence was found that compassionate love is distinct from empathy. In the final study, we introduced a relationship-specific version of the Compassionate Love scale, and found that compassionate love for a specific close other was associated with the provision of social support for that person.

Scale: Contact author for permission to use items.