

RESEARCH ARTICLE

Romanian adaptation of Centrality of Religiosity Scale and the utility of this scale in cognitive-behavioral therapy for religious populations

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Background: Cognitive-Behavioral Therapy is a psychotherapeutic intervention that proved to be an efficient treatment for a variety of psychiatric disorders. Religious features can be efficiently integrated within cognitive-behavioral approaches both during the assessment and treatment processes. The use of a specific instrument for measuring religious beliefs and attitudes may improve psychological intervention for a widely spectrum of mental disorders, including anxiety and psychosis. Objective: The present study aims to establish a Romanian version of the Centrality of Religiosity Scale (CRS). Method: The sample of this study included 134 undergraduate students from Romania (112 women and 22 men), aged between 18 and 46 years. The questionnaire was translated from English into Romanian by three independent translators, and then from Romanian into English by other three independent translators. Results: Our findings indicate that the Romanian version of CRS demonstrated high internal consistency for all scales, with Cronbach alpha coefficients ranging from 0.749 to 0.881 for the individual sub-scales of the instrument. Conclusion: The CRS is a valid instrument that can be used for assessing religious beliefs in Romanian population.

Keywords: psychiatric disorders, religiosity, cognitive-behavioral therapy

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Introduction

From the perspectives of theory and clinical practice of Cognitive-Behavioral Therapy, some aspects provided from religion can be efficiently used for restructuring the negative thoughts/irrational beliefs in depression, anxiety disorders, especially with faithful patients [1-4]. Thus, to establish if this technique is appropriate for those patients, the level of religiosity should be assessed before the intervention in this case. Huber and Huber (2012) developed the Centrality of Religiosity Scale (CRS) for the purposes of measuring centrality, salience, or importance of the religious meanings in individual personalities [5]. Since the development of the CRS, religious areas of focus such as sociology and psychology have conducted studies with over 100,000 subjects in more than 25 different countries. Although the scale is being used by representatives throughout 21 different countries, a comprehensive overview in English regarding a base for practical application was only recently written. This paper will introduce the foundations that encompass the basic principles of the CRS. The paper will also expound upon the aspects pertaining to the model of religiosity through which the CRS was based upon.

Lastly, various versions of the CRS will be presented, along with the norm values derived from 21 different countries.

The basic general measures of religiosity describe the intensity, salience, importance, or centrality in the individual. It is not uncommon for a single item scale to ask an individual to acknowledge the importance of spiritual aspects, including the development of a religious identity. Common examples include: "How important is religion for you" or "How religious do you consider yourself" — yielding to an efficient evaluation of religiosity intensity. In a study utilizing the individual self-report, Esperandio and colleagues (2019) validated the reliability of the CRS scale using the Brazilian versions of the scale consisting of ten and five items, namely CRS-10BR and CRS-5BR respectively, verifying religiosity in individuals and predicting forms of human behavior [6].

A unique approach is taken with the centrality scale due to the questions proposed over general intensities of theoretical defined core dimensions of religiosity. The dimensions of religiosity are thought of as representatives for the entire religious live and derives from each a combined assessment of centrality which relies on two different prerequisites. Representativeness is one of the problems with the measurement strategy of which a decision must be made, based upon a theoretical foundation of one's entire

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religious life. Generalizability of religious content targeted by the indicators would be the second problem with the measure of religiosity due to trans-religious generalization of the measure introduced by the content which is acceptable in most religious traditions [5]. The identification of representative dimensions of religiosity as defined by CRS refers to the multidimensional model of religion proposed by Glock (1973), an approach that was based on sociological elements regarding religion [7]. Glock underscored the five core dimensions, constituting a broad theoretical background for empirical research comprised, describing the intellectual, ideological, ritualistic, experiential, and consequential dimensions. Stark and Glock (1968) consolidated the consequential dimensions from the model and divided the ritualistic dimensions into public and private practices which metaphorically gave birth to the five core dimensions [8]. Glock's approach allowed a sociological perspective to coexist with discernable psychological models regarding the five dimensions which focus on religious institutions and social expectations [7].

CRS is a scale which measures religiosity through five dimensions; Intellectual, Ideology, Public Practice, Private Practice, and Religious Experience dimensions. From a sociological perspective [5], the intellectual dimension refers to a social expectation that religious people have some knowledge of religion. The content of the intellectual dimension's category is independent of any confessional bias or religious affiliation, allowing the dimension to be applied across different religions. In a study conducted by Gheorghe (2019), validating the psychometric properties of a Romanian version of the CRS, the manual was validated as being an effective and reliable measure in detecting religiosity among Orthodox, Seventh-day Adventist, Catholics, and other highly religious samples groups [9]. The dimension of ideology refers to the social expectation religious individuals possess in terms of their beliefs over the existence and the essence of a transcendent reality.

Referring to the correlation between transcendence and that of the individual human, several constructions of transcendence, integrating multiple perspectives, can become essential from a psychological point of view. The dimension of public practice involves the general expectation that faithful individuals are part of specific religious communities, expressing their religiosity by a public participation in social activities that are related to the community's spiritual life. The general intensity of public practice can be determined by discovering how frequently an individual is taking part in religious services. The dimension of private practice involves the expectation that faithful individuals engage in both individualized activities expressing transcendence and various religious practices in the individuals' private space [5].

The dimension of spiritual experience involves the expectation that religious individuals have regarding their interaction with a supreme reality. This construct system is a

dimension represented by patterns of religious perceptions, as well as a body of religious experiences and feelings. In a study conducted by Maison et al. (2019), the CRS was used to determine how Muslim consumers viewed halal labeled foods [10]. This study depended on measuring the individual's religiosity utilizing the CRS and dividing individuals into high or low religiosity categories. Without the use of the CRS, these types of studies conducting religious based research would not have been able to accurately measure the extent to which individuals identified as religious.

The CRS scales have been translated into multiple languages, which differ in range of applicability and the mode of measurement, although all utilize the five core dimensions. Even though versions of the CRS manual use the five core dimensions, various versions differ in terms of objective and subjective frequencies. Objective frequencies would include religious practices which are common amongst many religious traditions. However, some of the more uncommon religious practices, which occur less regularly, would be referred to as subjective frequencies. Some language translations of the CRS manual include, Brazilian [6], Spanish [11], German [12], Polish [13], Hindi [14], Indonesian [15], Filipino [16], Kinyarwanda [17], Portuguese [6], Romanian [8], Greek [18] and Chinese [19], roughly 20 different translations of the CRS manual exist - each utilizing the manual differently. The use of the CRS manual spans from the actual measuring of religiosity in individuals to testing other versions of the CRS scale - determining which scale seems to be more relevant for the study.

The scale has been used to study the context of Islam, exploring conflict and behavior in the workplace regarding second generation Arab Muslims working in the United States. According to Wekhian (2015), the CRS manual was used to evaluate how religious participants considered themselves - leading to specific conflict management styles [20]. Other uses include comparing the use of religious and non-religious value systems to determine predictors in coping with stress during early adulthood. The CRS manual has also been used to determine if the influence of one's religious construct system would bolster psychotherapeutic results, revealing a positive correlation with psychotherapy [21]. Similarly, another study [22] was conducted regarding breast cancer patients, the CRS manual was used to assess the correlation between religiosity, mental health, and psychological resilience of the patients. The study found no correlation between religiosity and mental health but found that religiosity and psychological resilience were heightened during treatment.

Goal of the Study

The goal of this study is to create a version of the instrument for Romanian use, drawing upon the basic foundations and principals of other adapted CRS scales [5]. Thus,

the CRS-20 Romanian adaptation of the scales allowed the researcher to accurately measure the religiosity of a preponderantly Orthodox sample of participants. Other studies aimed to test similar criteria for different versions of the CRS using various religious samples. One such study conducted by Gheorghe (2019), validated the psychometric properties of the Romanian version of the CRS-15 [9]. Both studies focused on validating their version of the Romanian CRS which was primarily used among religious individuals. The present study included a sample of Romanian college students with the Orthodox Christianity religious affiliation, whereas in the study conducted by Gheorghe (2019), participants consisted of various religions and educational backgrounds [9].

Methods

Participants

Written consent for purposes of research was obtained from all participants after receiving information about the study, along with approval from higher learning institutions where participants were enrolled. The privacy of each participant was protected by replacing their names with identification numbers, which was used on all research documents and analyses.

The sample participants consisted of 134 undergraduate students (Table 1). The mean age of participants was 22.42 years ($SD = 6.49$), ranging from 18 to 46 years. Out of 134 participants, 75 (56%) were studying at a university located in Iasi, 112 (83.6%) were females, 81 (60.4%) residing in an urban area, 131 (97.8%) identified themselves as

Table 1. Locations and Participant's Demographics (N = 134)

	Frequency	Percent
Campus Location		
Iasi	75	56.0
Sibiu	5	3.7
Tirgu-Mures ¹	54	40.3
Gender		
Female	112	83.6
Male	22	16.4
Residence		
Rural	51	38.1
Urban	81	60.4
Ethnicity		
Hungarian	3	2.2
Romanian	131	97.8
Status		
Cohabitation	5	3.7
Not married	108	80.6
Married	13	9.7
Religion		
Greco-Catholic	2	1.5
Muslim	2	1.5
Neo-protestant	8	6.0
No religion	3	2.2
Orthodox	113	84.3
Protestant	1	0.7
Romano-Catholic	3	2.2

Note. Descriptive percentages not summing to 100% reflect missing data and/or participants not willing to respond to the item. ¹ There were two universities located in Tirgu-Mures where data was collected.

Romanians. Additionally, 108 (80.6%) participants were not married and 113 (84.3%) identified as Orthodox.

Procedure

The original CRS questionnaire was distributed to three different translators who translated the document from English into Romanian (Figure 1). Each of these three documents was then sent to other three Romanian translators, who translated from Romanian back into English. After this step, we created the first Romanian version of the CRS based on the translations from the three original English into Romanian documents. Furthermore, upon receiving translated documents from Romanian into English, a native English speaker reviewed each Romanian into English translation for compatibility. The first Romanian version of the CRS was also distributed to a group of specialists (two psychologists) and a couple of ordinary Romanian people for a review. Based on their feedback we reformulated problematic items.

All participants in this study received an electronic version of this questionnaire and their responses were automatically saved in an Excel document.

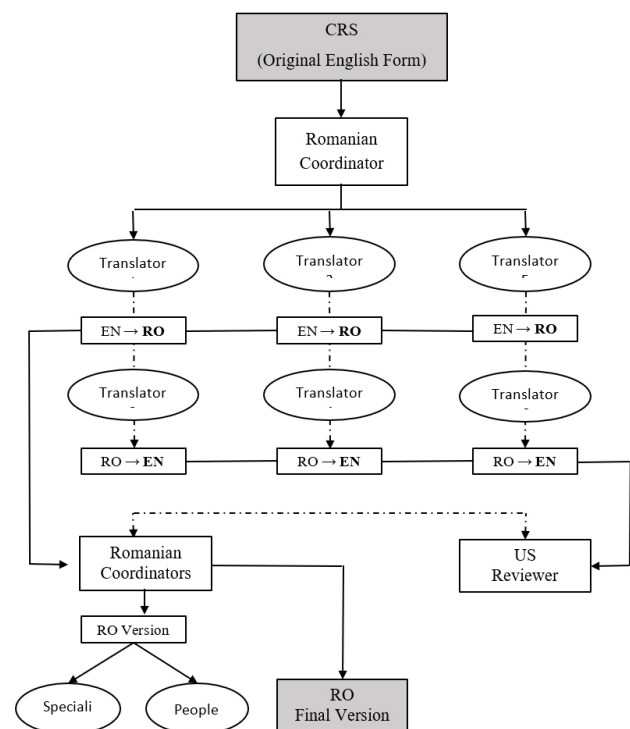


Fig. 1. Concept diagram of the methodology used in translation of Centrality of Religious Scale (CRS; Huber & Huber, 2012) into Romanian language

Note. The original CRS document will be distributed to three different translators who translated the document from English into Romanian. Each of these three documents will be then sent to an additional three translators and were translated from Romanian back into English. After this step, we created the first Romanian version of the CRS based on the translations from the three original English into Romanian documents. Furthermore, upon receiving translated documents from Romanian into English, a native English speaker reviewed each Romanian into English translation for compatibility. The first Romanian version of the CRS will be then distributed to a group of specialists (2 psychologists) and a couple of Romanian ordinary people for a review. Based on their feedback we will reformulate the problematic items.

Measures

Centrality of Religiosity Scale (CRS). This is a scale which measures religiosity through five dimensions: Intellectual, Ideology, Public Practice, Private Practice, and Religious Experience dimensions.

From a sociological perspective, the intellectual dimension refers to a social expectation that religious people have some knowledge of religion, allowing the individual to expound upon views pertaining to transcendence, religion, and religiosity. Regarding the personal religious construct system, dimensions are represented as themes of interest which are categorized as bodies of knowledge, hermeneutical skills, and styles of thought, pairing each with the individual's personal interpretation. A general indicator for the intellectual dimension's category is the frequency in which individuals are inclined to think about religious issues. The frequencies in which individuals think about religious issues indicates how often religious contents are updated through the medium of personalized thought. The individual's frequencies of thought concerning religion lead directly into what is at the core of the intellectual dimension's category. The content of the intellectual dimension's category is independent of any confessional bias or religious affiliation, allowing the dimension to be applied across different religions.

The dimension of ideology refers to the social expectation religious individuals possess in terms of their beliefs over the existence and the essence of a transcendent reality. Furthermore, the dimension of ideology also refers to the correlation between transcendence and that of the individual human. In the individual construct system of religious aspects, the ideology is structured as a set of beliefs representing unchallenged convictions and patterns of plausibility. The primary focus involved in this element refers to the credibility and existence of a transcendent reality — does the individual believe in the existence of God or something divine, and to what extent. The basic-belief over the existence of God or other divinities is present in almost all religious orientations — acting as a prerequisite for all other concepts and dogmas concerning an essence for such a reality. The moment an individual considers offers credibility to the notion of transcendence, certain constructions that describe transcendence from various perspectives can become psychologically salient. The dimension of public practice involves the expectation that faithful individuals belong to spiritual communities, expressed by a public participation in religious activities (5). At a personal level, this element is characterized by patterns of action, a sense of belonging (to a particular community), as well as possessing a specific construction of transcendence. The intensity of public practice can easily be determined through discovering how frequently an individual is taking part in spiritual activities. Regarding interreligious studies, it is recommended to differentiate the “label” of spiritual activities according the specific spiritual affiliation of that individual (i.e., church attendance for Christians or Friday prayer for Muslims).

The element of private practice involves the expectation that faithful individuals engage in both individualized activities expressing transcendence and various religious practices in the individuals' private space. This personal construct is a dimension that refers to patterns of action, as well as a personal way of devotion to spirituality. It is rational to include prayer intensity as an evaluation of private practices, translating it to a fundamental and irreducible form of the individual's adherence to transcendence. Furthermore, the act of prayer in which an individual addresses a Divine being implicates a dialogical spirituality. Juxtaposed to prayer, meditation refers more to the individual person or to an all-pervasive principle, sometimes even both. Due to the fundamental structure of meditation, it aligns more with a participative pattern of spirituality. Considering both forms of private religious practices are covered in the personal religious construct system, both basic patterns of spirituality have been included in the dimension.

The dimension of religious experience refers to the social expectation that religious individuals have regarding direct contact with an ultimate reality; thus, emotionally affecting the individual. The personal construct of religion is an element that consists of various spiritual standpoints, as well as specific types of experienced religious phenomena. Analogously to private practice, the other fundamental forms of experiencing transcendence can be distinguished as unique experiences corresponding to a dialogical pattern of religiosity, as well as but not limited to the experiences of being singular — meaning a social practice. Therefore, we encourage the use of both expressions pertaining to religious experiences for assessing intensity of religiosity [5].

The basic instrument includes several versions - with 15 (CRS-15), with 10 (CRS-10) and with 5 items (CRS-5). Importantly, the CRS-15 has five additional items (i.e., Items 4b, 5b, 9b, 10b, and 14b) which accommodate non-Christian faiths making the scale a 20-items long (Table 2; Centrality of Religiosity Scale Item – Interreligious Version; CRSi-20) one. The Romanian version of it was named *Scala Religiozitatii (Versiunea Inter-Religioasa; SRi-20)*. The (CRS) versions are suitable for at least the three Abrahamic religions (Judaism, Christianity, Islam). In this study, SRi-20 version was used (Appendix 1). The SRi-20 has three items per dimension and is the version with the highest dimensional discriminance allowing for measurements of the core dimensions with the highest reliability and accuracy. Responses are measured through a 5-point Likert scale; higher scores show high levels of religiosity which are measured for that dimension. Scores are figured by computing the means for each dimension, as well as the overall mean, which represents the religiosity level (for more information how the religiosity dimensions we computed using the SPSS syntax, see Appendix 2). Reliability value of each dimension ranged from 0.80 to 0.93, and for the whole CRS-15 is 0.92 to 0.96 (5).

Statistical Analysis

For checking the accuracy of data coding and entry as well as completing the statistical analyses, SPSS (23) and JASP (24) were used for the current research. Factor analysis (FA), namely Principal Component Analysis, and Reliability Analyses were used to determine the structure of the CRS-20.

Results

Descriptive Analyses

As seen in the Table 1, out of 134 undergraduate students, the mean age of participants was 22.42 years (SD = 6.49), 75 (56%) were studying at a university located in Iasi, 112 (83.6%) were females, 81 (60.4%) residing in an urban area, 131 (97.8%) identified themselves as Romanians, 108 (80.6%) participants were married, and 113 (84.3%) identified as Orthodox.

As seen in Table 2, the descriptive analysis across each items of the CRSi-20 scale with means ranging from 2.57 to 4.31 and standard deviations ranging from 0.92 to 1.32.

Regarding the internal consistency of the CRSi-20 scale, the Cronbach's alpha values (Table 3) indicated high consistency for all scales. Specifically, scores were spanning from 0.766 for Intellectual scale (items 1, 6, and 11), 0.749 for Ideology scale (items 2, 7, and 12), 0.880 for Public Practice scale (items 3, 8, and 13), 0.853 for Private Practice scale (items 4a, 4b, 9a, 9b, 14a, and 14b), and 0.881 for Religious Experience scale (items 5a, 5b, 10a, 10b, and 15).

Table 2. The Romanian version of Centrality of Religiosity Scale – Interreligious Version; SRI-20) and Descriptive Analysis for Each Items

Item #	Valid	Mean	Median	Std. Deviation	Minimum	Maximum
1	134	3.81	4	0.92	2	5
2	134	4.31	5	0.96	1	5
3	134	3.31	3	1.21	1	5
4a	134	3.94	4	1.27	1	5
4b	134	3.16	3	1.32	1	5
5a	134	3.62	4	1.16	1	5
5b	134	3.11	3	1.07	1	5
6	134	3.57	4	0.96	1	5
7	134	3.52	4	1.16	1	5
8	134	3.52	4	1.18	1	5
9a	134	4.16	4	1.03	1	5
9b	134	3.50	4	1.06	1	5
10a	134	2.87	3	1.10	1	5
10b	134	2.57	3	1.18	1	5
11	134	2.76	3	1.08	1	5
12	134	4.17	4	0.97	1	5
13	134	3.40	4	1.23	1	5
14a	134	3.62	4	1.07	1	5
14b	134	3.13	3	1.17	1	5
15	134	3.58	4	1.23	1	5

Discussion

The goal of this study was to adapt the Centrality of Religiosity Scale [5] for the Romanian speaking population as well as testing the psychometric characteristics of this scale. The initial findings of the present study support the effectiveness of the CRS for measuring religiosity, mainly among Orthodox religious groups. Thus, the Romanian version of the CRS was deemed effective in accurately detecting and reliably measuring religiosity. These findings align with [9], that the Centrality of Religiosity Scale Interreligious Version (CRSi-20) can be used effectively for a Romanian speaking population.

The present study provided enough evidence to demonstrate the accuracy and effectiveness in measuring the religiosity of individuals whose first language is Romanian. Importantly, CRSi-20 can be used to measure the level of religiosity in an individual who does not associate with an Abrahamic religion among Romanian speakers. The scale was translated from English to Romanian, then back to Romanian and back to English by six different translators. Multiple translations among different translators insured a robust version of the scale.

Clinical implication of the study

The main clinical implication of Centrality of Religiosity Scale (CRS) is related to the Cognitive-Behavioral Therapy intervention in depression and anxiety disorders especially for faithful patients [25, 26]. The efficiency of cognitive-behavioral approaches for treating anxiety disorders is already well established by previous research [27].

Table 3. The Romanian version of Centrality of Religiosity Scale – Interreligious Version (SRI-20) Item Factorial Analysis and Reliability

Dimension/Item	N Total	Factor Loading	Cronbach's Alpha
Intellectual			0.766
Item 1	134	0.855	
Item 6	134	0.814	
Item 11	134	0.813	
Ideology			0.749
Item 2	134	0.879	
Item 7	134	0.807	
Item 12	134	0.773	
Public Practice			0.880
Item 3	134	0.922	
Item 8	134	0.911	
Item 13	134	0.861	
Private Practice			0.853
Item 4a	134	0.918	
Item 4b	134	0.691	
Item 9a	134	0.840	
Item 9b	134	0.560	
Item 14a	134	0.819	
Item 14b	134	0.819	
Religious Experience			0.881
Item 5a		0.854	
Item 5b		0.787	
Item 10a		0.840	
Item 10b		0.806	
Item 15		0.830	

Our recommendation is to use Centrality of Religiosity Scale (CRS) besides clinical scales like: Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Automatic Thought Questionnaire (ATQ), to establish if patients can be treated with Cognitive-Behavioral Therapy techniques, adjusted for faithful people. At the same time Centrality of Religiosity Scale (CRS) can be useful in First-Episode Psychosis to help the psychiatrist/clinical psychologist to make a clear distinction between mystic delirium and personal spiritual values of the patients. This may further improve the coping strategies used by these patients and their general functioning, along with cognitive techniques, which were shown to be of major importance in psychotic disorders [28]. The use of the present scale is strongly recommended for patients with psychosis, together with clinical questionnaire/interviewing like The Positive and Negative Syndrome Scale (PANNS) or The Structured Clinical Interview for DSM-5 (SCID-5).

Limitations of this study

This study has potential limitations. The convenient sample was made up of mostly undergraduate students which may not have represented the general Romanian population, creating a favorized bias. Another potential limitation to the study could be social desirability. Despite anonymity, social desirability may factor into answers given by participants. To control for these bias further studies may be needed where a lie scale could be introduced. For further study using the CRSi-20 we recommend a study using a randomized sample to test the accuracy of the manual for non-Christian religions. The randomized sample will also represent the entire Romanian population accurately.

The adaptation of the CRS substantiated use for measuring the religiosity of an individual among a Romanian speaking population. To fully understand a population that adheres to a specific religious group, the implementation of an accurate CRS is critical. An accurate CRS can provide insight into religious thinking and behaviors of Romanian speaking people regardless of their religion, making this scale versatile. Moreover, the CRS may increase the quality and addressability of Cognitive-Behavioral Therapy, by targeting the specific population of faithful patients and providing them a personalized psychological treatment.

Conclusion

The Centrality of Religiosity Scale (CRS) is a reliable instrument for measuring the level of religiosity, which can be used with confidence for Romanian population. This measure highlights important aspects influencing faith, such as objective and subjective religious experiences. As a detailed assessment of religiosity, CRS permits the particularization of cognitive-behavioral interventions for religious patients with a wide variety of psychiatric conditions, including psychosis.

Authors' contributions

A.R., A.C., A.P., E.A.T., A.B., E.S., W.C.L., S.R.P., C.O.P., S.M. Conception or design of the work, data interpretation; drafting and critical revise; final approval of the version to be published; agreement to be accountable for all aspects of the work.

Conflict of interest

None to declare.

References

1. Naeem F, Gul M, Irfan M et al. Brief Culturally adapted CBT(CaCBT) for depression: A randomized Controlled trial from Pakistan. *J Affect Disord*. 2015; 177: 101-107.
2. Ramos K, Erkanli A, Koenig HG. Effects of religious versus conventional cognitive-behavioral therapy (CBT) on suicidal thoughts in major depression and chronic medical illness. *Psychol. Relig. Spiritual*. 2018; 10(1): 79-87.
3. David H. Rosmarin ES, Hoffnung BG, Appe M. Effectiveness of Cognitive Behavioral Therapy for Anxiety and Depression Among Orthodox Jews. *Cogn Behav Pract*. 2019; 26: 676 – 687.
4. Algahtani H, Almulhim A, AlNajjar F, Aii M, Irfan M, Ayub M, Naeem F. Cultural adaptation of cognitive behavioural therapy (CBT) for patients with depression and anxiety in Saudi Arabia and Bahrain: A qualitative study exploring views of patients, carers, and mental health professionals. *Cogn. Behav. Ther*. 2019;12 (E44): 1-17.
5. Huber S, Huber OW. The Centrality of Religiosity Scale (CRS). *Religions*. 2012; 3(3): 710-724.
6. Esperandio MRG, August H, Viacava JJC, Huber S, Fernandes ML. Brazilian Validation of Centrality of Religiosity Scale (CRS-10BR and CRS-5BR). *Religions*. 2019; 10(9):508.
7. Glock CY. Religion in Sociological Perspective: Essays in the empirical study of religion. CA: Wadsworth Publishing Co. Belmont,1973
8. Stark R, Glock CY. American Piety: The nature of religious commitment. CA: Berkley University Press. LA, 1968
9. Gheorghe H. The psychometric properties of a Romanian version of the Centrality of Religiosity Scale (CRS 15). *Religions*. 2019 ;10(1): 11.
10. Maison D, Marchlewska M, Rizqy AZ, Syarifah D, Purba, H. Religiously permissible consumption. *J. Islam. Mark*. 2019;11(3): 948-960.
11. Dimitrova R, del Carmen Dominguez Espinosa A. Factorial structure and measurement invariance of the four basic dimensions of religiousness among Mexican males and females. *Psychol. Relig. Spiritual*. 2017; 9(2): 231-238.
12. Proyer RT, Laub N. The German-language version of the Expressions of Spirituality Inventory-Revised: Adaptation and initial validation: Research and reviews. *Curr Psychol*. 2017; 36(1): 1-13.
13. Czyzowska D, Mikolajewska, K. Religijnosc a rozwój rozumowania moralnego w okresie adolescent [Religiosity and development of moral reasoning in adolescence]. *Psychologia Rozwojowa*. 2012; 17(2): 55-70.
14. Grover S, Dua D. Translation and adaptation into Hindi of Central Religiosity Scale, brief Religious Coping Scale (brief RCOPE), and Duke University religion index (DUREL). *Indian J Psychol Med*.2019; 41(6): 556-561.
15. Kaplan B, Hardesty JJ, Martini S, Megatsari H, Kennedy RD, Cohen JE. The effectiveness of cigarette pack health warning labels with religious messages in an urban setting in Indonesia: A cross-sectional study. *Int. J. Environ. Res. Public Health*, 2019; 16(21): 1-14.
16. Reyes MES, Ballesteros KCA, Bandol PAA, Jimenez, KAH, Malangen, SDR. Religiosity, gender role beliefs, and attitudes toward lesbians and gays in the Philippines. *N Am J of Psychol*. 2019; 21(3): 559-571.
17. Heim L, Schaal S. Rates and predictors of mental stress in Rwanda: Investigating the impact of gender, persecution, readiness to reconcile and religiosity via a structural equation model. *Int J Ment Health Syst*. 2014; 8: 37.
18. Fradelos EC. Connecting the dots: Understanding the relationship between religiosity, psychological resilience, and depression in breast cancer patients. *Progress in Health Sciences*. 2019; 9(1): 98-104.
19. Lee JC, Kuang X. Validation of the Chinese version of the Centrality of Religiosity Scale (CRS): Teacher perspectives. *Religions*. 2020; 11(5): 266.
20. Wekhian AJ. Conflict Behavior in the Workplace: A Study of Second Generation Arab Muslim Immigrants in the United States. *Int J Bus Manag*. 2015; 10(12): 1-20.

21. Friedrich-Killinger, S. Centrality of religiosity as a resource for therapy outcome? Religions. 2020; 11(4): 155.
22. Fradelos EC, Latsou D, Mitsi D et al. Assessment of the relation between religiosity, mental health, and psychological resilience in breast cancer patients. Współczesna Onkologia. 2018; 22(3): 172-177.
23. IBM Corp. IBM SPSS Statistics for Windows (Version 19.0). [Computer software]. Armonk, NY: IBM Corp, 2010.
24. JASP Team. JASP (Version 0.13.1) [Computer software]. Accessed January 06, 2021. <https://jasp-stats.org/download/>
25. David D, Gherman A, Podina I, Mogoșe C, Sucală M, Voinescu B. The added value of CBT in the genetic counseling process: concept development, state of the art and new directions. J Ration Emot Cogn Behav Ther. 2016; 34(4): 310-331.
26. David D, Lynn SJ, Ellis A. (eds). Rational and irrational beliefs: Research, theory, and clinical practice. Oxford University Press, Oxford, 2010.
27. Schenk A, Popa CO, Olah P, Suciuc N, Cojocaru C. The Efficacy of Rational Behavior Therapy Intervention in Generalized Anxiety Disorder. Acta Medica Marisiensis. 2020; 66(4):148-151.
28. Popa CO, Predatu R, Lee WC et al. Thought Suppression in Primary Psychotic Disorders and Substance/Medication Induced Psychotic Disorder. Int J Environ Res Public Health. 2021; 18(1):166.

Appendix 1

SRI-20 Scala Religiozității (Versiunea Inter-religioasă)

Instrucțiuni: Scala Religiozității își propune să evalueze centralitatea, importanța sau semnificația aspectelor religioase în viața ta (Huber & Huber, 2012).
Te rugăm să citești cu atenție fiecare întrebare și să încercuiești acel răspuns ce te descrie cel mai bine.
Te rugăm să răspunzi la fiecare întrebare. *Îți mulțumim foarte mult!*

Item	În cazul fiecărei întrebări, încercuiești numărul/descriptorul corespunzător.					
1. Cât de des te gândești la aspecte de natură religioasă?	Foarte des 5	Adesea 4	Uneori 3	Rar 2	Niodată 1	
2. În ce măsură crezi în existența lui Dumnezeu sau a ceva divin? Pentru Hinduși și Budisti: În ce măsură crezi în existența lui Dumnezeu, a zeităților sau a ceva divin?	Foarte mult 5	Destul de mult 4	Așa și așa 3	Nu prea mult 2	Deloc 1	
3. Cât de des participi la servicii/sujbe religioase?	Mai mult de o dată pe săptămână 5	O dată sau de trei ori pe lună 4	De câteva ori pe an 3	Mai rar 2	Niodată 1	
Pentru Musulmani: Cât de des participi la servicii/sujbe religioase (namaz)?	O dată pe săptămână 5	O dată sau de trei ori pe lună 4	De câteva ori pe an 3	Mai rar 2	Niodată 1	
4a. Cât de des te rogi?	De câteva ori pe zi 5	Mai mult de o dată pe săptămână 4	O dată pe săptămână 3	De câteva ori pe an 2	Niodată 1	
Pentru Musulmani: Cât de des roști rugăunile personale (du'a)?	O dată pe zi 5	O dată sau de trei ori pe lună 4	O dată sau de trei ori pe lună 3	Mai rar 2	Niodată 1	
4b. Cât de frecvent meditezi?	De câteva ori pe zi 5	Mai mult de o dată pe săptămână 4	O dată pe săptămână 3	De câteva ori pe an 2	Niodată 1	
5a. Cât de des te dăruiești în situații în care ai sentimentul (simți) că Dumnezeu sau ceva divin intervin în viața ta? Pentru Hinduși și Budisti: Cât de des te dăruiești în situații în care ai sentimentul (simți) că Dumnezeu, zeități sau ceva divin intervin în viața ta? Pentru Musulmani: Cât de des te dăruiești în situații în care ai sentimentul (simți) că Dumnezeu sau ceva divin permite intervenție în viața ta?	Foarte des 5	Adesea 4	Uneori 3	Rar 2	Niodată 1	
5b. Cât de frecvent te dăruiești în situații în care ai sentimentul că ești în unitate cu totul/totți (parte a unui întreg)?	Foarte des 5	Adesea 4	Uneori 3	Rar 2	Niodată 1	
6. Cât de interesat/ă ești să înveți mai mult despre subiecte de natură religioasă?	Foarte mult 5	Destul de mult 4	Așa și așa 3	Nu prea mult 2	Deloc 1	
7. În ce măsură crezi în viață după moarte (de exemplu, în nemurirea sufletului, în înscărmântare sau în reînscărmântare)?	Foarte mult 5	Destul de mult 4	Așa și așa 3	Nu prea mult 2	Deloc 1	
8. Cât de importantă este să participi în cadrul serviciilor religioase?	Foarte mult 5	Destul de mult 4	Așa și așa 3	Nu prea mult 2	Deloc 1	
9a. Cât de importantă este pentru tine rugăunea personală? Pentru Musulmani: Cât de importantă este pentru tine rugăunea personală (du'a)?	Foarte mult 5	Destul de mult 4	Așa și așa 3	Nu prea mult 2	Deloc 1	
9b. Cât de importantă este meditația pentru tine?	Foarte mult 5	Destul de mult 4	Așa și așa 3	Nu prea mult 2	Deloc 1	
10a. Cât de des te dăruiești prin situații în care ai sentimentul (simți) că Dumnezeu sau ceva divin dorește să comunice cu tine sau să îți dezvăluie ceva? Pentru Hinduși și Budisti: Cât de des te dăruiești prin situații în care ai sentimentul (simți) că Dumnezeu, zeități sau ceva divin dorește să comunice cu tine sau să îți dezvăluie ceva? Pentru Musulmani: Cât de des te dăruiești prin situații în care ai sentimentul (simți) că Dumnezeu sau ceva divin permite ca ceva să îți fie comunicat sau dezvăluit?	Foarte des 5	Adesea 4	Uneori 3	Rar 2	Niodată 1	
10b. Cât de des te dăruiești prin situații în care ai sentimentul că ești atins/ă de o putere divină?	Foarte des 5	Adesea 4	Uneori 3	Rar 2	Niodată 1	
11. Cât de frecvent te informezi cu privire la chestiuni religioase prin intermediul radioului, televiziunii, internetului, ziarelor sau al cărții?	Foarte des 5	Adesea 4	Uneori 3	Rar 2	Niodată 1	
12. În opinia ta, cât de probabilă este existența unei puteri divine?	Foarte mult 5	Destul de mult 4	Așa și așa 3	Nu prea mult 2	Deloc 1	
13. Cât de importantă este pentru tine să fii parte/să fii conectat/ă la o comunitate religioasă?	Foarte mult 5	Destul de mult 4	Așa și așa 3	Nu prea mult 2	Deloc 1	
14a. Cât de frecvent te rogi în mod spontan influențat/ă fiind de situații zilnice?	Foarte des 5	Adesea 4	Uneori 3	Rar 2	Niodată 1	
14b. Cât de frecvent încerci să te conectezi în mod spontan cu divinitatea influențat/ă fiind de situații zilnice?	Foarte des 5	Adesea 4	Uneori 3	Rar 2	Niodată 1	
15. Cât de des te dăruiești prin situații în care ai sentimentul (simți) că Dumnezeu sau ceva divin este prezent? Pentru Hinduși și Budisti: Cât de des te dăruiești prin situații în care ai sentimentul (simți) că Dumnezeu, zeități sau ceva divin sunt prezenți?	Foarte des 5	Adesea 4	Uneori 3	Rar 2	Niodată 1	

Huber, S. & Huber, O. W. (2012). The Centrality of Religiosity Scale (CRS). *Religions*, 3(3), 710-724. doi:10.3390/rel3030710
Traducerea și adaptarea în limba română a fost realizată de către Adrian V. Rus, Aurelian Ploeanu, Anca Bejenaru, Ecaterina Stativa, Elena-Adriana Tomulețiu, Cosmin Popa, Jacquelyn S. Penning și Sheri R. Parris.

Appendix 2

The Romanian version of Centrality of Religiosity Scale – Interreligious Version (SRi-20) and SPSS syntax for computing the religious dimensions/factors (Huber & Huber, 2012).

Factor	Item #	SPSS syntax
Intellect	1	RENAME VARIABLES (V1=Intellect_I).
	6	RENAME VARIABLES (V6=Intellect_II).
	11	RENAME VARIABLES (V11=Intellect_III). COMPUTE Intellect = (Intellect_I + Intellect_II + Intellect_III) / 3. VARIABLE LABELS Intellect ,Intensity of Religious Intellectuality'. EXECUTE.
Ideology	2	RENAME VARIABLES (V2=Ideology_I).
	7	RENAME VARIABLES (V7=Ideology_II).
	12	RENAME VARIABLES (V12=Ideology_III). COMPUTE Ideology = (Ideology_I + Ideology_II + Ideology_III) / 3. VARIABLE LABELS Ideology ,Intensity of Religious Ideology'. EXECUTE.
Public Practice	3	RENAME VARIABLES (V3= PublicPractice_I).
	8	RENAME VARIABLES (V8=PublicPractice_II).
	13	RENAME VARIABLES (V13=PublicPractice_III). COMPUTE PublicPractice = (PublicPractice_I + PublicPractice_II + PublicPractice_III) / 3. VARIABLE LABELS PublicPractice ,Intensity of Public Practice' . EXECUTE.
Private Practice	4a	COMPUTE PrivatePractice_I = MAX(V4a,V4b).
	4b	VARIABLE LABELS PrivatePractice_I ,Private Practice I - Frequency'.
	9a	EXECUTE.
	9b	COMPUTE PrivatePractice_II = MAX(V9a,V9b).
	14a	VARIABLE LABELS PrivatePractice_II ,Private Practice II - Importance'.
	14b	EXECUTE. COMPUTE PrivatePractice_III = MAX(V14a,V14b). VARIABLE LABELS PrivatePractice_III 'Private Practice III - Spontaneously in Daily Life'. EXECUTE. COMPUTE PrivatePractice = (PrivatePractice_I + PrivatePractice_II + PrivatePractice_III) / 3. VARIABLE LABELS PrivatePractice ,Intensity of Private Practice' . EXECUTE.
Experience	5	COMPUTE Experience_I = MAX(V5a,V5b).
	5b	VARIABLE LABELS Experience_I ,Experience I - Frequency'.
	10	COMPUTE Experience_II = MAX(V10a,V10b).
	10b	VARIABLE LABELS Experience_II ,Experience II - Frequency'.
	15	RENAME VARIABLES (V15= Experience_III). COMPUTE Experience = (Experience_I + Experience_II + Experience_III) / 3. VARIABLE LABELS Experience ,Intensity of Religious Experience' . EXECUTE.

The Romanian version of Centrality of Religiosity Scale – Interreligious Version (SRi-20) and SPSS syntax for computing the total scores (Huber & Huber, 2012).

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COMPUTE CRSi20 = (PrivatePractice + Experience + Intellect + Ideology + PublicPractice) / 5.
VARIABLE LABELS CRSi20 'Centrality of Religiosity Scale – Interreligious Version with 20 Items' .
EXECUTE.
COMPUTE CRSi20_3 = (PrivatePractice + Experience + Intellect + Ideology + PublicPractice) / 5.
RECODE CRSi20_3 (1.00 thru 2.00=1) (2.01 thru 3.99=2) (4.00 thru 5.00=3) (ELSE=SYSMIS) .
VARIABLE LABELS CRSi20_3 'Centrality of Religiosity Scale – Interreligious Version with 20 Items – 3 Groups' .
VALUE LABELS CRSi20_3 '1' 'not religious' '2' 'religious' '3' 'highly religious'.
EXECUTE.
```