

Prelim Research Project

Trust in God, anxiety and depression: an initial investigation into the
validity of an ancient Jewish psychological theory

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Introduction

Approximately one thousand years ago, Rabbi Bachaya Ben Yoseph Ibn Pekuda (henceforth Rabbi Bachaya), an acclaimed leader of the Spanish Jewish community in his time, wrote his most famous treatise “Duties of the Heart”. Originally written in Arabic and subsequently translated into Hebrew, Spanish, Portuguese, Yiddish, German, French and English, “Duties of the Heart” has been studied extensively in religious Jewish communities since it was written, and has been described as one of the most important contributions of all medieval Jewish philosophy (Ibn Pekuda, circa 1080/1973). The text is best known for its elucidation of Jewish philosophical principles as they apply to human emotion and thought (Ibn Pekuda, 1080/1970). As such, it has been observed that many sections from the text are relevant to human psychology (Ibn Pekuda, 1080/1996a). In particular, the fourth section of the text, dubbed The Gate of Trust in God, is highly relevant to the study of modern psychology. In it, Rabbi Bachaya puts forth a theory of the etiology of human anxiety and depression, stating that the multi-faceted construct Trust in God is directly related to psychological wellbeing (Rosmarin, 2001). The present study is an initial empirical investigation of the validity of Rabbi Bachaya’s ancient theory, with a large and religiously diverse Jewish community sample (N = 567).

Additionally, while the past several years have seen a great increase in the number of psychological studies concerned with religion (Hall, Tisdale and Brokaw, 1994), psychological knowledge about the Jewish religion is still lacking. To date, an empirical analysis of the relationship between religious Jewish beliefs and psychological variables among Orthodox Jews has yet to be published. Furthermore, the potential for research on this subject is limited as few modern psychometric instruments have been developed

to measure Jewish spirituality and/or religiousness. The present study attempted to address these limitations by creating the Trust in God Scale, a self-report instrument which can be used to measure the Jewish religious construct Trust in God. It is hoped that the Trust in God Scale will help to increase the epistemic place of Jewish religiousness within the context of psychological empirical inquiry, and hence be utilized to shed much needed light on the relationship between Jewish religiousness and psychological wellbeing.

Literature Context

Psychology and Religion – A Brief Overview

Throughout most of the past century, the subject of religion was a relatively unresearched topic in the field of psychology. In the late 19th century, the first American psychologists devoted much of their pioneering efforts to study the psychology of religion, however from the early 20th century to the 1960's this topic became largely dormant (Donelson, 1999). This shift in attention may be partially attributed to the alienation which existed between the fields of mental health and religion during this period (Richards and Bergin, 2000). Hostile spirits towards religion in Freudian thought, and the mechanistic and atheistic assumptions embedded in Watson's behaviorism certainly contributed to the development of this rift (Donelson, 1999). The following statement regarding psychological treatment of religious clients, articulated by one of the 20th century's most prominent psychologists, is a prime example of this alienation.

I choose, rather, to show them, in most instances, that what they call their religious beliefs are totally incompatible with a good state of mental health and emotional well-being and that, whether they like it or not, they are going to have to become less religious if they are to become healthier ("An Impolite Interview with Albert Ellis", 1960, The Realist).

The negative attitude of many psychologically minded individuals towards religion has softened considerably in recent years (Richards and Bergin, 2000), perhaps in part due to the increase in psychological research concerned with religion (Hall, Tisdale, and Brokaw, 1994). The majority of research studies in this area have found that religious variables are commonly associated with positive psychological and physical health (Gartner, 1996; Levin, 1996; Koenig, 1997; Larson, Swyers & McCullough, 1997; Ellison, Boardman, Williams & Jackson, 2001; Koenig and Larson, 2001). Religiousness has also been shown to be a highly salient component of coping with life struggles (Pargament, 1997). In the past 15 years, considerable evidence has linked religiousness to increased levels of psychological well-being (Ellison, 1991; Levin, Chatters & Taylor, 1995; Thomas & Holmes, 1992). As Ellison et al. (2001) state,

Perhaps the largest body of evidence regarding salutary religious effects involves psychological well-being (e.g., life satisfaction, happiness, and morale). Nearly all published studies show that multiple dimensions of religious involvement are positively related to well-being (p. 215).

Other researchers have demonstrated significant relationships between religious participation/affiliation and decreased levels of risk-taking behavior including the use of alcohol, tobacco & drugs (Cochran, Beeghley & Bock, 1988; Koenig, George, Meador, Blazer & Ford, 1994; Koenig, George, Cohen, Hays, Larson & Blazer, 1998). In 1995, a meta-analysis of data based on information provided by a nationally selected sample of N=34,129 adolescent respondents concluded that simple measures of religiousness could significantly predict lower suicidal ideation, alcohol use, marijuana use, tobacco use, and violence, as well as higher altruistic values, altruistic behaviour, and self esteem (Donahue and Benson, 1995). It has also been reported that religiousness is positively associated with family cohesiveness (Mahoney, Pargament, Tarakeshwar, & Swank, 2001). As stated by Weaver, Samford, Morgan, Larson, Koenig and Flannelly (2002),

“there is increasing evidence that for a significant number of people commitment to a faith community can enhance family life and marital stability” (p. 294). In a number of studies, religion has also been emerged as an important resource to individuals experiencing stressors and traumas (Pargament, 1997).

Religion and Depression

Of particular interest to this study is the relationship between religiousness, depression and anxiety, and a number of studies have been conducted in this area. With respect to depression, Smith, McCullough and Poll (2003) conducted a meta-analysis of 147 independent investigations into the relationship between religiousness and depressive symptomatology. Across all studies, the correlation between religiousness and symptoms of depression was $r = -.096$, indicating that greater religiousness is mildly associated with lower levels of depression. The authors note that the association between religiousness and depression varied considerably across types of religiousness measured. For example, amongst studies of religious behavior and depression, the correlation between religiousness and depression was $r = -.124$, while this figure jumped to $-.199$ amongst studies of God concepts and depressive symptoms. Furthermore, studies of extrinsic religious orientation and negative religious coping indicated positive associations between religiousness and depression ($r = .155$ and $r = .136$, respectively). Therefore, while the general trend in the literature indicates that increased religiousness is associated with lower levels of depression, the specificity of religious variables measured may play a large role in determining the relationship between these two variables.

While very little research has been conducted on possible mechanisms of association between religiousness and depression, some researchers have attempted to

isolate the relationship between these variables by controlling for other known correlates of depressive symptoms. For example, in 2004, a group of researchers from the southern United States examined the extent to which religiousness was able to predict levels of depression, after controlling for race, gender, social support, income sufficiency and physical health. Using data collected from in-home interviews with 1000 adults aged 65+, it was found that highly religious persons had lower levels of depression, even after controlling for other known covariates, $\beta = -.16$, $p < .001$ (Roff, Klemmack, Parker, Koenig, Crowther, Baker & Allman, 2004). Other studies have looked at how religiousness is related to the likelihood of suicide amongst depressed individuals. In 2004, Dervic, Oquendo, Grunebaum, Ellis, Burke and Mann, investigated the association between religion and suicide in a depressed inpatient sample (N=371). The researchers identified a number of salient clinical characteristics that distinguished inpatients who reported belonging to a specific religion from those who described themselves as having no religious affiliation. Religiously affiliated subjects had significantly fewer lifetime suicide attempts, fewer first-degree relatives who committed suicide, more perceived reasons to live, and a greater tendency to morally object to suicide. They also exhibited lower levels of lifetime impulsivity, aggression and past diagnoses of substance abuse.

Some inquiries have demonstrated that the relationship between religiousness and depression may not be linear. One recent study analyzed data from a large epidemiological survey of 70,884 Canadian respondents to determine the relationship between attendance of religious services, religious self-perception, and importance of religion to depressive symptomatology, while controlling for demographic, social and health variables (Baetz, Griffin, Bowen, Koenig, & Marcoux, 2004). A regression

analysis revealed that frequent attendance at religious services was associated with fewer depressive symptoms. However, individuals who perceived themselves as religious and/or viewed religion as being of importance in their lives had higher levels of depression than their irreligious counterparts. Other researchers have found that the relationship between religiousness and depression is curvilinear in nature (Ross, 1990), and that those who strongly believe in their religion and those who reject all religious belief have relatively low distress scores.

Religion and Anxiety

The relationship between religiousness and anxiety is still unclear in the current literature for a number of reasons. First, while the past two decades have seen a significant increase in psychological studies about religion, the relationship between religiousness and human anxiety remains an understudied topic (Shreve-Neiger & Edelstein, 2004). Second, the majority of studies conducted on the subject of religiousness and anxiety have utilized crude indices of religiousness such as single-item measures of religious observance, rather than more complex religious constructs (Pargament, 2002). Most important, however, the existing literature on this subject indicates that religiousness is both positively and negatively associated with anxiety. The following are some select examples of current studies.

Working with 760 women in the midwestern United States, Hertsgaard and Light (1984) administered the Multiple Affect Adjective Check List (Zuckerman, Lubin & Rinck, 1983) as well as a series of demographic items including a single religiousness item. More-than-monthly church attendance was a significant predictor of lower anxiety-subscale scores, leading the authors to conclude that church attendance may be a factor

that mitigates anxiety among rural females. A similar study was conducted by Williams, Larson, Buckler, Heckmann, and Pyle (1991), using data from a two-part longitudinal mental health study conducted in the late 1960's with 720 participants. Regression analyses revealed that a single item asking respondents to rate the frequency of their church attendance in one of three categories ("high" – 1x/wk or more; "moderate" – 1-3x/month; and "low" – a few times a year or never) was a significant predictor of scores on the Symptom Checklist Scale (Gurin, Veroff, & Feld, 1960); higher levels of church attendance were associated with lower levels of anxiety sub-scale scores.

In an Israeli study, Zeidner and Hammer (1992) measured religious activities, spiritual resources and state anxiety in a survey study of 261 Jewish participants during the Gulf War in a region threatened by missile attacks. After controlling for other known correlates of anxiety in the regression model, the researchers found that religious behavior was correlated with increased levels of anxiety ($r = .33, p < .05$), as were other spiritual resources ($r = .20, p < .05$). The investigators concluded that religious individuals were more likely to perceive war as a threat to religious culture and values, which in turn increases the likelihood of anxiety. While this conclusion proposes that religiousness can lead to the development of anxiety, it is possible that the results of Zeidner and Hammer's study indicate that the stress of war lead participants to turn to religion for comfort (Koenig, McCullough and Larson, 2001).

A more recent paper linked religiousness to recovery from Post Traumatic Stress Disorder (Exline, Smyth, Gregory, Hockemeyer & Tulloch, 2005). In this experiment, fifteen individuals with posttraumatic stress disorder (PTSD) wrote about their PTSD-triggering traumas over three sessions. It was found that participants who used religious

framing to describe their traumas reported elevated levels of anxiety after the first writing session, when compared to participants who did not use religious framing. However, by the third session religious framing was associated with decreased levels of anxiety whereas nonreligious framing was still associated with nervousness and distress. Several other studies have suggested that religious beliefs and practices may be especially helpful for individuals who are dealing with highly stressful life events (Pargament, 1997).

Other researchers have found that intrinsic religiousness has a markedly different relationship to anxiety than extrinsic religiousness. For example, Baker and Gorsuch (1982) conducted a survey study with 52 participants in California using measures of intrinsic-extrinsic religious orientation and trait anxiety. Anxiety was found to negatively correlate with intrinsic religiousness ($r = -.33, p < .05$) but to positively correlate with extrinsic religiousness ($r = .35, p < .05$). A negative correlation between intrinsic religiousness and anxiety and a positive correlation between extrinsic religiousness and anxiety has been confirmed in several other studies (e.g. Sturgeon and Hamley, 1979; Bergin, Masters and Richards, 1987; Tapanya, Nicki and Jarusawad, 1997). This body of research may help to explain the mixed findings regarding how religion is related to anxiety (Koenig, McCullough and Larson, 2001).

The above review of the current literature on religion and anxiety indicates the need for increased psychological study on this topic. First and foremost, there appears to be a lack of research on the subject of religiousness and anxiety. This may be partially attributable to the multi-faceted nature of human anxiety; the DSM describes no less than 11 different types of Anxiety Disorders including Panic Disorder, Posttraumatic Stress Disorder, Social Phobia, Specific Phobia, Agoraphobia, Generalized Anxiety Disorder

and Obsessive-Compulsive Disorder. It may be further attributable to the multi-faceted nature of human religiousness. More important, the current findings are ambiguous. While some studies indicate that religiousness acts as a buffer against anxiety, other researchers have suggested that religiousness is associated with increased levels of anxiety. Furthermore, of the studies which have found religiousness to be associated with anxiety, the direction of causation is unclear; does religion lead to anxiety and guilt or is anxiety a stimulus for prayer and religious activity? While the current literature base has begun to pave the way for future investigations about this topic, it appears that more research on the relationship between religiousness and anxiety must be conducted before conclusions about this subject can be made.

Psychological Literature on Orthodox Judaism

The overwhelming majority of recent psychological investigations into religion have been conducted exclusively with Christian subjects. This may be attributed to the fact that Christianity is the dominant religion in regions of the world where psychology is practiced and researched (Fiala, Bjorck and Gorsuch, 2002). As a result, however, current psychological knowledge about religious Jewish populations is lacking. A recent Psycinfo search was able to locate less than 160 published journal articles with empirical and/or theoretical contributions related to Orthodox Jews, with only a single example appearing in a journal published by the American Psychological Association. Moreover, only 81 of these sources were published in the past 10 years, and very few of these publications describe the results of empirical investigations.

The absence of psychological literature about Orthodox Jews is somewhat ironic, for religious Jewish sources have been concerned with mental illness and mental health

for, literally, thousands of years. Many excerpts from the Hebrew Bible, the Babylonian Talmud and the Jerusalem Talmud strive to define, evaluate, determine the causes of and suggest cures for mental illness (Hes and Wollstein, 1963). While these early sources were concerned particularly with hallucinations, delusions, and psychotic episodes (Hes and Wollstein, 1963), many medieval Jewish philosophers made significant theoretical contributions to Jewish thought on psychological issues such as marital stability and family cohesiveness (Pliskin, 1998), child-rearing and education (Kelemen, 1999) and anxiety and depression (Luzzato, 2004; Ibn Pekuda, 1996b). A more recent work by Rabbi Menachem Mendel Levin in the early 19th century, entitled *An Accounting of the Soul* (1995) details Jewish philosophical beliefs about human cognition and the process for human cognitive development, which is a major area of modern psychological study. More importantly, this text describes a process of improving one's character that bears a striking resemblance to modern psychotherapeutic techniques. Rabbi Levin encourages the use of charts in daily monitoring of destructive character traits, which bares a resemblance to some techniques employed by Beck's Cognitive Therapy (1995) and Barlow's Behavior Therapy (Craske, Barlow & O'Leary, 1992).

The most prevalent topic in the psychological study of religious Judaism has been the experience of Orthodox Jews in psychotherapy. For example, Heilman and Witztum (1997) discuss the cultural and religious differences between "Ultra", "Modern" and "Hassidic" Orthodox Jews as they apply to counseling in Israel. This source provides basic information about religious Jews which is undoubtedly helpful for psychologists working with this population. Other papers have discussed the need for same-sex therapists in accordance with the beliefs of some religious Jews (Margolese, 1998),

stigmas associated with seeking mental health services in religious Jewish communities (Paradais, Friedman, Hatch and Ackerman, 1997), and the potential need to collaborate with rabbis and/or family members in the therapy process (Greenberg, 1991). There seems to be a consensus in the literature that, in general, it is difficult for Orthodox Jews to engage in psychotherapy. Heilman and Witztum (1997) stress the importance of being aware of the fear experienced by many Orthodox Jews in entering therapy as well as the need to remain culturally and religiously sensitive throughout the therapeutic process when dealing with this population. Other authors, such as Margolese (1998), have described the generally negative attitude of members of this community towards the field of mental health. However, despite these recent contributions and the recognition in the current literature that there is a need for increased understanding of this subject matter, no empirical studies have yet been published in mainstream psychology journals about this topic.

Additional psychological works concerned with Orthodox Jews have included a number of investigations into alcohol use in this community (Haines, 1992; Flasher and Maisto, 1984; Glassner and Berg, 1984). Others have examined specific cultural and ritual practices of Orthodox Jews, such as sexual behaviour (Rockman, 1993), arranged marriages (Rockman, 1994), single-gender schooling (Sloan, 2001) and religious intensification – the process by which Jewish individuals become more religious (Roer-Streir and Sands, 2001). Additionally, a few theoretical articles have been published concerned with the relevance of religious Jewish beliefs to psychological wellbeing (Zedek, 1998; Hes and Wollstein, 1963). However, an empirical investigation about the relevance of Jewish religious beliefs to psychological variables has yet to be published.

Psychometric Scales and Judaism

In a recent systematic review of 20th century literature on religion and mental health, Koenig (2001) found 630 empirical sources devoted to the study of religion from a psychological framework. Much of this literature has been made possible by the creation and popularization of psychometric scales designed to measure religious constructs; such scales make it possible to evaluate the relationship of psychological variables to religiousness and spirituality (Hall, Tisdale, and Brokaw, 1994). While recent years have seen the development of several psychometric instruments capable of measuring religious constructs, most current measures of religiousness are not suitable for use with religious Jewish populations. Most of the religiousness and spirituality measures that exist today were designed for use with members of Christian populations (Moberg, 2002). As such, the majority of established scales employ Christian language in the phrasing of scale items and base operational definitions of religiousness on Christian doctrine or religious-philosophical concepts.

From a research methods perspective, there are three reasons why many established psychological measures of religiousness/spirituality are problematic for use with religious Jewish populations. The first and simplest of these reasons relates to the use of religion-specific language. For example, the words ‘church’, ‘priest’ and ‘Sunday’ are used throughout all available versions of the Intrinsic Religious Motivation Scale (Allport and Ross, 1967; Hoge, 1972; Maltby, 1999), and the Religious Support Scale (Fiala, Bjorck, and Gorsuch, 2002). As such, these measures are not suitable for non-Christian populations. Some might argue that the difficulties involved in using established scales which employ non-Jewish language with Jewish populations could be

resolved by simply replacing Christian terminology with Jewish vernacular (e.g., church – synagogue; priest – rabbi; Sunday – Sabbath/Shabbat). However, prior to utilizing any revised measure in research, norms for the revised scale as well as statistical reliability and validity would have to be re-established and re-standardized with a sample of Jewish subjects. It would further be necessary to perform a confirmatory factor analysis to ensure that the re-worded scale's factor structure remains similar to that of the original scale. It should be noted that cultural differences have been found to have a significant impact on the factor-structure of some religious scales, and this may impose severe limitations on the adaptability of religiousness scales to certain religious-cultural populations (Miller, Fleming, and Brown, 1998).

The second reason why many modern religiousness/spirituality measures are not suitable for use with religious Jewish populations is that many scales measure religious observances in accordance with non-Jewish religious doctrine and practice. Some operational definitions of religiousness used in existing studies would likely yield ceiling or floor effects, or demonstrate little variability if they were to be used with religious Jewish participants. For example, Merrill, Salazar, and Gardner (2001) conducted a study on Mormon students at Brigham Young University concerning the relationship between religiousness and drug use. As a part of the measure of religiousness used in this study, students were asked the question “How often did your family attend church services?” with responses ranging from ‘weekly’ to ‘not at all’. While this set of response options may be appropriate for Christian subjects, it would be unsuitable for use with religious Jews, as according to Jewish religious law Jewish males aged 13 and older are mandated to participate in three prayer services each day (Donin, 1972), and it is

preferable that this be done in a communal setting (Meiselman, 1978). To complicate matters further, religious Jewish practice is markedly different for females; Biale (1984) states, “Women pray mostly at their own times and in private” (p. 21). Consequently, were a sample of Orthodox Jews to be asked the question “How often did your family attend religious services?” with response options ranging from ‘weekly’ to ‘not at all’, this item would be likely to produce biased results depending on the gender of the participants, and it would consequently not be an accurate reflection of participants’ religiousness.

The third reason why many established measures of religiousness and spirituality are not suitable for use with Orthodox Jewish populations is that many such scales assess religious constructs which are not relevant or applicable to Judaism. This limitation is described in general terms by Moberg (2002) who states that many spirituality measures “presume their interpretations of spirituality apply universally to all humanity when in fact they are based upon the evaluative criteria of only particular groups” (p. 47). For example, the distinction between intrinsic and extrinsic religious orientation, perhaps the most widely research topic in the psychology of religion (Kirkpatrick & Hood, 1990; Masters, 1991), is fundamentally influenced by a modern individualistic perspective which values personal and unceremonious religious expressions over communal and ritual observances (Cohen, Hall, Koenig and Meador, 2005). It appears that this perspective may have arisen out of early 20th century Protestant Christian thinking. As noted by Cohen, et al., social integration and ritual practice share equal footing with personal religious beliefs and values according to Jewish philosophy. By emphasizing the importance of ritual and religious social connectedness, Jewish religious orientation

and motivation may be extrinsic, yet no less religious from a Jewish philosophical framework. Yet, assessment of Jewish religiousness with any version of the Intrinsic Religious Motivation Scale (Allport and Ross, 1967; Hoge, 1972; Maltby, 1999) would fail to capture this aspect of Jewish religiousness.

An Ancient Jewish Psychological Theory

As stated above, the present study conducted an initial empirical investigation into the validity of a medieval Jewish psychological theory. In his text “Duties of the Heart”, Rabbi Bachaya asserts that the Jewish religious construct Trust in God is a protective factor against human anxiety and depression. The following section attempts to introduce the text “Duties of the Heart” and briefly explain Rabbi Bachaya’s theory.

The Author and the Text

Rabbi Bachaya lived in Spain during the late 11th century and practiced as a Jewish court judge, but he is most famous for writing Duties of the Heart (Ibn Pekuda, 1996b). The book was originally written in Arabic, but it has subsequently been translated into Hebrew, Spanish, Portuguese, Yiddish, German, French, and English (Ibn Pekuda, 1973). While the exact year of publication is not known (Rabbi Shmuel Irons, personal communication, September, 2004), some have estimated that the book was written around the year 1080 (Ibn Pekuda, 1973). The text has been described as “one of the most popular and influential works in the whole of medieval Jewish thought” (Katz, S., 1976, p. 215) and as having “a profound influence on all subsequent Jewish pietistic literature” (Nahmad, 1975, p. 200).

Duties of the Heart is a distinctive Jewish religious text. While most early medieval Jewish philosophers stressed the role and purpose of Jewish law/doctrine and the obligations set upon human actions Duties of the Heart details the principles of Judaism as they apply to the inner self (Katz, S., 1976). As such, it is a repository of virtuous attitudinal and intellectual qualities which Jewish philosophy encourages (Ibn Pekuda, 1996a). The text is divided into 10 chapters each of which is devoted to one of the following inner qualities (free translation): (1) The Intellectual Recognition of the Oneness of God; (2) Recognition of God's Grace to Human Beings; (3) The Attitude of Serving God; (4) The Attitude of Trusting in God; (5) The Attitude of Being Devoted to God in All of One's Actions; (6) The Attitude of Humility; (7) Repentance; (8) Self-Accounting and Reckoning; (9) The Attitude of Self-Restraint and (10) The Attitude of Love for God. Each of these qualities is presented in the context of Jewish spiritual development (Rabbi Leib Kelemen, personal communication, April, 2005). It has been suggested that a large part of Duties of the Heart is relevant to modern psychological study (Ibn Pekuda, 1996a). By detailing the principles of Judaism as they apply to the inner self, Rabbi Bachaya's Duties of the Heart is, in essence, a religious psychological treatise. However, the fourth chapter of the book, entitled The Gate of Trust in God, is particularly salient for study under the lens of contemporary psychology.

The Theory

Rabbi Bachaya conveys his theory about how Trust in God is related to anxiety and depression in a number of statements in the Gate of Trust in God. Please see Appendix A for a complete list of excerpts from the text which are relevant to psychological wellbeing. In the introduction to the section, he discusses the impact of

Trust in God on anxiety. He states (free translation), “The benefits of trusting in God include a heart at rest without worldly concerns and worries ... and general calmness and tranquility” (Ibn Pekuda, 1998, p. 303). Further on, Rabbi Bachaya discusses Trust in God and its relation to happiness and depression; “Another benefit of trust in God is happiness in all of life’s situations” (p. 318). So it may be said that according to Rabbi Bachaya, Trust in God is a protective factor against human anxiety and depression, and that therefore those who have Trust in God will be tranquil and happy. Conversely, according to Rabbi Bachaya’s theory, one who lacks Trust in God is at risk for developing psychological distress. He writes, “One who does not trust in God is exceedingly distressed about the suffering that could befall him during his lifetime, and about what he lacks socially and monetarily” (p. 398).

Throughout the text, Rabbi Bachaya also explains the theoretical relationship between Trust in God and psychological wellbeing. He states, “One who trusts in God feels tranquil and at peace in times of misfortune because he believes that God is taking care of life’s events in accordance with his best interests” (p. 392). In other words, according to Rabbi Bachaya, when people have complete faith that God is actively involved in life events, they develop confidence that all of their personal experiences, both pleasant and unpleasant, are in their best interests. As a result of this faith, any anxiety and sadness associated with unfortunate events can be mitigated by maintaining the belief that the event is essentially beneficial (i.e. trusting in God). However, one who lacks Trust in God may perceive a life struggle as a genuine impediment to his/her personal wellbeing and it is likely that this will result in anxiety and depression. As such, according to Rabbi Bachaya’s theory, when an individual experiences a personal

hardship, his/her mental states become a function of Trust in God; “Anxiety and frustration associated with worldly matters ... is caused by a lack of awareness about God’s knowledge (Omniscience), God’s domination over the world (Omnipotence), and God’s kindness (Omnibenevolence)” (p. 331).

What is Trust in God?

For over two thousand years, the term “Trust in God” has been used by religious Jewish thinkers to refer to a sense of security due to the wholehearted belief that God takes care of human best interests at all times and in all situations. The Hebrew word for Trust in God is בטחון (Bitachon), which is usually translated into English simply as “reliance” or “security”. However, Rabbi Bachaya’s definition of this religious Jewish construct is considerably detailed. In the text, Trust in God is described as a constellation of six specific beliefs about God. These are:

- (1) God has constant regard for all worldly affairs
- (2) God has absolute knowledge of what is in people’s best interests
- (3) No power is greater than God
- (4) God must be involved for anything to occur
- (5) God is merciful and generous
- (6) God is just in judgment

It should be noted that these six beliefs can be conceptualized in three distinct categories. The first two beliefs are concerned with God’s knowledge (omniscience), the next two beliefs are concerned with God’s strength/power (omnipotence), and the final two beliefs are concerned with God’s kindness and justice (omnibenevolence). Please see Appendix B for a list of excerpts from the text of the Gate of Trust in God in which Rabbi Bachaya describes each of these beliefs.

According to Rabbi Bachaya, trusting in God necessitates subscribing faithfully to all six of the beliefs described above. Consequently, a lack of faith in any of the beliefs

constitutes a deficiency in Trust in God. Furthermore, Rabbi Bachaya's psychological theory hinges on his multi-faceted definition of Trust in God. As such, according to his theory, the general belief that God always takes care of human best interests is not sufficient to protect against worry and sadness; each of the six components of Trust in God is seen as essential to Trust in God and therefore to psychological health.

Congruence with Cognitive Theory

The hallmark of cognitive theory's view of mental health is the notion that beliefs and thoughts lie at the root of human emotion. According to cognitive theorists, emotional states are intrinsically linked to belief systems and the thoughts that arise from one's beliefs. In the words of Judith Beck (1995), "In a specific situation, one's underlying beliefs influence one's perception, which is expressed by situation-specific automatic thoughts ... these thoughts, in turn, influence one's emotions" (p. 17). All human beings have core beliefs about themselves and the world, which are used to interpret and understand the phenomena encountered. In a specific situation, these core beliefs automatically produce a set of thoughts, and these thoughts ultimately cause our emotions. For example, if a person believes he/she has poor social skills (e.g. that she has a tendency to appear awkward to people she doesn't know well), then if he/she finds him/herself in a situation in which she is meeting a group of new people, he/she will likely have thoughts that she looks strange or awkward to them. This set of thoughts will, in turn, produce a set of emotions, such as embarrassment and anxiety. See figure 1 for an illustration of the mechanics of this theory.

Rabbi Bachaya's theory may be explained along the lines of the cognitive model. As described above, Rabbi Bachaya postulates that specific beliefs about God affect

one's emotional states. According to his theory, one who has Trust in God will remain calm and content even when faced with unpleasant situations. In other words, those who faithfully subscribe to all six beliefs which comprise Trust in God will have more pleasant emotional states than individuals who lack them. It is unlikely that fearful thoughts will originate from Trust in God. Rather, the beliefs associated with Trust in God will create cognitions which produce calmness and happiness, even in times of stress. For example, Robert has Trust in God and believes that God takes care of human best interests at all times and in all situations. If one finds him/herself in a situation which is uncomfortable (e.g. he is concerned about his social skills and he is meeting a group of new people for the first time), his/her cognitions will draw from his/her faith in God. He/she may think to himself, "Although I am uncomfortable, I know that God put me in this situation and that there is a good reason for it, and therefore there's nothing to be nervous or scared about". This line of thinking will, in turn, produce a set of emotions, such as calmness and happiness. See figure 2 for an illustration of how Rabbi Bachaya's theory is congruent with cognitive theory.

In both modern cognitive theory and Rabbi Bachaya's ancient Jewish perspective, affect is not seen as resulting directly from experiences and circumstances, rather internal perspectives are viewed to ultimately control emotionality. By way of core beliefs and cognitions, both theories can explain the origins of human affect. Specifically, both theories agree that all human beings have core beliefs which are used to interpret and understand the phenomena we encounter, and in a specific situation, these core beliefs automatically produce a set of thoughts, which cause our emotional states. The major difference between these two perspectives is the set of beliefs which are focused on as

salient. Cognitive theory generally highlights the importance of individuals' beliefs about themselves (e.g. "I am weak", "I am a failure" or "I am unlovable") and the world (e.g. "it's difficult to make money these days"; "people are mean"). In contrast, Rabbi Bachaya's theory is concerned with individuals' beliefs about God (e.g. "God is never ignorant of anyone's concerns", "God is compassionate to human suffering").

The Present Study

The past two decades have seen a resurgence of interest in the study of religion from a psychological perspective. Literature produced from psychological inquiries about religion has greatly aided our understanding of how religious life plays a role in human emotion and behavior. However, as noted above, there are a number of limitations to the current literature in this topic area. First, although there is strong support for an overall negative correlation between religious variables and depression, some studies have demonstrated that the relationship may not be linear. Second, regarding religion and anxiety, the current literature is essentially a mixed bag, with some studies indicating that religious beliefs and practices are helpful to those coping with anxiety and others demonstrating positive correlations between anxiety and religiousness. Third, most psychological studies on religion utilize single-item measures of religiousness and thus fail to consider the complexity of religious constructs. There is a need for greater specificity in defining and measuring religious constructs (Hackney and Sanders, 2003). Fourth, there are very few theoretical explanations for why religion may impact on depression and anxiety, and with the notable exception of Pargament's *Religious Coping* (1997) few explanatory models have been empirically validated.

Finally, very few studies have examined Jewish religiousness, and as a result our understanding of Jewish religious beliefs and practices is deficient, from a psychological perspective. To date, there has yet to be an empirical analysis of the relationship of religious Jewish beliefs to psychological variables among Orthodox Jews published in an APA journal. Furthermore, many general measures of religiousness are inappropriate for use with Orthodox Jewish populations, and therefore the potential for conducting future research with this religious group is limited.

The present study addresses the limitations in the current literature in a number of ways. First, as stated above, the present study conducted an initial empirical investigation into an ancient Jewish theory about the etiology of anxiety and depression, as elucidated in the book *Duties of the Heart* by Rabbi Bachaya. Ancient as this theory is, Rabbi Bachaya's work provides a frame of reference to explain how a specific religious construct relates to psychological wellbeing. As such, the present study constitutes one of the first empirical inquiries into the validity of a theoretical model explaining the relationship between religiousness and anxiety/depression. While the correlational design of the present study cannot possibly validate Rabbi Bachaya's etiological model, it provides a framework from which future correlational and/or experimental investigations can be built. Second, the religious construct considered by the present study, Trust in God, is complex and specific. The definition of this construct and the creation of a psychometric self-report scale to aid in its measurement (the Trust in God Scale) is step towards examining the intricacy of religious variables in the course of psychological research. Finally, the present study is one of the first empirical inquiries to examine how Jewish religiousness is related to psychopathology, and thus it provides

some initial observations of how religious beliefs and practices play a role in psychological wellbeing among Jews.

Method

Participants

A total of 567 individuals participated in the study, which involved the completion of an on-line questionnaire. Since the present study was concerned with religiousness among Jews, the responses of non-Jewish participants were eliminated, yielding a total sample of 566 participants. Missing items were not replaced and so analyses were performed exclusively with responses from participants with complete response sets. There were more female ($n = 328$) than male ($n = 237$) participants; a single subject did not disclose gender. Participants ranged in age from 17 to 77 years. The mean age was 37.13 years with a standard deviation of 13.35. The median age was 33 years and the modal age was 26 years. Economic status, as measured by highest level of education, was elevated for the sample; 50.2% of respondents reported having masters/professional degrees and an additional 34.5% reported having a college diplomas or university degrees; only 3 participants (0.5% of the sample) reported not having graduated high school (see table 1). About 15% of the sample reported currently taking prescription medication to treat anxiety or depression.

The sample was predominantly Modern Orthodox in its religious affiliation (46.8% of participants). However, the sample's religious affiliation was somewhat diverse, with 36% of participants being of non-Orthodox affiliation, 19.3% of the sample reporting affiliation with the Conservative movement and 7.6% reporting Reform

affiliation (see table 2). This indicates that there was a much higher concentration of Orthodox participants in the sample than in the general Jewish population. According to the 2000-2001 National Jewish Population Survey, a representative survey of the US Jewish population only 10% of American Jews consider themselves to be Orthodox (see table 3). However there was considerable religious diversity among respondents in this large community sample. The overwhelming majority of participants reported having a belief in the existence of God (87.3%), while 2.6% reported no belief and 10.1% reported being unsure about their belief. Substantially fewer participants reported believing in the afterlife (62.6%), with 10.4% reporting no belief and 26.1% unsure (see table 4).

In terms of religious practices, 60.4% of participants reported praying to God “once a day” or “several times a day”, while only 12.7% of participants reported praying less than once per week (see table 5). 56.1% of participants reported attending synagogue attendance once a week or more, with only 4.8% reporting “never” attending synagogue (see table 6). Weekly or greater religious study (attending a lecture or self-study) was reported by 59.3% of participants (see table 7). Two additional measures of religious practices were included, assessing the recitation of “Bircat Hamazon” (grace after meals) after eating bread, and adherence to the Jewish religious laws of “Shatnez” (a prohibition against wearing garments sown of wool and linen together). In order to ensure that wool garments are free from linen, and vice versa, it is normative Jewish practice in many religious communities for individuals to have garments made of wool or linen inspected by a “Shatnez” professional, and altered if necessary. 44.9% of the sample reported always/usually reciting grace after meals, while 29.1% of participants reported always/usually checking their garments for “Shatnez”. Additionally, only 10%

of the sample reported not knowing what “Shatnez” is (see table 8). These general measures of religious practice indicate that the sample was considerably religiously observant in comparison to the Jewish population as a whole, nevertheless at least somewhat diverse in its religious affiliation and practices. Most of the sample (89.6%) reported being of European descent (Ashkenazi heritage) with only 6.4% reporting Near-Eastern or North-African familial origins (Sephardi heritage).

The Research Questionnaire

Items to Measure Trust in God

An initial set of items was created to measure Trust in God, in accordance with Rabbi Bachaya’s definition of the construct. Three positive items (e.g. God is never ignorant of my concerns) and one negative item (e.g. God disregards my activities) were created to represent each of the six beliefs related to Trust in God, yielding a total of 24 items in the pool. To ensure that scale items accurately depicted the construct Trust in God and enhance the scale’s content validity, great efforts were taken to phrase items based on the text of an authorized and widely used English translation of Duties of the Heart (Ibn Pekuda, 1996b) (see Appendix C for a list of the items as they relate to the six beliefs associated with Trust in God). To provide further support for the content validity of the Trust in God Scale, three experts of rabbinic literature, all exceptionally familiar with the text Duties of the Heart and the construct Trust in God, were consulted in the item-creation process. The initial pool of items was reviewed by each expert and all suggestions for revision were incorporated. Commenting on the final pool of 24 Trust in God items, Rabbi Leib Kelemen, a professor of education and Jewish philosophy at Neve Yerushalyim College in Jerusalem wrote, “The Rosmarin Trust in God item bank

accurately represents the framework for Trust in God set forth by medieval Jewish authority Rabbi Bachaya Ibn Pekuda in his classic work, *Duties of the Heart*” (Kelemen, L., personal communication, May, 2005). The following caption was chosen as a set of instructions for completion of the Trust in God items: “The following items are concerned with your personal beliefs about God. At certain times peoples’ beliefs about God may be stronger or weaker. For each item below please select the word which best describes how often you feel that the item is true.” Additionally, following caption was presented at the beginning of the questionnaire: “Please note that a number of items in this questionnaire use the word “God”. If this word is not a comfortable one, please substitute another appropriate term such as “Higher Power”, “the Divine”, or “the Creator”. A five-point Likert-type set of response options was chosen with the following anchors: “I always feel this is true”; “I usually feel this is true”; “I sometimes feel this is true”; “I rarely feel this is true”; and “I never feel this is true”.

Demographic and General Religiousness Items

To collect descriptive information about the sample and control for possible confounding variables, a number of demographic items were included in the research questionnaire. These items assessed for gender, age, socio-economic status (measured by highest level of education), and current use of medication to treat anxiety/depression. Additionally, a series of questions about general religiousness were included. These items assessed for Jewish identity (measured by the question: Are you Jewish?), Jewish heritage (Sephardi/Ashkenazi), current religious affiliation (Hassidic, Yeshiva Orthodox, Modern Orthodox, Conservative, Reform, Reconstructionist, Other Jewish Affiliation, No Jewish Affiliation), past religious affiliation, religious orientation (very religious,

religious, traditional, secular, very secular, anti-religious, other), belief in God, atheism, agnosticism, belief in the afterlife, frequency of prayer, frequency of synagogue attendance, and frequency of religious study. In addition, two questions assessing for observance of specific Jewish religious rituals, “Bircat Hamazon” and “Shatnez” were included (see Appendix D for a complete list of these demographic and general religiousness questions). Participants were also asked to indicate how they found out about the research study, whether they wished to receive the results of the study once available, and whether they were interested in participating in future research.

Measures of General Mental Health

Four established measures were included to quantify participants’ psychological well-being. All measures are in the public domain and their use is unrestricted for research purposes (see Appendix E for copies of these measures).

Penn State Worry Questionnaire

The first of these measures was the 16-item Penn State Worry Questionnaire (PSWQ), a measure of pathological trait worry (Meyer, Miller, Metzger & Borkovec, 1990). The PSWQ has been found to discriminate symptoms of Generalized Anxiety Disorder from all other anxiety disorders (Brown, Antony and Barlow, 1992), and has been used extensively in both clinical and research settings. Respondents are asked to report “how typical or characteristic” each item is of them, and the questionnaire is scored using a 5-point Likert scale ranging from 1 (not at all typical) to 5 (very typical) with possible scores ranging from 16-80. The PSWQ has well established norms and psychometric properties; it has been found to possess high internal consistency and good

test-retest reliability. Additionally, the questionnaire correlates predictably with several psychological measures related to worry, and does not correlate with measures of more remote constructs (Fresco, D.M., Mennin, D.S., Heimberg, R.G. & Turk, C.L., 2003; Brown, T.A., 2003; Hazlett-Stevens, H., Ullman, J.B. & Craske, M.G., 2004). The PSWQ was seen as suitable for the purposes of the present study because it is a reliable and well validated measure of worry a construct that Rabbi Bachaya explicitly claimed is related to Trust in God. He states (free translation), “The benefits of trusting in God include a heart at rest without worldly concerns and worries ... and general calmness and tranquility” (Ibn Pekuda, 1998, p. 303).

Center for Epidemiological Studies Depression Scale

The second measure of psychological well-being and functioning utilized in this study was the Center for Epidemiological Studies Depression Scale (CES-D), a widely used 20-item self-report scale designed to assess depressive symptomatology over the past week (Radloff, 1977). While the CES-D was created for use with community populations, it has been validated within clinical populations and in hospital settings (Orme, Reis & Herz, 1986). The scale uses a 4-point Likert scale, with response anchors which range from “Rarely or none of the time (less than 1 day)” to “Most or all of the time (5-7 days)”. Questionnaire scores range from 0 to 60, with higher scores indicating more severe levels of depression. While a cut-off score of 16 has been used to identify cases of clinically severe depression, recent research has suggested that this conventional cut-off is not suitable for use with non-clinical populations as it drastically increases the number of participants classified as depressed (Santor, Zuroff, Ramsay, Cervantes & Palacios, 1995). Nevertheless, the scale remains useful as a continuous measure of

depressive symptoms in community settings. The CES-D was seen as suitable for the purposes of the present study because it was designed principally as a measure of depressive affect (Radloff, 1977); which Rabbi Bachaya claims is a correlate of Trust in God, “One who does not trust in God is in a perpetual state of worry, mourning and sadness ...” (Ibn Pekuda, 1998, p. 392).

Depression Anxiety Stress Scale (21-item version)

The third measure of psychological health was the 21-item short form of the Depression Anxiety Stress Scale (DASS-21), a set of three self-report scales designed to assess the negative emotional states of depression, anxiety and stress (Lovibond & Lovibond, 1995). Factor analytic studies of the DASS have demonstrated that the scale items can reliably be grouped into three subscales: Depression (DASS-D), Anxiety (DASS-A) and Stress (DASS-S) in both community (Lovibond & Lovibond, 1995) and clinical populations (Brown, Korotitsch, Chorpita & Barlow, 1997). Each of the three DASS-21 subscales contains 7 items. Like the CES-D, the DASS-D subscale is primarily a measure of depressive affect (e.g. feeling that nothing to look forward to, feeling downhearted and blue); DASS-A items are concerned with physiological symptoms of anxiety (e.g. dryness of mouth, heart palpitations, panic); and DASS-S items relate to general tension and irritability (e.g. difficulty relaxing, agitation, over-reacting to situations). All items are scored using a 4-point Likert scale which measures both the severity and frequency which each specific symptom was experienced over the past week (Did not apply to me at all; Applied to me to some degree or some of the time; Applied to me a considerable degree or a good part of the time; Applied to me very much or most of the time), and scale scores range from 0-63. The DASS-21 was chosen for use in the current

study as it measures anxious symptomatology experienced “over the past week” whereas the PSWQ is a measure of trait worry. Additionally, although there is considerable overlap between the content of DASS-D and CES-D items, the DASS-A and DASS-S subscales quantify two components of anxiety which are not measured by the PSWQ (physical arousal and tension). While Rabbi Bachaya does not state that Trust in God is related to physiological symptoms of anxiety, he does state that the construct is associated with “peace” and “tranquility” (Ibn Pekuda, 1998, p. 310).

Subjective Happiness Scale

The final measure of psychological well-being used in the research questionnaire was the Subjective Happiness Scale (SHS), a 4-item measure of global subjective happiness (Lyubomirsky & Lepper, 1999). Response anchors are different for each question, but all utilize a 7-point Likert scale indicating one’s general level of happiness (e.g. for item #2, the scale ranges from “less happy” to “more happy”). Test-retest and self-peer correlations have indicated that the scale is reliable, and construct validity investigations have indicated that the scale’s convergent and discriminant validity are satisfactory (Lyubomirsky & Lepper, 1999). The SHS was chosen for inclusion in the present study as Rabbi Bachaya states repeatedly throughout his text that Trust in God is a correlate of happiness (see Appendix A, excerpts 4, 11, 15 & 19). Additionally, it was seen as important to examine the importance of a positive psychological variable alongside measures of psychopathology in the present study.

Additional Measures

Four additional measures were included in the research questionnaire to clarify the relationship between Trust in God and other constructs. All of these measures are in the public domain and their use is unrestricted for research purposes (see Appendix F for copies of these measures).

Stressful Life Events

A checklist of stressful life events, taken from the Health and Daily Living Form (Moos, Cronkite, and Finney, 1990) was included to assess the degree to which participants had experienced major life stressors in the past 12 months. As indicated above, the current findings on the relationship between religion and anxiety are ambiguous, with some studies indicating that religiousness is a protective factor against anxiety and other studies indicated that religiousness is associated with elevated anxiety levels. Moreover, it is unclear whether religion leads to anxiety or whether anxiety associated with life stressors may be an impetus leading to increased religiousness. As such, it was seen as important to control for life stressors in the correlational analyses of Trust in God with the measures of psychological well-being.

Deferring Religious Coping

Deferring Religious Coping describes an approach to adversity “in which the responsibility for coping is passively deferred to God” (Pargament, 1997, p. 180). Given that Trust in God involves the religious belief that “God must be involved for anything to occur” (see Appendix B), it was important to examine the relationship between Trust in God and Deferring Religious Coping. The 6-item Deferring Religious Coping Scale

(Pargament, 1997) was included in the research questionnaire to assess whether Trust in God can be empirically distinguished from this construct.

Narcissism

While individuals with high Trust in God may experience decreased levels of psychopathology, they may demonstrate elevated levels of narcissism, derived from a sense of religious superiority. Therefore, the 8-item Exploiteness-Entitlement subscale of the Narcissistic Personality Inventory (Emmons, 1987) was included to determine the relationship between Trust in God and one's exploitation of others (e.g. "I find it easy to manipulate people") or feelings of entitlement to benefits (e.g. "I am envious of others people's good fortune").

Self-Respect

Since Trust in God involves the belief that all events in the world are truly positive, even though they may be unpleasant (e.g. "If God makes me suffer, I know that it will ultimately help me", see appendix C), it is possible that individuals with elevated levels of Trust in God may have decreased levels of self-respect, as Trust in God may bring about the minimization of negative events in a self deprecating manner. Therefore, the Self-Respect Scale, a 10-item measure of self respect (Kumashiro, M., Finkel, E.J. & Rusbult, C.E., 2002) was also added to the research questionnaire, to examine the relationship between Trust in God and self respect.

Procedure

An invitation to participate in the study was sent by email to a list of approximately 2200 email addresses (please see Appendix G). The list was comprised of

email addresses obtained from three Jewish organizations in Toronto and Montreal, Canada. Most addresses belong to Jewish individuals living in the Toronto and Montreal areas and an unknown number belong to American and Israeli individuals. The exact number of individuals who received the email invitation is unknown, as it is possible that there were individuals who had more than one email address on the list. Additionally, a number of the emails may have never been retrieved and several were rejected as undeliverable. Furthermore, participants were asked to inform their Jewish friends and associates about the study in order to aid in recruitment. Participants were not compensated monetarily or otherwise for completion of the questionnaire.

Participants who accepted the email invitation were directed to a website containing an informed consent form (see Appendix H). The consent form was presented with the Bowling Green State University logo as well as a caption indicating the study was approved by the university's Human Subjects Review Board. Participants indicated their informed consent to participate by clicking on a button labeled "I consent to participate in this research", and were instructed to print the form for their records if they wished. After giving consent, participants were presented with the research questionnaire. The median completion time for the questionnaire was 886.5 seconds (14.76 minutes). After the questionnaire administration, participants were directed to a final screen where they were thanked for their participation and asked if they would be interested in participating in a follow-up study (see Appendix I). Participants who indicated a willingness to participate in a follow-up study were contacted by email no earlier than 4 weeks after their initial participation, and asked to complete the pool of 24 Trust in God items a second time.

Results

Creation of the Trust in God Scale

The first step of statistical analyses in this study involved the creation of the Trust in God Scale, and the testing of its validity and reliability. Participants' responses to the Trust in God item-pool were first subjected to an exploratory factor analysis to examine the structure of the scale. Principal Axis extraction with Direct Oblim rotation was chosen, as it was hypothesized that any resulting factors would be non-orthogonal. Three factors with eigenvalues greater than 1.00 emerged (13.32, 2.21 and 1.001, respectively), however based on scree plot criteria (Cattell, 1966), and improved interpretation with a two-factor solution, the factor analysis was re-run restricting the solution to two factors. The emerging factors accounted for 64.74% of the scale variance. The resulting pattern matrix is displayed in Table 9. The first factor contains positively phrased items designed to measure Trust in God (e.g. Ultimately, there is Divine justice) and the second factor contains negatively phrased items (e.g. God's judgment is unfair) designed to measure this construct. The correlation between the two factors was $r = -.41$.

In order to make the Trust in God Scale an efficient psychometric measure, a method was employed to reduce the number of items in the scale. To maintain the content validity of the scale, item-elimination was conducted with consideration for the relationship of each item to the overall construct Trust in God. As stated above, three positive items and one negative item were created to represent each of the six beliefs related to Trust in God, yielding a total of 24 items in the pool. Of the positively phrased items (corresponding to factor #1) the item with the lowest factor loading in each of the six categories was eliminated (see table 10). It should be noted that prior to item elimination, the lowest factor loading on

this subscale was .74. Of negatively phrased items (corresponding to factor #2), items with pattern matrix loadings less than .40 were dropped, resulting in the elimination of two items. The resulting 16-item Trust in God Scale breaks down into two subscales dubbed the Trust Subscale (12-item) and the Mistrust Subscale (4-item) (see table 11).

Reliability of the Trust in God Scale

Internal Consistency

To assess the internal consistency of the Trust in God Scale, the Cronbach's alpha statistic was computed for both the Trust ($\alpha = .97$) and Mistrust ($\alpha = .76$) Subscales. These results indicate that the subscales show moderate to high levels of internal consistency.

Test-Retest Reliability

To assess test-retest reliability of the Trust in God Scale, a subset of the original sample completed the scale-items no less than four weeks after the first administration. The correlation between administrations of Trust Subscale was $r = .93$ ($p < .001$, $N = 140$) and for Mistrust Subscale was $r = .76$ ($p < .001$, $N = 146$). These results appear to indicate moderate to high levels of test-retest reliability for both subscales.

Validity of the Trust in God Scale

Content Validity

The 16-item Trust in God Scale was reviewed by an international panel of rabbinic experts who are exceptionally familiar with Rabbi Bachaya's construct Trust in God. The panel consisted of Rabbi Shmuel Irons (Detroit, MI), Rabbi Leib Kelemen (Jerusalem, Israel) and Rabbi Nissan Applebaum (Toronto, Canada). Each member of the panel was asked to review the scale items and answer the following question: To what extent does the Trust in

God Scale accurately represent the construct “Trust in God” as described by Rabbi Bachaya in his text Duties of the Heart? The following anchors were provided as response options: “To a great extent”, “To a satisfactory extent” and “To an unsatisfactory extent”. All three of the Rabbis stated that the Trust in God Scale represents the construct “Trust in God” as described in the text Duties of the Heart “to a great extent”.

Construct Validity

The bi-factorial structure of the Trust in God Scale seems to indicate that Trust in God is not a unitary construct; the Trust and Mistrust Subscale appear to measure two separate facets of Rabbi Bachaya’s definition of Trust in God. The Trust Subscale appears to be a measure of belief in God’s omniscience, omnipotence and omnibenevolence. As such, higher Trust Subscale scores appear to indicate higher levels of faith in God’s knowledge, strength and kindness, while lower Trust Subscale scores appear to denote the absence of these positive religious beliefs. By contrast, the Mistrust Subscale appears to be a measure of the belief that God is ignorant and malevolent. It should be noted that there was significant overlap between these two dimensions of Trust in God; the correlation between the Trust and Mistrust subscales was moderate ($r = -.467$, $p < .001$, $N = 498$). Nevertheless the Trust and Mistrust Subscales appear to measure disparate aspects of the religious construct Trust in God.

Concurrent Validity

To determine the concurrent validity of the Trust in God Scale, an analysis of the correlation between general measures of religiousness and participants’ responses to the Trust in God Scale was performed. It was expected that increased Trust Subscale scores

would be positively associated with general religiousness, and that increased Mistrust Subscale scores would be negatively correlated with such variables. The results, presented in table 12, indicate that significant correlations were found between religious affiliation and Trust in God, with increased levels of religious affiliation associated with greater Trust ($r = .631, p < .001, N = 492$) and less Mistrust ($r = -.233, p < .001, N = 508$). Additionally, the Trust Subscale was found to be significantly correlated with increased levels of prayer ($r = .718, p < .001, N = 526$), synagogue attendance ($r = .460, p < .001, N = 523$), religious study ($r = .537, p < .001, N = 523$) and recitation of Grace After Meals ($r = .615, p < .001, N = 526$). A non-significant correlation was found between the Trust Subscale and the observance of “Shatnez” ($r = .047, p = .283, N = 524$). With regard to the Mistrust Subscale, greater Mistrust was significant correlated with lower levels of prayer ($r = -.217, p < .001, N = 541$), synagogue attendance ($r = -.153, p < .001, N = 538$), religious study ($r = -.249, p < .001, N = 538$), recitation of Grace After Meals ($r = -.238, p < .001, N = 541$), and observance of “Shatnez” ($r = -.136, p = .002, N = 539$).

An Initial Test of Rabbi Bachaya’s Theory

The Trust in God Scale was used to examine the relationship between Trust in God and psychological well-being. The purpose of this analysis was to perform an initial investigation into the validity of Rabbi Bachaya’s theory, which states that increased levels of Trust in God will be related to positive psychological outcomes.

Control Variables

An analysis of the correlation between demographic variables (age, gender, education, psychiatric medication, and recent life stressors) and measures of mental

health was conducted to identify variables that needed to be controlled in subsequent analyses. The results of this analysis, presented in table 13, indicate that all of the demographic variables examined were significantly correlated with at least one measure of mental health. Therefore, all of these variables were controlled when analyzing the relationship between Trust in God and Psychological Well-being.

Trust in God and Psychological Well-being

The partial correlations between the Trust and Mistrust Subscales and measures of mental health are presented in table 14. It should be noted that participants who indicated that they do not believe in God were excluded from these analyses, as Trust in God is inapplicable to those who do not believe in God's existence. Greater Trust Subscale scores were associated with lower scores on the Penn State Worry Questionnaire ($r = -.147, p = .004, N = 373$), the Center for Epidemiological Studies Depression Scale ($r = -.113, p = .028, N = 373$) and the Anxiety ($r = -.143, p = .005, N = 373$) and Stress ($r = -.106, p = .039, N = 373$) subscales from the 21-item version of the Depression Anxiety Stress Scale (DASS-21); a non-significant correlation was found with the DASS-21 Depression subscale ($r = -.074, p = .149, N = 373$). The Mistrust Subscale was found to correlate with higher scores on the Penn State Worry Questionnaire ($r = .282, p < .001, N = 373$), the Center for Epidemiological Studies Depression Scale ($r = .318, p < .001, N = 373$), and all three DASS-21 Subscales (Depression – $r = .191, p < .001, N = 373$; Anxiety – $r = .212, p < .001, N = 373$; Stress – $r = .263, p < .001, N = 373$).

A correlational analysis was also performed between the Trust and Mistrust Subscales and the Subjective Happiness Scale. The Trust Subscale was found to be positively correlated with happiness ($r = .102, p = .046, N = 373$), while the Mistrust

Subscale was found to be inversely related to this construct ($r = -.290$, $p < .001$, $N = 373$).

Additional Analyses

Trust in God and Psychological Well-being across Religious Affiliation

As indicated above, the sample for this study reported higher levels of general religiousness (affiliation and observance) than are prevalent in the general Jewish population. As such, while the above analyses seem to be an initial confirmation of Rabbi Bachaya's theory, which states that Trust in God is associated with decreased levels of anxiety and depression and increased levels of positive affect, it was thought that this result may not hold for less religious Jewish subjects. To investigate this possibility, a correlational analysis of the Trust in God Scale with measures of psychological well-being was re-run independently for Orthodox ($N = 246$) and Non-Orthodox ($N = 126$) participants from the present study. The results of this analysis, presented in table 15, indicate that amongst Orthodox subjects, both the Trust and Mistrust Subscales were significantly related to all measures of mental health ($p < .05$), as they were in the sample as a whole. Among non-Orthodox subjects the Trust Subscale was not significantly related to any measure, however the Mistrust Subscale remained a significant predictor of poorer psychological well-being for all measures except for the Anxiety subscale from the DASS-21. Thus, while a significant relationship between the Trust Subscale and psychological well-being was only found among Orthodox subjects, the Mistrust Subscale retained its predictive power across both Orthodox and Non-Orthodox participants.

Trust in God and Deferring Religious Coping

In order to determine whether Trust in God is a construct distinct from Deferring Religious Coping, a correlational analysis was performed to determine the relationship between the Trust and Mistrust subscales and the Deferring Religious Coping Scale. The results are presented in table 16. Higher scores on the Trust Subscale were associated with higher levels of Deferring Religious Coping ($r = .466$, $p < .001$, $N = 495$) and higher scores on the Mistrust Subscale were tied to lower levels of this construct ($r = -.205$, $p < .001$, $N = 507$). However, the magnitude of these correlations was low and does not appear to indicate that these two constructs are identical.

Trust in God and Narcissism

In order to explore the relationship between Trust in God and narcissism (which may come from a sense of religious superiority), the relationship between the Trust and Mistrust Subscales and the Exploiteness/Entitlement Subscale from the Narcissistic Personality Inventory was evaluated. The results of this analysis can also be found in table 16. Trust Subscale scores were linked to lower levels of narcissism ($r = -.133$, $p = .003$, $N = 491$) and the Mistrust Subscale was associated with higher levels of this construct ($r = .179$, $p < .001$, $N = 506$). It should be noted that the Coefficient Alpha for the Exploiteness/Entitlement Subscale was found to be low in the current sample ($\alpha = .54$).

Trust in God and Self-Respect

To evaluate the relationship between Trust in God and self respect, a correlational analysis of participants' scores on the Trust and Mistrust Subscale and the Self Respect

Scale was conducted. The results of this analysis (see table 16) indicated that the Trust Subscale was not significantly related to self respect ($r = .057$, $p = .208$, $N = 485$) and that the Mistrust Subscale was related to lower levels of Self Respect ($r = -.260$, $p < .001$, $N = 499$).

General Jewish Religiousness and Psychological Well-being

As stated above, there is very little empirical literature on the subject of Jewish religiousness and psychological well-being. As such, while the primary objective of the present study was to examine the relevance of Trust in God to psychopathology, additional analyses were conducted to examine the relationship between general Jewish religious variables and mental health.

An analysis was performed to explore the relationship between levels of Jewish religious affiliation and anxiety, depression and happiness. As stated above, in the present study, participants were asked to classify themselves into one of the following six categories of religious affiliation: “Hassidic/Yeshiva-Orthodox” ($N = 96$); “Modern-Orthodox” ($N = 265$); “Conservative” ($N = 109$); “Reform” ($N = 43$); “Reconstructionist/Other” ($N = 37$); or “No Jewish Affiliation” ($N = 14$). Analyses of variance were performed for each measure of psychological well-being to detect the presence of significant differences between groups (see table 17). These analyses revealed no group differences on the Penn State Worry Questionnaire, $F(5, 527) = .65$, $p = .660$; the Center for Epidemiological Studies Depression Scale, $F(5, 501) = 1.53$, $p = .177$; the DASS-21 Depression, $F(5, 538) = .703$, $p = .621$, Anxiety, $F(5, 545) = 1.548$, $p = .173$, or Stress, $F(5, 543) = .575$, $p = .719$ subscales; or the Subjective Happiness Scale, $F(5, 555) = .915$, $p = .471$.

Additionally, a correlational analysis was performed to explore the relationship between single-item measures of Jewish religious observance (prayer, synagogue attendance, religious study, the recitation of Grace after meals, and “Shatnez”) and psychological well-being. Since the normative Jewish religious practice of males is markedly different than that of females (Donin, 1972), this analysis was conducted controlling for gender. The results of this analysis, presented in table 18, indicate that no measure of Jewish religious observance in the present study was a significant predictor of Penn State Worry Questionnaire or DASS-21 Stress subscale scores ($p > .05$ for all variables). Furthermore, religious study was the only significant predictor of Center for Epidemiological Studies Depression Scale ($r = -.106$, $p = .027$), DASS-21 Depression subscale ($r = -.134$, $p = .004$) and Subjective Happiness Scale ($r = .113$, $p = .018$) scores. Higher DASS-21 anxiety subscale scores were significantly related to less prayer ($r = -.107$, $p = .026$), religious study ($r = -.127$, $p = .008$), and Grace after meals ($r = -.140$, $p = .003$); and higher DASS-21 total scores were significantly related to less synagogue attendance ($r = -.096$, $p = .044$), religious study ($r = -.126$, $p = .008$) and Grace after meals ($r = -.101$, $p = .035$).

Discussion

The primary purpose of this study was to conduct an initial investigation into the validity of an ancient Jewish theory of the etiology of anxiety and depression, using a large Jewish community sample. The theory, described by Rabbi Bachaya in his 11th Century text “Duties of the Heart”, states that the Jewish religious construct Trust in God is a protective factor against psychopathology, and that those lacking Trust in God are

likely to suffer from psychological difficulty. To examine the validity of Rabbi Bachaya's theory, a psychometric inventory measuring Trust in God was created. This measure, dubbed the Trust in God Scale, factored into two subscales entitled the Trust and Mistrust Subscales. Subsequently, a correlational analysis was conducted to determine the relationship between Trust in God Scale scores and levels of psychological health as measured by several widely utilized measures of anxiety, stress, depression and happiness. The results of this study offer initial evidence in support of the scale's psychometric reliability and validity as a measure of the construct Trust in God outlined by Rabbi Bachaya. Furthermore, the results offer initial support for Rabbi Bachaya's theory.

Reliability and Validity of the Trust in God Scale

Reliability

The item-total reliability for the 12-item Trust Subscale was .97 measured by Cronbach's alpha, demonstrating a high level of internal consistency. Cronbach's alpha for the 4-item Mistrust Subscale was notably lower ($\alpha = .76$), however instruments with modest reliability of .70 and higher are suitable for use in the early stages of predictive and construct validation research (Nunnally & Bernstein, 1994). As such, for the purposes of this study, the Trust in God Scale demonstrated satisfactory levels of internal consistency.

A comparison between two administrations of the Trust Subscale spaced no less than 4 weeks apart, demonstrated a high level of test-retest reliability ($r = .93$, $p < .001$, $N = 140$). The test-retest reliability of the Mistrust Subscale items was lower ($r = .76$, $p < .001$, $N = 146$), but remained in the moderate range of .50–.79 (Devore & Peck, 1993).

These results appear to indicate that the temporal stability of both subscales is satisfactory.

Validity

Content and construct validity are difficult to establish when dealing with vague concepts and therefore variables with ambiguous parameters are not suited for psychometric measurement (DeVeillis, 2003). As such, the quantification of religious variables is often made difficult by the fact that rigorous operational definitions of religious constructs are rare (Spilka, Hood, Hunsberger & Gorsuch, 2003). The present study was able to circumvent this difficulty because Rabbi Bachaya scrupulously defines the facets of Trust in God in his text. Throughout his discourse, Rabbi Bachaya defines Trust in God as a collection of 6 specific beliefs about God: (1) God has constant regard for all worldly affairs; (2) God has absolute knowledge of what is in people's best interests; (3) No power is greater than God; (4) God must be involved for anything to occur; (5) God is merciful and generous; and (6) God is just in judgment. Four items were initially created to reflect each of these six beliefs, yielding a bank of 24-items. Items were phrased based on a widely used English translation of Duties of the Heart (Ibn Pekuda, 1996b), and were reviewed and revised by a panel of three experts of rabbinic literature prior to finalization of the item-bank. Additionally, following the finalization of the Trust in God Scale, this expert panel unanimously reported that the 16-item Trust in God Scale accurately represents the construct Trust in God to a satisfactory or great extent. It is thought that the procedures used to develop and examine the Trust in God Scale items provide initial support for the scale's content validity.

The bi-factorial solution of the Trust in God Scale is consistent with a common finding in general psychometric research that positive and negative aspects of a single construct are often immeasurable on a single continuous spectrum, and should be conceptualized in two separate categories. For example, positive and negative affect have consistently been described on separate dimensions (Watson & Clark, 1988), as have happiness and depression (Lyubomirsky & Lepper, 1999). Recently, several recent factor analytic studies with the Penn State Worry Questionnaire have revealed a two-factor structure distinguishing positive from negative items (Beck, J.G., Stanley, M.A. & Zebb, B.J., 1995; Fresco, D.M., Mennin, D.S., Heimberg, R.G. & Turk, C.L., 2003; Stöber, 1995). Psychology of religion research has also seen examples of this phenomenon; while intrinsic and extrinsic religious orientations were originally conceptualized as opposite ends of a single spectrum, the I and E subscales remained uncorrelated through decades of research, indicating that intrinsic and extrinsic orientation are disparate of religiousness (Spilka, Hood, Hunsberger, & Gorsuch, 2003). Similarly, it is possible that Trust in God is a two-dimensional construct, and that the Trust and Mistrust Subscales are the product of the underlying dimensionality of the construct Trust in God. Alternatively, it is possible that the two-factor structure of the Trust in God Scale is the product of method variance; that is, the category distinction between the Trust and Mistrust Subscales may not be a function of subscale content, rather item-phrasing. However, the moderate significant correlation between the subscales ($r = -.467$, $p < .001$, $N = 498$) suggests that they are measuring dissimilar facets of Trust in God.

Specifically, the Trust Subscale appears to be a measure of positive beliefs about God, with higher scores denoting increased levels of belief and lower scores indicating decreased levels of belief. In comparison, the Mistrust Subscale seems to be measuring the notion that God is deliberately unaware and malevolent, which is a disparate aspect of Trust in God. While Trust in God may reflect the presence or absence of basic beliefs about God, Mistrust in God may be connected to the concept of religious struggles, which involve “efforts to conserve or transform a spirituality that has been threatened or harmed” (Pargament, Murray-Swank, Magyar, & Ano, 2005, p. 247). Of the three most common Judeo-Christian spiritual struggles, interpersonal, intrapsychic and Divine (Pargament, et al, 2005), Mistrust in God is most likely connected to Divine spiritual struggles, which reflect tension between the individual and God. As such, the etiology of Trust and Mistrust in God may differ considerably from one another. While Trust in God may be the product of general religiousness, religious education and socialization, Mistrust in God may be tied to painful life circumstances, trait anger, a lack of social support and family related problems, which have all been linked to religious struggles (Pargament, et al, 2005). Mistrust in God may further be connected to insecure attachment with parental figures. Several studies have shown that early attachment relationships are related to religious beliefs in later life, suggesting that anxious/ambivalent and avoidant parent-child relationships are linked to negative and rejecting God images (Kirkpatrick & Shaver, 1990). Furthermore, the consequences of Mistrust in God may be more severe than the consequences of lacking Trust in God. It should be noted that in the present study, the Mistrust Subscale was more highly correlated with psychological well-being than the Trust Subscale.

To test for the concurrent validity of the Trust in God Scale, a number of single-item measures of general Jewish religiousness were included in the research questionnaire. These global items sought to measure Jewish religious affiliation, and frequency of prayer, synagogue attendance, religious study, recitation of Grace After Meals and adherence to the laws of “Shatnez”. The Trust Subscale was found to be correlated with increased levels of all but one measure of general religiousness (adherence to laws of “Shatnez”), and the Mistrust Subscale was found to be related to decreased levels of all measures. This finding offers support for the concurrent validity of the Trust in God Scale

No formal hypotheses were made about the discriminant validity of the Trust in God Scale. However, it should be noted that the magnitude of the correlations between Trust and Mistrust Subscale scores and the Deferring Religious Coping Scale indicate that Trust in God is a separate construct from Deferring Religious Coping. In addition, the Trust Subscale was only modestly correlated with lower levels of narcissism and the Mistrust Subscale was modestly related to increased levels of this construct. Furthermore, the Mistrust Subscale was only modestly correlated with lower levels of self respect. This seems to indicate that Trust in God is not tantamount to narcissistic personality traits or a lack of self-respect. These results offer some initial support for the discriminant validity of the Trust in God Scale.

The Testing of Rabbi Bachaya’s Theory

According to Rabbi Bachaya’s ancient perspective, Trust in God is a protective factor against psychopathology, and that those lacking Trust in God are likely to suffer from psychological difficulty. As stated above, Rabbi Bachaya’s theory fits well with the

cognitive model of emotion in which core beliefs engender situation-specific automatic thoughts which in turn cause emotions (Beck, J., 1995). It has been proposed that the six beliefs associated with Trust in God may prompt psychologically adaptive thought patterns which in turn lead to increased tranquility and happiness, and decreased anxiety and depression (Rosmarin, 2001).

To evaluate Rabbi Bachaya's theory, a correlational analysis was performed between participants' responses to the Trust in God Scale and established measures of anxiety, depression and happiness. Consistent with predictions, this analysis revealed that Trust Subscale scores were associated with decreased levels of worry, stress, anxiety, and depressive affect/behavior, and increased levels of happiness. Conversely, the Mistrust Subscale was associated with increased levels of psychological distress and decreased levels of happiness. It should further be noted that the Trust Subscale was associated with decreased levels of narcissism, and that the Mistrust Subscale was associated with increased levels of narcissism and lower levels of self-respect. While the correlational nature of this study did not permit the testing of Rabbi Bachaya's etiological model, these findings are consistent with with Rabbi Bachaya's theory. Other research methods such as longitudinal analyses and experimental methods are needed to yield more conclusive information about the direction of the relationship between Trust in God and psychopathology. Nevertheless, the results of the present study offer some initial evidence in support of the validity of Rabbi Bachaya's ancient perspective on anxiety and depression.

The importance of Trust in God as a salient psychological variable is underscored by an ancillary finding of the present inquiry. It was found that global measures of

Jewish religiousness were not significantly associated with mental health. An ANOVA test indicated that religious affiliation was not a significant predictor of any measure of mental health utilized in the present study. Furthermore, a correlational analysis of single-item measures of Jewish religious practices (frequency of prayer, synagogue attendance, religious study, recitation of Grace After Meals and adherence to the laws of “Shatnez”) and psychological measures revealed very few significant correlations; only a single variable (frequency of religious study) stood out as a significant correlate of multiple mental health measures. This result indicates that Jewish religious observances on the whole were unrelated to psychological well-being in the present sample. Therefore, Trust in God stood out as the only consistent predictor of anxiety, depression and happiness among the Jewish religious variables evaluated in the present study. A possible explanation for this is as follows. While global measures of religiousness have been linked to physical and mental health (Hill & Pargament, 2003), it has been suggested that proximal religious variables are better predictors of mental health and well-being. For example, Mahoney, Pargament, Tarakeshwar, & Swank (2001) proposed that proximal religious variables including joint religious activities are more intrinsically tied to marital satisfaction than distal religious variables (e.g. global religiousness). Thus, the fact that Trust in God is more proximally, functionally and conceptually linked to psychological well-being than Jewish religious affiliation and ritual observance may account for this finding.

It is also noteworthy that the Mistrust Subscale retained predictive power across the gamut of Jewish religious affiliation in the study; psychological well-being remained significantly associated with the Mistrust Subscale among non-Orthodox Jews. This

finding was somewhat surprising given that the text “Duties of the Heart” was originally written exclusively for use by religious individuals (Brovender, C., personal communication, October, 2002). This appears to demonstrate the robustness of the construct Trust in God in predicting psychological health. More generally, this finding seems to indicate that beliefs about God are significantly related to psychopathology and well-being among Jews, regardless of religious affiliation. In addition, the discrepancy in predictive power between the Trust and Mistrust Subscales further substantiates the hypothesis that Trust in God is not a unitary construct and that these two subscales are measuring disparate aspects of Trust in God.

Limitations & Future Directions

This study had some methodological limitations that may be improved upon in future research investigations. First, the gender distribution in the obtained sample was somewhat skewed (58% female) as was religious affiliation (only 36% non-Orthodox). Additionally, the study was limited to only Jewish individuals with access to a computer since the data were exclusively collected through an internet-based survey. Future investigations could attempt to create a stratified sample which is more representative of the Jewish population as a whole, and use multiple methods of data collection.

Second, as stated above, the correlational design of the present study renders it incapable of testing the validity of Rabbi Bachaya’s causal theory; longitudinal designs and experimental methods must be employed to determine a causal effect. As such, the current findings may be attributable to a variety of explanations. It is possible that decreased psychological distress is a cause of increased levels of Trust in God. Alternatively, a third variable such as Negative Religious Coping (Pargament, 1997) may

consistently lead to increases in anxiety and depression and decreases in Trust in God. Additional investigations are needed to evaluate the direction of the relationship between Trust in God and psychological well-being.

Third, the Mistrust Subscale contains only 4-items. Furthermore, two of the facets of Trust in God described by Rabbi Bachaya (“No power is greater than God”; and “God must be involved for anything to occur”) are not represented in the subscale, as the factor loadings of the items corresponding to these facets were too low to include in the final scale. In the present study, three positive and one negative item were created to reflect each of the six facet of Trust in God (yielding 24-items in total). As a result, only six negative items were included in the entire item-bank to measure Trust in God. Given the bifactorial solution found in the present study, future investigations may wish to increase the number of negative items in the item bank. This would likely result in a more balanced representation of Trust in God across the two dimensions.

Finally, the present study was conducted with an exclusively Jewish sample, and therefore the results are inapplicable beyond the general Jewish population. It should be noted that while Rabbi Bachaya’s theory was written for a Jewish audience, Trust in God is theoretically compatible with any monotheistic religion in which God is conceptualized as being omniscient, omnipotent and omnibenevolent. Therefore, it may be advantageous for future investigations to evaluate the psychological relevance of Trust in God among Christians and/or Muslims. It would be particularly interesting to compare the predictive power of Trust in God across Jewish, Christian and Muslim participants.

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Appendix A

Excerpts from The Gate of Trust in God Relevant to Anxiety and Depression
English adapted from text by David Hillel Rosmarin; page numbers correspond to Ibn
Pekuda, B., 1998

- 1) One of the benefits of trusting in God is tranquility from worry. This results in an increased ability to dedicate oneself to the service of God. One who trusts in God does not rely on their intelligence, shrewdness, physical strength, effort or wealth.
Introduction (p. 303-306)
- 2) One who trusts in God is able to turn his attention from worldly matters and dedicate his heart to the service of God, and he consequently has tranquility and lessened worry.
Introduction (p. 307)
- 3) One who trusts in God feels confident that he will be provided with an income.
Introduction (p. 307-308)
- 4) One who trusts in God feels confident that he will be spared from misfortune, as he has faith that all that God does to him is only for his good; therefore he is joyous and happy, and he will be tranquil, quiet and peaceful as he earns an income.
Introduction (p. 309)
- 5) One who lacks trust in God is untrusting of others, for he fears for his life. One who trusts in God does not fear any person because of his faith.
Introduction (p. 309-310)
- 6) For those who do not trust in God, if they amass great wealth they will be afraid of losing their fortune in a myriad of ways and they will not have peace or tranquility. If they do not possess more than enough to sustain them for a short while they will still be plagued by anxiety, fearing that they will come to need more than they have. By contrast, those who trust in God have strong faith that God will provide them with sustenance at the appropriate time and place, just as God sustains a fetus inside its mother's womb and a chick inside of an egg.
Introduction (p. 310)
- 7) One who lacks trust in God has no confidence that his happiness with his success will not be diminished by illness or disease, by preventing him from enjoying his possessions. But one who trusts in God feels certain that pain and illness will not come to him unless as an atonement for his past sins in order to increase his reward in the world to come (the afterlife).
Introduction (p. 311-312)

- 8) One who does not trust in God may not wish to remain in one place for an extended time out of fear that his trade secrets will be revealed, but one who trusts in God rests with confidence and tranquility in his land.

Introduction (p. 312)

- 9) The most one who does not trust in God can hope for is attaining freedom from poverty and reliance on others during his lifetime, since one cannot take wealth beyond the grave. But one who trusts in God has confidence that he will be rewarded for his good deeds both during his lifetime and in the world to come (the afterlife).

Introduction (p. 313)

- 10) The benefits of trusting in God include a heart at rest without worldly concerns and worries, freedom from the desires of the body and pain associated with not fulfilling one's cravings, and general calmness and tranquility.

Introduction (p. 315)

- 11) Another benefit of trust in God is happiness in all of life's situations; if one who trusts in God experiences adversity he will remain happy because he has faith in God is taking care of his best interests, as does a parent who shows unconditional mercy for a child.

Introduction (p. 318)

- 12) What is the definition of the term "trust"? It is the tranquility of the soul of the one who trusts caused by having faith that another person will do that which is in his best interests, that the person has the ability and knowledge necessary to accomplish this, and that the outcome will truly be good. The most important element of "trust" is the confidence that the person who one trusts will keep his word by doing what he promised to do, and do what is best even if it was not promised.

Chapter One (p. 319-320)

- 13) Anxiety and frustration associated with worldly matters, whether it be advancing that which is delayed, delaying that which is early, increasing that which is small, or decreasing that which is in abundance, is caused by a lack of awareness about God's knowledge (Omniscience), God's domination over the world (Omnipotence), and God's kindness (Omnibenevolence).

Chapter Three (p. 331)

- 14) One who trusts in God does not fear or despise his enemies. He endures their anger with patience and does not exercise revenge or retribution, rather he treats them kindly and does as much good as he can for them. He takes this approach because he recognizes that his benefit and harm is in the hands of God. If his enemy causes him suffering, he scrutinizes his previous behavior for evil deeds and he prays to God, asking for forgiveness and for atonement.

Chapter Four (p. 372)

15) One who trusts in God is happy regardless of the outcome of his activities, and he thanks God for both good and bad results. One who does not trust in God is happy when he is able to satiate his desires and he becomes disquieted and angry with God when bad things occur.

Chapter Five (p. 392)

16) One who trusts in God feels tranquil and at peace in times of misfortune because he believes that God is taking care of life's events in accordance with his best interests, considering both his lifetime and his existence in the world to come (the afterlife). One who does not trust in God is in a perpetual state of worry, mourning and sadness; when he is fortunate, he is not content with the extent of his prosperity and he constantly strives to increase what he has, and when he is misfortunate and unable to fulfill his physical desires, he loathes his life.

Chapter Five (p. 392-393)

17) When one who trusts in God has more than is required for his basic sustenance, he enjoys what he can with a quiet spirit and a full heart in manner that God desires. But one who does not trust in God is never content with whatever he has – the entire world and all of its contents would not be enough to satiate his desires. Furthermore, he is not forthcoming with his monetary obligations to God (e.g. giving charity) or to other people (e.g. paying debts), and he does not appreciate his wealth unless it is taken away from him.

Chapter Five (p. 394-395)

18) One who trusts in God believes that other beings cannot cause him benefit or damage, as these are controlled by God. Therefore, he does not fear that other people will harm him, nor does he rely on them for good.

Chapter Five (p. 396)

19) One who trusts in God does not become upset when he is prevented from accomplishing a task or when he lacks something he desires, nor is he concerned about the future. Furthermore, he does not become exceedingly happy or sad about upcoming events, because although he trusts in God to give him a long life, he recognizes that his end could come at any time.

Chapter Five (p. 397)

20) One who trusts in God does worry about whether he has fulfilled his obligations to God, and he tries his best to do that which God wants. Any anxiety he may experience about his death causes him to increase his effort and care in fulfilling God's commandments, in order to merit a reward in the world to come (the afterlife).

Chapter Five (p. 397)

21) One who does not trust in God is exceedingly distressed about the suffering that could befall him during his lifetime, and about what he lacks socially and monetarily.

Chapter Five (p. 398)

Appendix B

The Six Components of Rabbi Bachaya's Trust in God English translations taken from Bachaya, 1996

1) God has constant regard for worldly affairs

“He oversees the governance of all human beings. He neither forsakes them nor ignores them; none of their affairs, small or great, are hidden from Him; one matter does not distract Him from another matter.” (p. 375)

“A person should know and realize that the Creator, may He be exalted, is watching him, and nothing is hidden from Him: neither his outer nor his inner life, neither his outer appearances nor his inner convictions.” (p. 379)

2) God has absolute knowledge of what is in humans' best interests

“None of the ways in which man's welfare is furthered are unknown to the Creator, may He be exalted ... He is, without a doubt, absolutely wise and all-knowing in what is beneficial or harmful or good [or bad] for man, in this world and the next [the afterlife].” (p. 373)

3) No power is greater than God

“The Creator, may He be exalted, is the strongest of all the strong. His word is absolute – no one can reverse His sentence.” (p. 373)

“Nothing can add to, or detract from, what the Creator, may He be exalted, decreed in regard to its quantity, quality time or place. No one can increase what He decreed to be few, or diminish what He decreed to be many. No one can postpone what He decreed to move forward, or advance what He decreed to delay.” (p. 377)

4) God must be involved for anything to occur

“No one can benefit or hurt either himself or anyone else except with the permission of the Creator, may He be exalted ... not one of the created things can help him or harm him, except with the permission of the Creator ...” (p. 375)

“(Anything) brought into actuality ... cannot arise from man or anything else, except by the decree of God, and unless He prepares the means for their completion” (p. 383)

5) God is merciful and generous

“The Creator, may He be exalted, is the most compassionate One of all toward man.” (p. 373)

“One should be conscious of God’s abundant goodness to man; how in His great kindness and grace He raised him on this good, without his deserving it, and not out of any need to do so but rather as a gift, a favor and a grace.” (p. 375)

6) God is just in judgment

“Trusting in God – in regard to what He promised the righteous concerning reward in this world and the next [the afterlife] for their devotion, that He will grant it to those who deserve it, and also punish those who deserve it – is incumbent upon the believer.” (p. 443)

Appendix C

The Trust in God Item Pool

- 1) God has constant regard for worldly affairs
 - a) God is never ignorant of my concerns.
 - b) God disregards my activities. [REVERSE SCORE]
 - c) None of my thoughts are hidden from God.
 - d) God's concern for one thing does not cause God to neglect another.

- 2) God has absolute knowledge of what is in peoples' best interests
 - a) God always knows what is beneficial for me.
 - b) God does not always know what is best for me. [REVERSE SCORE]
 - c) God is constantly aware of what is harmful for me.
 - d) God knows what is in my best interests.

- 3) No power is greater than God
 - a) Nothing can prevent God from acting.
 - b) God is absolutely powerful.
 - c) I can live longer than God has planned for me. [REVERSE SCORE]
 - d) I cannot earn more money than God decrees.

- 4) God must be involved for anything to occur
 - a) I can't be successful without God's help.
 - b) Nothing can occur without God's involvement in the process.
 - c) It is impossible for me to accomplish a task without God's help.
 - d) People can cause me harm without God's consent. [REVERSE SCORE]

- 5) God is merciful and generous
 - a) God is compassionate towards human suffering.
 - b) If God makes me suffer, I know that it will ultimately help me (during my lifetime and/or in the afterlife).
 - c) God is generous to me even when I don't deserve it.
 - d) Sometimes God is unkind to me for no reason. [REVERSE SCORE]

- 6) God is just in judgment
 - a) Ultimately, there is Divine justice.
 - b) God punishes people appropriately (during their lifetimes and/or in the afterlife).
 - c) God rewards those who deserve it (during their lifetimes and/or in the afterlife).
 - d) God's judgment is unfair. [REVERSE SCORE]

Appendix D

Demographic, General Religiousness and Other Items

Demographics

- 1) What is your gender? [Male, Female]
- 2) What is your age? [_____]
- 3) What is your highest level of education? [some high school; high school diploma or equivalent; some college/university; college diploma or university degree; masters or professional degree or higher]
- 4) Are you currently taking any prescription medication to treat anxiety or depression? [Y/N]

General Religiousness

- 1) Are you Jewish? [Yes, No, Unsure]
- 2) Which of the following best describes your Jewish heritage? [Sephardi/Ashkenazi]
- 3) Which of the following best describes your personal religious orientation? [Very Religious, Religious, Traditional, Secular, Very Secular, Anti-Religious, Other]
- 4) Which of the following best describes your personal religious affiliation? [Hassidic, Yeshiva Orthodox, Modern Orthodox, Conservative, Reform, Reconstructionist, Other Jewish Affiliation, No Jewish Affiliation]
- 5) Which of the following best describes the religious affiliation of the home you grew up in? [Hassidic, Yeshiva Orthodox, Modern Orthodox, Conservative, Reform, Reconstructionist, Other Jewish Affiliation, No Jewish Affiliation]
- 6) Do you believe in the existence of God? [Yes, No, Unsure]
- 7) Are you an agnostic? [Yes, No, Unsure]
- 8) Are you an atheist? [Yes, No, Unsure]
- 9) Do you believe that there is an afterlife (life after death)? [Yes, No, Unsure, N/A]
- 10) How often do you speak to God or pray? [Several times a day, Once a day, A few times a week, Once a week, A few times a month, Once a month, Less than once a month, Never]

- 11) How often do you attend synagogue services? [Several times a day, Once a day, A few times a week, Once a week, A few times a month, Once a month, Less than once a month, Never]
- 12) How often do you read religious literature or hear a religious lecture? [Several times a day, Once a day, A few times a week, Once a week, A few times a month, Once a month, Less than once a month, Never]
- 13) How much of the time do you recite Bircat Hamazon (grace after meals) after eating bread? [Always, Usually, Sometimes, Rarely, Never]
- 14) How much of the time do you get your wool or linen clothing checked for “Shatnez”? [Always, Usually, Sometimes, Rarely, Never, I don’t know what “Shatnez” is]

Other

- 1) How did you find out about this research study? [An email from David Hillel Rosmarin; An email from someone else, Surfing the internet; Other]
- 2) If you would like to receive the results of this study when they become available please enter your email address here: [_____]
- 3) May we contact you to participate in future research studies? [Y/N]

Appendix E

Measures of Psychological WellbeingPenn State Worry Questionnaire (PSWQ)

Please select the number that best describes how typical or characteristic each item is of you.

1 – Not at all typical; 2; 3 – Somewhat typical; 4; 5 – Very typical

- 1) If I don't have enough time to do everything I don't worry about it.
- 2) My worries overwhelm me.
- 3) I don't tend to worry about things.
- 4) Many situations make me worry.
- 5) I know I shouldn't worry about things, but I just can't help it
- 6) When I am under pressure I worry a lot.
- 7) I am always worrying about something.
- 8) I find it easy to dismiss worrisome thoughts.
- 9) As soon as I finish one task, I start to worry about everything else I have to do.
- 10) I never worry about anything.
- 11) When there is nothing more I can do about a concern, I don't worry about it anymore.
- 12) I've been a worrier all my life.
- 13) I notice that I have been worrying about things.
- 14) Once I start worrying, I can't stop.
- 15) I worry all the time.
- 16) I worry about projects until they are done.

[Reverse Score Items – 1, 3, 8, 10 & 11]

Center for Epidemiological Studies Depression Questionnaire (CES-D)

Please select the statement which best describes how often you felt or behaved this way
DURING THE PAST WEEK.

Rarely or none of the time (less than 1 day); Some or a little of the time (1-2 days);
Occasionally or a moderate amount of the time (3-4 days); Most or all of the time (5-7
days)

- 1) I was bothered by things that usually don't bother me
- 2) I did not feel like eating; my appetite was poor
- 3) I felt that I could not shake off the blues even with help from my family or friends
- 4) I felt that I was just as good as other people
- 5) I had trouble keeping my mind on what I was doing
- 6) I felt depressed
- 7) I felt that everything I did was an effort
- 8) I felt hopeful about the future
- 9) I thought my life had been a failure
- 10) I felt fearful
- 11) My sleep was restless
- 12) I was happy
- 13) I talked less than usual
- 14) I felt lonely
- 15) People were unfriendly
- 16) I enjoyed life
- 17) I had crying spells
- 18) I felt sad
- 19) I felt that people disliked me
- 20) I could not get "going"

[Reverse Score Items – 4, 8, 12 & 16]

Depression Anxiety Stress Scale (DASS) – 21-item

Please read each statement and select the response that indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

Did not apply to me at all; Applied to me to some degree, or some of the time; Applied to me to a considerable degree, or a good part of time; Applied to me very much, or most of the time

- 1) I found it hard to wind down.
- 2) I was aware of dryness of my mouth
- 3) I couldn't seem to experience any positive feeling at all
- 4) I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)
- 5) I found it difficult to work up the initiative to do things
- 6) I tended to over-react to situations
- 7) I experienced trembling (eg, in the hands)
- 8) I felt that I was using a lot of nervous energy
- 9) I was worried about situations in which I might panic and make a fool of myself
- 10) I felt that I had nothing to look forward to
- 11) I found myself getting agitated
- 12) I found it difficult to relax
- 13) I felt down-hearted and blue
- 14) I was intolerant of anything that kept me from getting on with what I was doing
- 15) I felt I was close to panic
- 16) I was unable to become enthusiastic about anything
- 17) I felt I wasn't worth much as a person
- 18) I felt that I was rather touchy
- 19) I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)
- 20) I felt scared without any good reason
- 21) I felt that life was meaningless

Subjective Happiness Scale

For each of the following statements and/or questions, please indicate the point on the scale that you feel is most appropriate in describing you.

- 1) In general, I consider myself: [1 – not a very happy person; 2; 3; 4; 5; 6; 7 – a very happy person]
- 2) Compared to most of my peers, I consider myself: [1 – less happy; 2; 3; 4; 5; 6; 7 – more happy]
- 3) Some people are generally very happy. They enjoy life regardless of what is going on, getting the most out of everything. To what extent does this characterization describe you? [1 – not at all; 2; 3; 4; 5; 6; 7 – a great deal]
- 4) Some people are generally not very happy. Although they are not depressed, they never seem as happy as they might be. To what extent does this characterization describe you? [1 – not at all; 2; 3; 4; 5; 6; 7 – a great deal]

[Reverse Score Item 4]

Appendix F

Additional Measures

Narcissistic Personality Inventory – Exploiteness/Entitlement Scale

For each item below, please indicate whether the phrase is true or false of you in general.

True/False

- 1) I expect a great deal from other people.
- 2) I am envious of other people's good fortune.
- 3) I insist upon getting the respect that is due to me.
- 4) I will never be satisfied until I get all that I deserve.
- 5) I have a strong will to power.
- 6) I get upset when people don't notice how I look when I go out in public.
- 7) I find it easy to manipulate people.
- 8) I am more capable than other people.

Self-Respect Scale

To what extent do you agree with each of the following statements about yourself?
Please use the following scale to record an answer for each statement listed below.

0 – Do not agree at all; 1; 2; 3 – Agree somewhat; 5; 6 – Agree completely

- 1) I have a lot of respect for myself.
- 2) I give in too easily to others' wishes or requests.
- 3) I tend to follow my inner values and moral standards.
- 4) I should treat myself better than I do.
- 5) My behaviors are usually consistent with my beliefs and principles.
- 6) Sometimes, I'm a bit of a "pushover".
- 7) I conduct myself in ways worthy of my respect.
- 8) I wish I could respect myself more than I do.
- 9) I tend to conduct myself with dignity.
- 10) I often engage in behaviors that make me feel ashamed of myself.

[Reverse Score Items: 2, 4, 6, 8, 10]

Deferring Coping Scale

How often do each of these statements apply to you?

Never, Rarely, Sometimes, Often, Always

- 1) Rather than trying to come up with the right solution to a problem myself, I let God decide how to deal with it.
- 2) In carrying out solutions to my problems, I wait for God to take control and know somehow that He'll work it out.
- 3) I do not think about different solutions to my problems because God provides them for me.
- 4) When a troublesome issue arises, I leave it up to God to decide what it means to me.
- 5) When a situation makes me anxious, I wait for God to take those feelings away.
- 6) I don't spend much time thinking about troubles I've had; God makes sense of them for me.

Stressful Life Circumstances

Here is a list of events that may happen to anyone. Read each event and indicate whether you experienced it DURING THE LAST 12 MONTHS.

- 1) Moved to a new residence
- 2) You lost something of sentimental value
- 3) Death of a close friend
- 4) Trouble with friends or neighbors
- 5) Separation
- 6) Divorce
- 7) Trouble with in-laws
- 8) Your own serious illness or injury
- 9) Serious illness or injury of a family member
- 10) Death of a spouse
- 11) Death of an immediate family member (other than spouse)
- 12) Trouble with supervisors at work
- 13) Laid off or fired from a job
- 14) Unemployed for a month or more
- 15) Had a greatly increased workload
- 16) Income decreased substantially (20%)
- 17) Went deeply into debt
- 18) Your child entered a new school
- 19) Your child left home (e.g. for school, military service)
- 20) Your child came home after a long absence
- 21) Other relative moved into household
- 22) Legal problems
- 23) Alcohol or drug problems
- 24) Assaulted or robbed

Appendix G

Email Invitation

Shalom,

My name is David Hillel Rosmarin. I am a graduate student of Clinical Psychology at Bowling Green State University and I am presently conducting a research project to measure the relationship between Jewish religious beliefs and well-being/distress.

I am looking for Jewish individuals 18 years of age and older to participate in my study by completing a 10 minute on-line survey. The survey contains questions which are concerned with individuals' beliefs about God and levels of nervousness, worry and sadness. The questions are designed for Jewish individuals of all beliefs and denominations to be able to complete.

Please click on the URL Link below and consider completing my questionnaire.

www.jpsych.com/participate

The success of this research is dependent on the participation of the world-wide Jewish community – as such, please feel free to forward this email to anyone you think may be interested in this study. If you have any questions or comments about my project, please contact me by email [drosmarin@jpsych.com] or by phone (419) 902 7248. Alternatively, my supervisor Dr. Ken Pargament can be reached at [kpargam@bgnet.bgsu.edu] or (419) 372 2301.

If you have received this email in error and/or you wish to be removed from the www.jpsych.com email list, please email me personally so I can update my records.

Thank you very much,

David Hillel Rosmarin

David Hillel Rosmarin, MA
Clinical Psychology PhD Candidate
Department of Psychology, Room 242
Bowling Green State University
Bowling Green, OH 43403
(419) 902 7248
www.jpsych.com

Appendix H

Consent Form

Thank you for visiting this website and for your interest in my research!

The purpose of this study is to evaluate the relationship between religious beliefs and well-being/distress. To date, very little research on this subject has been conducted in both Jewish and general populations.

As a Jewish individual 18 years of age or older, your participation is requested. Participation involves completing a questionnaire (consisting of 95 multiple-choice questions) concerned with your beliefs about God, and about any nervousness, worry or sadness that you may experience. The questions have been designed for Jewish individuals of all beliefs and denominations to be able to answer. It will take approximately 10 minutes to complete the entire questionnaire. It is anticipated that 500 individuals will participate in this research.

Should you choose to participate in this research, you will not be asked for your name or any other information related to your personal identity. Your participation will be completely voluntary, and you may refuse to participate or withdraw from the study at any time without negative consequences. You may also decline to answer any single question or group of questions asked in the questionnaire. There are no foreseeable risks involved in your participation. If you would like to be informed of the results of this research when they are available, please fill in your email address at the place indicated after completing the questionnaire, and you will receive an email when they become available.

This research is being conducted under the supervision of faculty member Dr. Ken Pargament in the department of Psychology, at Bowling Green State University. If you have any questions about the study please contact myself or Dr. Pargament by either email or telephone.

David H. Rosmarin - drosmarin@jpsych.com - (419) 902 7248
Dr. Ken Pargament - kpargam@bgnet.bgsu.edu - (419) 372 2301

You may also contact the Chair of Bowling Green State University's Human Subjects Review Board at (419) 372 7716 or hsrb@bgnet.bgsu.edu if any problems or concerns arise during the course of your participation in this study.

Thank you very much for considering to participate in this research! Please print this page if you wish to retain a copy of this consent form.

David Hillel Rosmarin

Appendix I

Thank You Page

Thank You!

Thank you very much for participating in my study - I sincerely appreciate your time and efforts! If you wish to discuss this research with me or my supervisor, please contact us by email or phone:

David Hillel Rosmarin	drosmarin@jpsych.com (419) 902 7248
Dr. Ken Pargament	kpargam@bgnet.bgsu.edu (419) 372 2301

If you would like to participate in a follow-up study, please enter your email address into the space below:

The success of this research is dependent on the participation of the world-wide Jewish community. As such, please do direct anyone who you think may be interested in this research project to www.jpsych.com/participate

Table 1*Sample Characteristics – Education***What is your highest level of education?**

	<u>Frequency</u>	<u>Percent</u>
Masters/Professional Degree or Higher	284	50.2
College Diploma or University Degree	195	34.5
Some College/University	74	13.1
High School Diploma	9	1.6
Some High School	3	.5

Table 2*Sample Characteristics – Religious Affiliation*

Which of the following best describes your personal religious affiliation?

	<u>Frequency</u>	<u>Percent</u>
Hassidic/Yeshiva Orthodox	96	17.0
Modern Orthodox	265	46.8
Conservative	109	19.3
Reform	43	7.6
Reconstructionist/Other	37	6.5
No Jewish Affiliation	14	2.5

Table 3

Religious Affiliation of Jews in the United States (2000-2001 National Jewish Population Survey)

	<u>Percent</u>
Orthodox	10.0
Conservative	26.0
Reform	35.0
Other Affiliation	20.0
No Affiliation	9.0

Table 4

*Sample Characteristics – Religious Beliefs***Do you believe in the existence of God?**

	<u>Frequency</u>	<u>Percent</u>
Yes	432	87.3
No	13	2.6
Unsure	50	10.1

Do you believe that there is an afterlife (life after death)?

	<u>Frequency</u>	<u>Percent</u>
Yes	355	62.6
No	59	10.4
Unsure	148	26.1

Table 5*Sample Characteristics – Religious Practices - Prayer*

How often do you speak to God or pray?

	<u>Frequency</u>	<u>Percent</u>
Several times a day	218	44.0
Once a day	81	16.4
A few times a week	80	16.2
Once a week	29	5.9
A few times a month	24	4.8
Once a month	10	2.0
Less than once a month	29	5.9
Never	24	4.8

Table 6

*Sample Characteristics – Religious Practices – Synagogue Attendance***How often do you attend synagogue services?**

	<u>Frequency</u>	<u>Percent</u>
Several times a day	55	11.1
Once a day	22	4.4
A few times a week	65	13.1
Once a week	134	27.1
A few times a month	78	15.8
Once a month	27	5.5
Less than once a month	99	20.0
Never	13	2.6

Table 7

*Sample Characteristics – Religious Practices – Religious Study***How often do you read religious literature or hear a religious lecture?**

	<u>Frequency</u>	<u>Percent</u>
Several times a day	79	16.0
Once a day	44	8.9
A few times a week	125	25.3
Once a week	44	8.9
A few times a month	72	14.5
Once a month	21	4.2
Less than once a month	83	16.8
Never	24	4.8

Table 8

*Sample Characteristics – Religious Practices – Grace after meals and “Shatnez”***How often do you recite Bircat Hamazon (grace after meals) after eating bread?**

	<u>Frequency</u>	<u>Percent</u>
Always	129	26.1
Usually	93	18.8
Sometimes	115	23.2
Rarely	94	19.0
Never	64	12.9

How often do you get your wool and linen clothing checked for “Shatnez”?

	<u>Frequency</u>	<u>Percent</u>
Always	92	18.6
Usually	52	10.5
Sometimes	25	5.1
Rarely	52	10.5
Never	228	46.1
“I don’t know what “Shatnez” is	46	9.3

Table 9

Principal Axis Factor Analysis with Direct Oblim Rotation – Pattern Matrix

<u>Item</u>	<u>Factor 1</u>	<u>Factor 2</u>
Item #1: It is impossible for me to accomplish a task without God's help.	.733	-.029
Item #3: Nothing can prevent God from acting.	.769	.100
Item #4: God is absolutely powerful.	.910	.107
Item #5: God always knows what is beneficial for me.	.904	.010
Item #7: I can't be successful without God's help.	.739	-.027
Item #8: Ultimately, there is Divine justice.	.804	-.042
Item #9: God is never ignorant of my concerns.	.842	-.036
Item #10: If God makes me suffer, I know that it will ultimately help me (during my lifetime and/or in the afterlife).	.754	-.094
Item #12: God's concern for one thing does not cause God to neglect another.	.801	.032
Item #13: God punishes people appropriately (during their lifetimes and/or in the afterlife).	.773	-.102
Item #14: God is compassionate towards human suffering.	.797	-.117
Item #15: I cannot earn more money than God decrees.	.793	-.059
Item #16: None of my thoughts are hidden from God.	.901	.139
Item #17: Nothing can occur without God's involvement in the process.	.861	.027
Item #18: God knows what is in my best interests.	.933	.005
Item #19: God is generous to me even when I don't deserve it.	.788	-.057
Item #20: God is constantly aware of what is harmful for me.	.921	-.005
Item #23: God rewards those who deserve it (during their lifetimes and/or in the afterlife).	.822	-.082
Item #2: People can cause me harm without God's consent.	-.069	.295
Item #6: I can live longer than God has planned for me.	-.077	.365
Item #11: Sometimes God is unkind to me for no reason.	.112	.569
Item #21: God disregards my activities.	-.038	.718
Item #22: God's judgment is unfair.	.083	.784
Item #24: God does not always know what is best for me.	-.202	.598

Table 10

*Trust in God Items According to Category with Factor Loadings**Note: bolded items retained, unbolded items eliminated***God has constant regard for worldly affairs**

- e) **God is never ignorant of my concerns. (.842, item #9)**
- f) **None of my thoughts are hidden from God. (.901, item #16)**
- g) God's concern for one thing does not cause God to neglect another. (.801, item #12)

God has absolute knowledge of what is in peoples' best interests

- h) God always knows what is beneficial for me. (.904, item #5)
- i) **God is constantly aware of what is harmful for me. (.921, item #20)**
- j) **God knows what is in my best interests. (.933, item #18)**

No power is greater than God

- k) Nothing can prevent God from acting. (.769, item #3)
- l) **God is absolutely powerful. (.910, item #4)**
- m) **I cannot earn more money than God decrees. (.793, item #15)**

God must be involved for anything to occur

- n) **I can't be successful without God's help. (.739, item #7)**
- o) **Nothing can occur without God's involvement in the process. (.861, item #17)**
- p) It is impossible for me to accomplish a task without God's help. (.733, item #1)

God is merciful and generous

- q) **God is compassionate towards human suffering. (.797, item #14)**
- r) If God makes me suffer, I know that it will ultimately help me (during my lifetime and/or in the afterlife). (.754, item #10)
- s) **God is generous to me even when I don't deserve it. (.788, item #19)**

God is just in judgment

- t) **Ultimately, there is Divine justice. (.804, item #8)**
- u) God punishes people appropriately (during their lifetimes and/or in the afterlife). (.773, item #13)
- v) **God rewards those who deserve it (during their lifetimes and/or in the afterlife). (.822, item #23)**

Table 11*The Trust in God Scale*

Trust Subscale:

- 1) God is never ignorant of my concerns.
- 2) None of my thoughts are hidden from God.
- 3) God is constantly aware of what is harmful for me.
- 4) God knows what is in my best interests.
- 5) God is absolutely powerful.
- 6) I cannot earn more money than God decrees.
- 7) I can't be successful without God's help.
- 8) Nothing can occur without God's involvement in the process.
- 9) God is compassionate towards human suffering.
- 10) God is generous to me even when I don't deserve it.
- 11) Ultimately, there is Divine justice.
- 12) God rewards those who deserve it (during their lifetimes and/or in the afterlife).

Mistrust Subscale:

- 1) God disregards my activities.
- 2) God does not always know what is best for me.
- 3) Sometimes God is unkind to me for no reason.
- 4) God's judgment is unfair.

Table 12

*Concurrent & Discriminant Validity of the Trust in God Scale***Trust in God and Religious Affiliation**

	<u>Trust Subscale</u>	<u>Mistrust Subscale</u>
<u>Religious Affiliation</u>	$r = .631, p < .001, N = 492$	$r = -.233, p < .001, N = 508$

Note: "Other" & "Reconstructionist" participants excluded

Trust in God and Religious Observances

	<u>Trust Subscale</u>	<u>Mistrust Subscale</u>
<u>Prayer</u>	$r = .718, p < .001, N = 526$	$r = -.217, p < .001, N = 541$
<u>Synagogue Attendance</u>	$r = .460, p < .001, N = 523$	$r = -.153, p < .001, N = 538$
<u>Religious Study</u>	$r = .537, p < .001, N = 523$	$r = -.249, p < .001, N = 538$
<u>Grace After Meals</u>	$r = .615, p < .001, N = 526$	$r = -.238, p < .001, N = 541$
<u>"Shatnez"</u>	$r = .047, p = .283, N = 524$	$r = -.136, p = .002, N = 539$

Table 13

Demographic Correlates of Psychological Wellbeing

	<u>Age</u>	<u>Gender</u>	<u>Education</u>	<u>Medication</u>	<u>Stressors</u>
<u>Penn State Worry Questionnaire</u>	r = -.183 p < .001 N = 523	r = .223 p < .001 N = 529	r = .017 p = .698 N = 529	r = -.219 p < .001 N = 530	r = .130 p = .004 N = 496
<u>Center for Epidemiological Studies Depression Scale</u>	r = -.089 p = .048 N = 497	r = .037 p = .403 N = 504	r = -.170 p < .001 N = 503	r = -.215 p < .001 N = 504	r = .273 p < .001 N = 478
<u>DASS-Depression</u>	r = -.120 p = .006 N = 535	r = .003 p = .942 N = 540	r = -.205 p < .001 N = 540	r = -.167 p < .001 N = 541	r = .185 p < .001 N = 506
<u>DASS-Anxiety</u>	r = -.142 p = .001 N = 540	r = .020 p = .645 N = 547	r = -.200 p < .001 N = 547	r = -.221 p < .001 N = 548	r = .152 p = .001 N = 513
<u>DASS-Stress</u>	r = -.133 p = .002 N = 540	r = .062 p = .148 N = 545	r = -.091 p = .033 N = 545	r = -.176 p < .001 N = 546	r = .210 p < .001 N = 510
<u>DASS-Total</u>	r = -.147 p = .001 N = 512	r = .030 p = .495 N = 516	r = -.178 p < .001 N = 516	r = -.210 p < .001 N = 517	r = .216 p < .001 N = 485
<u>Subjective Happiness Scale</u>	r = .026 p = .536 N = 550	r = -.021 p = .619 N = 557	r = .055 p = .192 N = 557	r = .206 p < .001 N = 558	r = -.087 p = .046 N = 524

Table 14

Trust in God and Psychological Wellbeing (controlling for age, gender, education, medication and life stressors; non-believers excluded)

	<u>Trust Subscale</u>	<u>Mistrust Subscale</u>
<u>Penn State Worry Questionnaire</u>	$r = -.147, p = .004, N = 373$	$r = .282, p < .001, N = 373$
<u>Center for Epidemiological Studies Depression Scale</u>	$r = -.113, p = .028, N = 373$	$r = .318, p < .001, N = 373$
<u>DASS-Depression</u>	$r = -.074, p = .149, N = 373$	$r = .271, p < .001, N = 373$
<u>DASS-Anxiety</u>	$r = -.143, p = .005, N = 373$	$r = .191, p < .001, N = 373$
<u>DASS-Stress</u>	$r = -.106, p = .039, N = 373$	$r = .212, p < .001, N = 373$
<u>DASS-Total</u>	$r = -.122, p = .018, N = 373$	$r = .263, p < .001, N = 373$
<u>Subjective Happiness Scale</u>	$r = .102, p = .046, N = 373$	$r = -.290, p < .001, N = 373$

Table 15

Trust in God and Psychological Wellbeing across Religious Affiliation (controlling for age, gender, education, medication and life stressors; non-believers excluded)

	<u>Orthodox Participants</u>		<u>Non-Orthodox Participants</u>	
	<u>Trust Subscale</u>	<u>Mistrust Subscale</u>	<u>Trust Subscale</u>	<u>Mistrust Subscale</u>
<u>Penn State Worry Questionnaire</u>	r = -.203 p = .001 N = 246	r = .264 p < .001 N = 246	r = .009 p = .923 N = 126	r = .297 p = .001 N = 126
<u>Center for Epidemiological Studies Depression Scale</u>	r = -.215 p = .001 N = 246	r = .342 p < .001 N = 246	r = .030 p = .735 N = 126	r = .261 p = .003 N = 126
<u>DASS-Depression</u>	r = -.146 p = .021 N = 246	r = .288 p < .001 N = 246	r = -.044 p = .622 N = 126	r = .224 p = .011 N = 126
<u>DASS-Anxiety</u>	r = -.142 p = .026 N = 246	r = .207 p = .001 N = 246	r = -.067 p = .450 N = 126	r = .103 p = .246 N = 126
<u>DASS-Stress</u>	r = -.172 p = .006 N = 246	r = .193 p = .002 N = 246	r = -.035 p = .692 N = 126	r = .199 p = .024 N = 126
<u>DASS-Total</u>	r = -.182 p = .004 N = 246	r = .269 p < .001 N = 246	r = -.054 p = .545 N = 126	r = .208 p = .018 N = 126
<u>Subjective Happiness Scale</u>	r = .196 p = .002 N = 246	r = -.297 p < .001 N = 246	r = .075 p = .403 N = 126	r = -.275 p = .002 N = 126

Table 16

Trust in God and Deferring Religious Coping, Narcissism, and Self-Respect

	<u>Trust Subscale</u>	<u>Mistrust Subscale</u>
<u>Deferring Coping</u>	r = .466, p < .001, N = 495	r = -.205, p < .001, N = 507
<u>Exploitativeness/Entitlement</u>	r = -.133, p = .003, N = 491	r = .179, p < .001, N = 506
<u>Self-Respect</u>	r = .057, p = .208, N = 485	r = -.260, p < .001, N = 499

Table 17

Jewish Religious Affiliation and Psychological Wellbeing

<u>Penn State Worry Questionnaire</u>					
<u>Source</u>	<u>DF</u>	<u>SS</u>	<u>MS</u>	<u>F-value</u>	<u>P-value</u>
<u>Between Groups</u>	5	706.70	141.34	.653	p = .660
<u>Within Groups</u>	522	113,069.20	216.60		
<u>Total</u>	527	113,775.90			
<u>Center for Epidemiological Studies Depression Scale</u>					
<u>Source</u>	<u>DF</u>	<u>SS</u>	<u>MS</u>	<u>F-value</u>	<u>P-value</u>
<u>Between Groups</u>	5	748.412	149.682	1.536	p = .177
<u>Within Groups</u>	496	48,329.48	97.438		
<u>Total</u>	501	49,07.89			
<u>Subjective Happiness Scale</u>					
<u>Source</u>	<u>DF</u>	<u>SS</u>	<u>MS</u>	<u>F-value</u>	<u>P-value</u>
<u>Between Groups</u>	5	155.27	31.054	.915	p = .471
<u>Within Groups</u>	550	18,668.83	33.943		
<u>Total</u>	555	18.824.10			
<u>DASS-Depression</u>					
<u>Source</u>	<u>DF</u>	<u>SS</u>	<u>MS</u>	<u>F-value</u>	<u>P-value</u>
<u>Between Groups</u>	5	190.58	38.118	.703	p = .621
<u>Within Groups</u>	533	28,881.709	54.187		
<u>Total</u>	538	29,072.297			
<u>DASS-Anxiety</u>					
<u>Source</u>	<u>DF</u>	<u>SS</u>	<u>MS</u>	<u>F-value</u>	<u>P-value</u>
<u>Between Groups</u>	5	224.255	44.851	1.548	p = .173
<u>Within Groups</u>	540	15,646.309	28.985		
<u>Total</u>	545	15,870.564			
<u>DASS-Stress</u>					
<u>Source</u>	<u>DF</u>	<u>SS</u>	<u>MS</u>	<u>F-value</u>	<u>P-value</u>
<u>Between Groups</u>	5	178.004	35.601	.575	p = .719
<u>Within Groups</u>	538	33320.231	61.934		
<u>Total</u>	543	33498.235			
<u>DASS-Total</u>					
<u>Source</u>	<u>DF</u>	<u>SS</u>	<u>MS</u>	<u>F-value</u>	<u>P-value</u>
<u>Between Groups</u>	5	1350.442	270.088	.832	.527
<u>Within Groups</u>	509	165145.450	324.451		
<u>Total</u>	514	166495.891			

Table 18

Jewish Religious Observance and Psychological Wellbeing

	<u>Prayer</u>	<u>Synagogue Attendance</u>	<u>Religious Study</u>	<u>Grace after Meals</u>	<u>Shatnez</u>
<u>Penn State Worry Questionnaire</u>	r = -.025 p = .609 N = 434	r = -.039 p = .418 N = 434	r = -.083 p = .084 N = 434	r = -.049 p = .304 N = 434	r = -.131 p = .518 N = 434
<u>Center for Epidemiological Studies Depression Scale</u>	r = -.046 p = .341 N = 434	r = -.090 p = .062 N = 434	r = -.106 p = .027 N = 434	r = -.083 p = .085 N = 434	r = .008 p = .870 N = 434
<u>DASS-Depression</u>	r = -.048 p = .321 N = 434	r = -.089 p = .073 N = 434	r = -.139 p = .004 N = 434	r = -.065 p = .175 N = 434	r = .042 p = .378 N = 434
<u>DASS-Anxiety</u>	r = -.107 p = .026 N = 434	r = -.088 p = .065 N = 434	r = -.127 p = .008 N = 434	r = -.140 p = .003 N = 434	r = -.007 p = .877 N = 434
<u>DASS-Stress</u>	r = -.055 p = .256 N = 434	r = -.078 p = .107 N = 434	r = -.072 p = .130 N = 434	r = -.073 p = .131 N = 434	r = -.057 p = .234 N = 434
<u>DASS-Total</u>	r = -.076 p = .115 N = 434	r = -.096 p = .044 N = 434	r = -.126 p = .008 N = 434	r = -.101 p = .035 N = 434	r = -.011 p = .824 N = 434
<u>Subjective Happiness Scale</u>	r = .072 p = .132 N = 434	r = .053 p = .273 N = 434	r = .113 p = .018 N = 434	r = .028 p = .564 N = 434	r = -.042 p = .381 N = 434

Figure 1

The Basic Model of Cognitive Theory

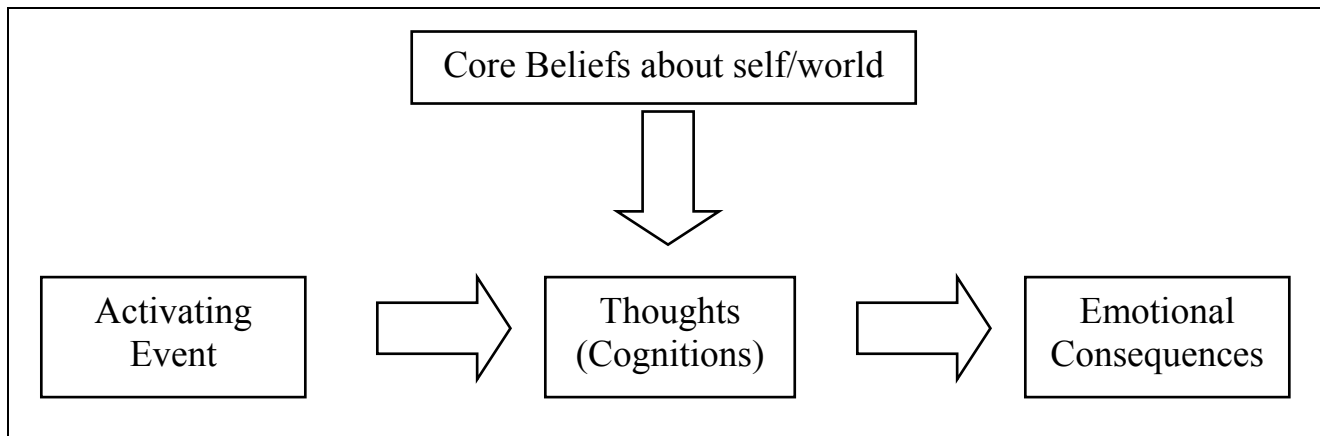


Figure 2

The Basic Model of Rabbi Bachaya's Theory

