

Religious Fundamentalism and Psychological Well-Being: An Italian Study

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This study's aims were two-fold: to contribute to an understanding of the relationship between religious fundamentalism and psychological well-being and to test the psychometric properties of the Italian adaptation of the revised Religious Fundamentalism Scale (RFS-12; Altemeyer & Hunsberger, 2004), one of the most important instruments for assessing religious fundamentalism when it is conceptualized as a cognitive process. Confirmative factor analysis and reliability and correlational analyses were conducted on a sample of 319 Catholic undergraduate students. Findings indicate that the Italian adaptation of the Religious Fundamentalism Scale, as a one-dimensional construct, represents a valid and reliable measure of religious fundamentalism. Furthermore, results highlight the positive role that religious fundamentalism plays in promoting life satisfaction and psychological well-being.

In recent years, there has been an increasing interest in religious fundamentalism because of its many implications for historical events and socio-political issues, such as social integration and identity in multi-religious societies (Herriot, 2007). The term "religious fundamentalism" was initially used between 1910 and 1915 inside a series of 80 pamphlets collectively called *The Fundamentals: A Testimony to the Truth* (Sandeen, 1967), published in the United States. Religious fundamentalism is a construct with different definitions given by researchers interested in the psychology of religion. Altemeyer and Hunsberger (1992) were the first to define religious fundamentalism as a cognitive process, stating that religious fundamentalism corresponds to

The belief that there is one set of religious teaching that clearly contains the fundamental, basic, intrinsic, essential, inerrant truth about humanity and deity; that this essential truth is fundamentally opposed by evil forces which must be vigorously fought against...and those who believe and follow these fundamental teachings have a special relationship with deity. (p. 118)

A number of researchers have focused on religious fundamentalism as a personality trait or as a series of rigid beliefs (Costa, Zonderman, McCrae, & Williams, 1985; Johnson, Butcher, Null, & Johnson, 1984;

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Saroglou, 2002). Individuals who hold fundamentalist beliefs or attitudes tend to be conceptualized as closed-minded (Glock & Stark, 1966; McFarland, 1989) or viewed as having a closed, centralized belief system in which orthodox beliefs are organized (Kirkpatrick, Hood, & Hartz, 1991; Rokeach, 1960).

Indeed, Openness is the most negatively correlated personality factor related to fundamentalism (Carlucci, Tommasi, & Saggino, 2011; Costa, Busch, Zonderman, & McCrae, 1986; Saroglou, 2002). Specifically, fundamentalist subjects tended to score lower on the Openness trait than non-fundamentalist subjects, both at domain and facet levels of culturally-sensitive personality inventories (Krauss, Streib, Keller, & Silver, 2006; Proctor & McCord, 2009; Streyffeler & McNally, 1998). Other personality traits, like Neuroticism (Costa et al., 1986) and Agreeableness (Costa et al., 1985; Johnson et al., 1984), were not found to have clear relationships with religious fundamentalism (Saroglou, 2002).

Psychologists have long been interested both in the ways that religious attitudes and beliefs impact people's responses to life events and in the extent to which these responses affect psychological adjustment (Hackney & Sanders, 2003). Despite the growing interest among researchers about the role of religion in mental/physical health (Koenig, McCullough, & Larson, 2001; Seybold & Hill, 2001), little attention has been devoted to the relationship between religious fundamentalism and mental health. Religious fundamentalism, like religion, can fulfill an adaptive function by providing a sense of security, meaning, and empowerment (Kinnvall, 2004). Research suggests that people who adhere to fundamentalist religious beliefs are more positive and hopeful than people who hold moderate religious beliefs (Sethi & Seligman, 1993), are more inner-directed (Furnham, 1982), and show higher life-satisfaction and self-actualization (Hackney & Sanders, 2003).

On the other hand, some fundamentalist attitudes, such as rightist authoritarianism (Altemeyer, 1996; Altemeyer & Hunsberger, 2005), dogmatism (Heiser, 2005), intolerance and prejudice (Badley 2005; Rowatt, Johnson, LaBouff, & Gonzalez, 2013), child punitive practices (Danson, Hunsberger, & Pratt, 1997), paranoid thinking (Schneider, 2002), and low cognitive complexity and convergent thinking (Hunsberger, Alisat, Pancer, & Pratt, 1996), have been found to be associated with social anxiety. These attitudes could represent a specific cognitive trait—a defensive source of compensatory control (Kay, Gaucher, McGregor, &

Nash, 2010)—in response to both anxiety-generating social experiences (Altemeyer, 1996) and unfamiliar experiences. Additional studies show how rigid beliefs and strong religiosity are correlated with psychopathology, especially in individuals with mental disorders (Kirkpatrick, Hood, & Hartz, 1991; Stifoss-Hanssen, 1994). Likewise, higher scores on psychopathology have been found among fundamentalists and ex-fundamentalists (Hartz & Everett, 1989).

Thus far, the link between fundamentalism and mental/physical health has not been clarified and has shown contradictory findings. Many of these discrepancies are likely due to the use of different definitions and scales of measurement to assess both religious fundamentalism and psychological well-being. The main limitation of these measures is that they do not specify how or why religious beliefs and spirituality affect health (Hill & Pargament, 2003).

Many self-report questionnaires, based on different theoretical domains, have been developed to assess religious fundamentalism (Hill & Hood, 1999). The first version of the Religious Fundamentalism Scale (RFS-20) was developed by Altemeyer and Hunsberger (1992) and was designed to measure attitudes about one's religious beliefs rather than adherence to any particular set of beliefs. The RFS-20 is composed of 20 balanced items, half of which are formulated in the negative direction. In a sample of university students and parents, the RFS-20 showed good psychometric properties, including good mean interitem correlation, excellent internal consistency, and high correlations with a measure of right-wing authoritarianism. When the RFS-20 was used to assess populations with different faiths (Christianity was the predominant faith in these populations), results showed a strong internal consistency and good associations with attitudes toward sexual minorities (Altemeyer, 1996). Since its publication, the RFS-20 has been considered a measure of "religious manifestations of right-wing authoritarianism" (Altemeyer, 1996, p. 161) and has shown strong correlations with prejudice toward racial/ethnic minorities, frequency of church attendance, and zealotry.

Despite the widespread use of the scale, Altemeyer and Hunsberger (2004) underlined the need to revise its construct validity for three reasons: (a) half of the scale's items focus on the "one true religion" (p. 50) theme and neglect other important aspects of religious fundamentalism; (b) the scale over-measures the "one special groups" (p. 50) aspects, and therefore, over-represents fundamentalists' racial ethnocentrism; and (c) some researchers only use some of the items in an

attempt to make the scale more congruent with their personal hypotheses. Therefore, Altemeyer and Hunsberger revised their original scale and developed a new scale composed of 12 items: four of the original items remain unchanged, five have been revised, and three are completely new. Half of the items are formulated in a negative form. The new version (RFS-12; Altemeyer & Hunsberger, 2004) assesses each aspect of religious fundamentalism that was identified in the construct's original definition (Altemeyer & Hunsberger, 1992). Altemeyer and Hunsberger affirmed that the RFS-12 is a unidimensional measure of religious fundamentalism that is more valid than the previous version.

The aim of this study was to investigate the relationship between religious fundamentalism and psychological well-being in a sample of Italian Catholics. Specifically, we were interested in testing the impact that religious fundamentalism would have on experiences of cognitive anxiety and depression. In addition, we tested the validity and reliability of an Italian translation of the RFS-12 and investigated its convergent and nomological validity by comparing it with other measures of fundamentalism, religiousness, and personality.

Method

Participants

The sample consisted of 319 Italian undergraduate students (age: $M = 20.82$, $SD = 3.9$; 280 female) recruited from the University of Chieti-Pescara who participated in exchange for course credit. All participants identified themselves as Christian Roman Catholics. In order to perform a CFA analysis, 10 cases were excluded because of missing values.

Procedure

The English versions of the revised Religious Fundamentalism Scale (RFS-12), the Intratextual Fundamentalism Scale (IFS), and the revised Intrinsic/Extrinsic Religious Orientation Scale (I/E-R) were translated into Italian, according to standard procedures of forward and back-translation (Van der Vijver & Leung, 1997). These measures were subsequently administered to 15 graduate students in a pilot study, in order to test the items' comprehensibility and verify final translations. The RFS-12 and other self-report measures were then administered anonymously to all participants included in this study. Participants also completed an informed consent document. All testing took approximately 20 minutes to complete.

Measures

Religious fundamentalism. The Religious Fundamentalism Scale (RFS-12; Altemeyer & Hunsberger, 2004) consists of 12 items, half of which are worded in co-trait direction to control for a response-set bias. For each item, ratings are on a 9-point Likert scale starting from -4 "you strongly disagree" to +4 "you strongly agree." The RFS-12 scores start from 12 "low fundamentalism" to 108 "high fundamentalism." This scale was derived from the RFS-20. The length of this scale was reduced by 40%, and its resulting internal consistency value was high (Cronbach's $\alpha = .91$). The RFS-12 showed a strong mean interitem correlation (ranging from .47 to .49). The explorative factor analysis revealed a single factor that explained 53.5% and 51.3% of the variance of scores obtained by the sample composed of parents and students, respectively.

Intratextual fundamentalism. The Intratextual Fundamentalism Scale (IFS; Williamson, Hood, Ahmad, Sadiq, & Hill, 2010) is composed of 12 items. Ratings are on a 6-point Likert scale starting from 1 "you strongly disagree" to 6 "you strongly agree." Items were grouped into six dimensions: *Divine*, that is, "The sacred text is considered to be of divine origin."; *Inerrant*, that is, "Without question, the sacred text is held to be inerrant."; *Self-interpretive*, that is, "The sacred text is sufficient in and of itself for understanding the divine intent and meaning of the author."; *Privileged*, that is, "The sacred text is given a privileged status above all other texts."; *Authoritative*, that is, "The sacred text is considered to be authoritative."; and *Unchanging*, that is, "The sacred text is immutable and timeless; thus, it never changes." (Williamson et al., 2010, pp. 723–725).

Intrinsic/extrinsic religiosity. The revised Intrinsic/Extrinsic Religious Orientation Scale (I/E-R; Gorsuch & McPherson, 1989) is composed of 14 items. This scale measures the intrinsic (I), extrinsic-personal (Ep), and extrinsic-social (Es) dimensions of religious orientation. For each item, ratings are on a 5-point Likert scale starting from 1 "Strongly Disagree" to 5 "Strongly Agree."

Personality traits. The Big Five Questionnaire (BFQ; Caprara, Barbaranelli, Borgogni, & Perugini, 1993) measures personality traits on the basis of the five-factor model theory (FFM; McCrae & Costa, 1987). It was shortened into the Big Five Questionnaire-Short Form (BFQ-S; Caprara, Schwartz,

Capanna, Vecchione, & Barbaranelli, 2006), composed of 60 items that measure five personality factors: openness (O), conscientiousness (C), extraversion (E), agreeableness (A), and emotional stability (ES). For each item, ratings were given according to a 5-point Likert scale, ranging from 1 “very false for me” to 5 “very true for me.”

Life satisfaction. The 5-item Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985; Di Fabio & Ghizzani, 2006) measures global life satisfaction. Subjective responses to items are on a 7-point Likert scale ranging from 1 “strongly disagree” to 7 “strongly agree.”

Symptoms of anxiety. The Beck Anxiety Inventory (BAI; Beck & Steer, 1993; Sica, Coradeschi, Ghisi, & Sanavio, 2006) assesses 21 common symptoms of clinical anxiety (e.g., sweating, fear of losing control, etc.). Respondents indicate the degree to which they have recently been bothered by each symptom during the past week. Responses are given on a 4-point Likert scale, ranging from 0 “not at all” to 3 “severely.” The BAI was designed to assess anxiety symptoms independently from depression symptoms.

Symptoms of depression. The Beck Depression Inventory-II (BDI-II; Beck, Steer, & Brown, 1996; Sica,

Ghisi, & Lange, 2007) is a 21-item self-report measure designed to assess the presence and severity of depressive symptoms. Each item is rated on a 4-point Likert scale ranging from 0 to 3, based on the severity of depressive symptoms over the last two weeks. The total score ranges from 0 to 63, with higher scores indicating more severe depressive symptoms.

Results

Descriptive Statistics and Reliability

Table 1 shows the descriptive statistics and the Skewness and Kurtosis indices of normality for all items of the RFS-12. LISREL test of multivariate normality and Mardia’s test (DeCarlo, 1997) were significant ($p < .000$), suggesting that multivariate normal data distribution was violated. Cronbach’s α of the RFS-12 items was high ($\alpha = .88$). Reliability coefficients for all the variables included in this study are displayed in Table 2.

Confirmatory Factor Analyses

We conducted confirmatory factor analysis (CFA) using the statistical package LISREL 8.7 (Jöreskog & Sörbom, 2004). All analyses were conducted using asymptotic covariance matrices and robust maximum-likelihood (RML) estimation methods because the distributions of some model variables deviated from

TABLE 1
Descriptive Statistics for the RFS-12 Item

ITEM	<i>M</i>	<i>SD</i>	Skewness	Kurtosis
RFS1	5.26	2.26	-0.32	-1.06
RFS2	4.04	2.28	0.54	-0.81
RFS3	4.64	2.56	0.09	-1.27
RFS4	4.20	2.37	0.28	-0.99
RFS5	5.41	2.00	-0.23	-0.60
RFS6	4.32	2.43	0.27	-1.04
RFS7	3.94	2.22	0.65	-0.51
RFS8	4.16	2.22	0.26	-0.85
RFS9	4.70	2.54	0.17	-1.25
RFS10	4.99	2.12	0.04	-0.75
RFS11	5.32	2.23	-0.05	-0.96
RFS12	3.76	2.38	0.78	-0.39

Note. N=319.

TABLE 2
Descriptive Statistics, Reliabilities and Correlations for Religious, Personality and Psychological Well-Being Measure with RFS-12

	Religious Measures						Personality					Psychological Well-Being		
	RFS	IFS	I	Es	Ep	O	C	E	A	ES	SWLS	BAI	BDI-II	
RFS	.807**		.718**	.243**	.542**	-.112	.092	-.100	.103	.013	.119*	-.033	-.038	
<i>M</i>	54.61	40.72	25.25	4.55	9.94	43.50	44.23	39.06	40.55	31.37	24.48	35.39	10.49	
<i>SD</i>	17.91	10.42	7.82	2.26	3.05	6.19	6.12	5.80	5.23	8.37	5.07	10.42	8.50	
α	.88	.87	.86	.80	.71	.74	.76	.70	.64	.86	.78	.91	.90	

Note. *N* = 319. RFS = Religious Fundamentalism Scale; IFS = Intraextual Fundamentalism Scale; I = Intrinsic Religious Orientation; Es = Extrinsic-social Religious Orientation; Ep = Extrinsic-personal Religious Orientation; O = Openness; C = Conscientiousness; E = Extraversion; A = Agreeableness; ES = Emotional Stability; SWLS = Satisfaction With Life Scale; BAI = Beck Anxiety Scale; BDI-II = Beck Depression Inventory 2.

Note. * *p* < .05. ** *p* < .01.

normality (Jöreskog, Sörbom, Du Toit, & Du Toit, 2001). We compared the one- and two-factor solutions of the RFS-12 by means of the CFA. The one-factor solution replicated Altemeyer and Hunsberger's (2004) fundamentalism dimension; the two-factor solution (positively and negatively worded items) controlled for the presence of two distinct factors due to the presence of positive and negative item effects (Altemeyer & Hunsberger, 2004; Bagozzi, 1993; Carlucci & Saggino, 2013; Marsh, 1996).

As suggested by Byrne (1998) and Kline (2005), the fit model was evaluated with multiple indicators, including the Satorra-Bentler chi-squared ($SB \chi^2$) statistic and its degree of freedom, goodness of fit index (GFI), comparative fit index (CFI), non-normed fit index (NNFI), standardized root mean square residual (SRMR), root mean square error of approximation and its 90% confidence interval (RMSEA; 90% CI). $SRMR \leq .08$ and $RMSEA \leq .05$ indicate an acceptable fit of the model (Browne & Cudeck, 1993; Kline, 2005). CFI and GFI between the range of .95 and 1.00 indicate a good fit of the model (Hu & Bentler, 1995). Finally, a NNFI between .95 and .97 denote an adequate fit of the model (Schermelleh-Engel, Moosbrugger, & Muller, 2003). Further, in order to compare the alternative models, a chi-square model-difference test ($\Delta SB \chi^2$; Bryant & Satorra, 2012; 2013) was conducted. A statistically significant difference in the chi-square values indicates that the null hypothesis of equal fit for both solutions can be rejected and the less restrictive solutions should be retained (Bentler, 1990; Bollen, 1989).

Results of the CFAs showed from acceptable to good fit of both models—for the one-factor solution: $SB \chi^2 (54) = 141.14$ ($p = .001$), $GFI = .92$, $CFI = .97$, $RMSEA = .07$, 90% CI [.05, .08], $SRMR = .05$, $NNFI = .96$; and for the two-factor solution: $SB \chi^2 (53) = 111.52$ ($p = .001$), $GFI = .93$, $CFI = .98$, $RMSEA = .06$, 90% CI [.04, .08], $SRMR = .05$, $NNFI = .98$. The chi-squared difference test ($\Delta SB \chi^2 = 27.61$, $df = 1$, $p = 1.486$) showed that the one- and two-factor solutions did not significantly differ from each other; thus, the more restrictive solution should be retained. Figure 1 shows the path diagram of the one-factor model tested.

Validity

Pearson correlation coefficients were calculated to test the validity of the RFS-12 in relation to other religious, personality, and psychological well-being scales. Table 2 shows descriptive statistics, reliability, and the correlations between the RFS-12 and all other psychological tests involved in the study.

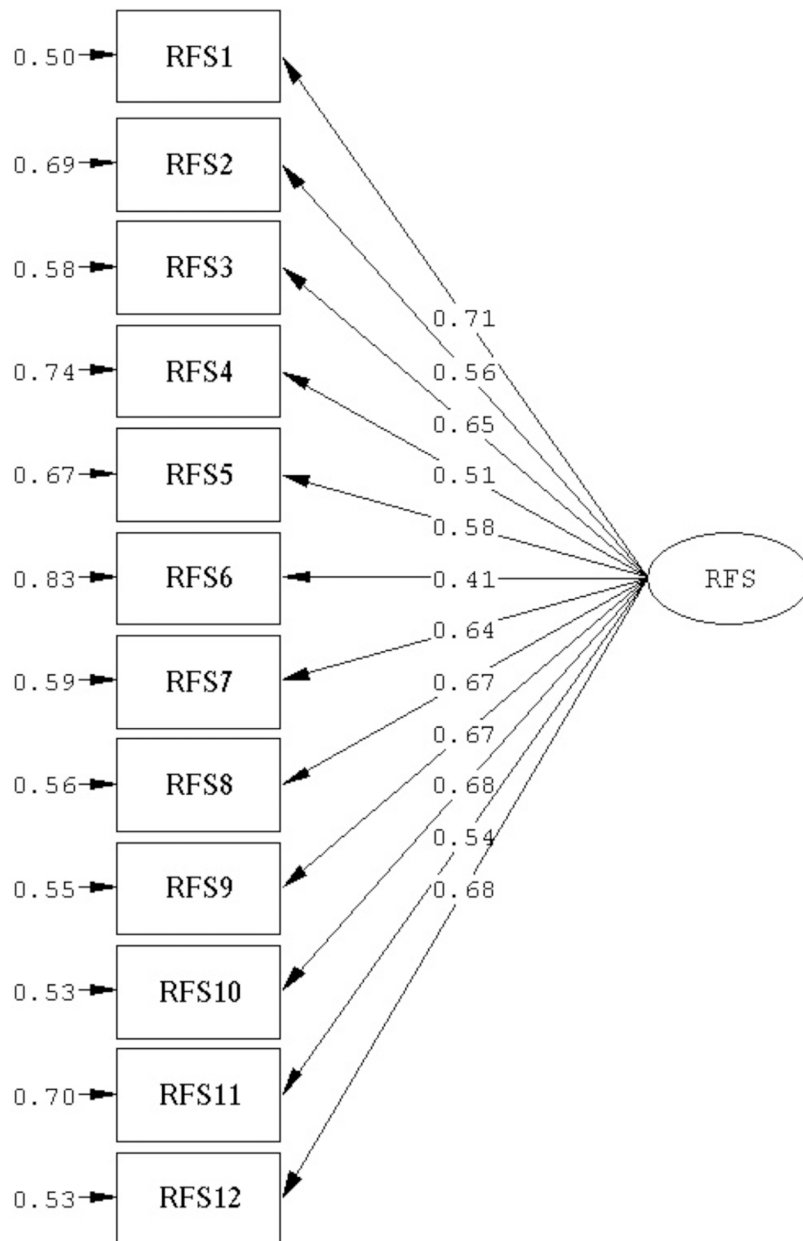
We found significant correlations between the RFS-12 and the other measures of religious attitudes and religious fundamentalism. The RFS-12 correlated positively with both the IFS ($r = .807$, $p < .05$) and with all domains of the I/E-R scale (I, $r = .718$, $p < .05$; Es, $r = .243$, $p < .05$; Ep, $r = .542$, $p < .05$). In addition, a significantly negative correlation was found between the RFS-12 and the Big Five personality domain trait of Openness ($r = -.112$, $p < .01$). Non-significant associations of the RFS12 were found with the personality domain traits of Extraversion ($r = -.100$, $p = ns$), Conscientiousness ($r = .09$, $p = ns$), Emotional Stability ($r = .01$, $p = ns$), and Agreeableness ($r = .103$, $p = ns$). Finally, the RFS-12 correlated slightly positively with the Satisfaction with Life Scale (SWLS, $r = .119$, $p < .01$). Non-significant correlations were found between the RFS-12 and both the BAI ($r = -.033$, $p = ns$) and the BDI ($r = -.038$, $p = ns$).

Discussion

The first aim of our study was to investigate the psychometric properties of the Italian version of the RFS-12. The RFS-12 was translated from English to Italian using translation and backtranslation techniques to ensure linguistic equivalence. The CFA's results revealed that the one-dimensional factor structure of the RFS-12 best fit our data and the two-factor structure did not significantly improve the model. These findings are consistent with Altemeyer and Hunsberger's (1992; 2004) previous findings. Factor analyses of item responses on psychological rating scales that contain balanced/unbalanced worded items generally reveal distinct factors that reflect both a positive and negative response set or bias (Altemeyer & Hunsberger, 2004; Bagozzi, 1993; Marsh, 1996). Correspondingly, when the RFS-12 item responses were gathered from a large sample of students and analyzed using a Correlated Traits Correlated Methods framework (CTCM), the responses were found to be impacted by a worded items effect (Carlucci & Saggino, 2013).

The convergent validity of the RFS-12 was analyzed by computing the correlations between the scale and other religious measures. The significant associations between the RFS-12 and the IFS are consistent with the findings of other recent literature (Streib, Silver, Csöff, Keller, & Hood, 2011; Williamson et al., 2010) and suggest that these scales measure the same construct of fundamentalism. However, the fundamentalism that Altemeyer and Hunsberger (1992) describe focuses on militancy, literalness, specific beliefs, and anti-modernism contents; whereas, those who conceive of fundamentalism from an intratextual perspective

FIGURE 1



focus on the interpretive process and the emphasis given to a sacred text (Williamson et al., 2010).

In accordance with recent studies, the results from our analysis revealed that individuals who scored high in fundamentalism were intrinsically motivated and moderately extrinsic-personally oriented toward religion. Findings indicate that those who score high on measures of fundamentalism tend to use religion

to gain comfort, security, and/or protection; to view religion as the master motive of their lives; and to be less inclined to use religion for social purposes (Hood, Hill, & Williamson, 2005; Spilka, Hood, Hunsberger, & Gorsuch, 2003; Williamson et al., 2010).

Although previous research has shown conflicting results, our analysis revealed a weak negative relationship between the scores on the RFS-12 and scores on

the personality trait of Openness. The magnitude of this relationship may be attributable to the characteristics of our sample (e.g., college students and a homogeneous religious affiliation) and to the measures we used, as previous research has found varied and conflicting evidence regarding the relationship between fundamentalism and the trait of Openness (see Saroglou, 2002; Streib et al., 2011; Williamson et al., 2010). Individuals with religious fundamentalist beliefs tend to show more conservative attitudes and behaviors and find greater meaning and purpose in life and within their religious tradition. In the literature, Openness is the personality trait that most distinguishes individuals who hold religious fundamentalist beliefs from those with other religious attitudes. General religiosity is correlated mainly with the personality traits of Agreeableness and Conscientiousness; whereas, mature religiosity and spirituality are correlated to a greater extent with Extraversion and to a lesser extent with Agreeableness and Conscientiousness (Saroglou, 2002).

The second aim of our study was to evaluate the associations between the RFS-12 and measures of psychological well-being. We found that religious fundamentalism was associated with high perceived satisfaction with life but not with anxiety and depression. It appears that those who hold religious beliefs in a fundamentalist way are intrinsically oriented toward religion and are more disposed to use their beliefs to cope with stressful life events, which seems to facilitate subjective satisfaction with life. Fundamentalism also appears to be associated with elevated levels of optimism, religious hope, religious involvement, and religious influence in daily life (Sethi & Seligman, 1993). These religious traditions and beliefs seem to serve an adaptive function by providing fundamentalists with a sense of meaning, security, and empowerment and by minimizing social anxiety, doubts, and illness (Kinnvall, 2004).

Some literature highlights the negative features (e.g., aggression and punitiveness) that tend to be associated with fundamentalism (Bornstein & Miller, 2009; Danso et al., 1997). Our results supported the hypothesis that fundamentalism has both a positive and a negative side (Blogowska & Saroglou, 2011; 2013; Newberg & Waldman, 2009; Williamson & Hood, 2013). In our study, this may be partially explained by our sample characteristics, specifically the interactions between religious affiliation and socio-demographic variables (e.g., gender and ethnic background).

For instance, Catholics differed from other religious groups both in the degree to which social aspects

of religion were a part of their religious identity and in the extent to which they valued religious components, such as religious community, religious commitment, and religious symbols (Cohen & Hall, 2009). It appears that the Catholic faith serves as a controllable stress buffer that allows individuals to directly and actively expiate guilt associated with self-induced life stress (Park, Cohen, & Herb, 1990). This may be one of the reasons that those affiliated with Roman Catholicism are less likely to have attempted suicide (Dervic et al., 2004). Whether the presence of fundamentalism can be identified among Roman Catholics has long been debated (Introvigne, 2004). Marty and Appleby (1991) contend that this may be partially due to the absence of many of the ideological components of fundamentalism (e.g., literalism, inerrancy, and the intratextual approach to the Bible) within Roman Catholicism and the mediating role played by the Roman Catholic Church.

With regard to the gender, females appear to be more likely to seek the psychological support offered by religion, compared to males (Argyle & Beit-Hallahmi, 1997). Empirical studies have also shown how females who endorse fundamentalist beliefs tend to be extrinsically motivated, feel less estranged from society, and show increased dependency on externalized structures; whereas, males who endorse fundamentalist beliefs tend to have higher standards of performance for themselves than for others (Helm, Berecz, & Nelson, 2001; Saroglou, 2014).

Limitations

Altemeyer and Hunsberger's (1992; 2004) measure of fundamentalism has been tested on both student and parent samples, and its reliability has been confirmed cross-culturally and across different religious denominations (Baum, 2009). Nonetheless, the generalizability of our results may be limited due to a sample composed primarily of female college students with a moderate level of religious fundamentalism (RFS-12, $M = 54$). Additionally, differences in religious attitudes may be less pronounced in college students than in adults, who tend to exhibit a more mature and crystallized faith (Paloutzian & Park, 2005; Rozin, 2003). Furthermore, age and education level have been shown to have direct and indirect effects in predicting religious fundamentalism (Carlucci et al., 2011). Although a Catholic sample was chosen to reflect the dominant religion within the Italian population, the use of a Catholic sample may be questionable and restricted, since the RFS-12 was developed to be neutral with respect to religious affiliation.

Conclusion

Our findings showed that the Italian adaptation of the Religious Fundamentalism Scale, as one-dimensional construct, represents a valid and reliable measure of religious fundamentalism in a Catholic Italian sample. Moreover, this study provides a further contribution to understanding the impact that religious fundamentalism has on psychological well-being. Further research should be oriented to test if fundamentalist beliefs and attitudes affect well-being, using more diverse and clinical samples and measuring different clinical constructs (e.g., obsessive-compulsive disorders).

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