SPIRITUAL WELL BEING SCALE

Reference:

Description of Measure:
A 20-item measure that assesses perceptions of spiritual quality of life. The measure has two subscales: (1) Religious Well-Being and (2) Existential Well-Being.

Abstracts of Selected Related Articles:

This study examines the psychometric qualities of the Spiritual Well-Being Scale (SWBS) with a religiously heterogeneous sample of college students. Specific questions addressed were possible ceiling effects in the SWBS and the SWBS's factor structure. Factor analysis supported the two-dimensional structure of the SWBS. Item groupings corresponded to Religious Well-Being (RWB) and Existential Well-Being (EWB) as conceptualized by the developers of the instrument. Differential patterns of correlations also suggest that RWB and EWB are two distinct constructs. The findings also yielded significant ceiling effects for the SWBS, especially among Christian respondents.


A number of studies have examined the link between criminality and religiosity. However, only a limited number of studies have examined the relationship between spirituality and criminality. Because spirituality has been identified as a fundamental attribute of the personalitites of Blacks, studies examining differences in the association between spirituality by ethnicity could provide information to understand the disparity of incarceration rates among Blacks and Whites. For this study, data were collected from 661 male prisoners with prior histories of drug use to examine spirituality that was assessed using two factors from a modified version of the Spiritual Well-Being Scale: relationship with a higher power and satisfaction with oneself in the world. Analyses revealed that White men reported significantly higher scores on both factors than Black men. The unexpected findings are discussed in light of the existing literature that identifies the significance of spirituality in the personality and coping style of Blacks.

Empirical studies have identified significant links between religion and spirituality and health. The reasons for these associations, however, are unclear. Typically, religion and spirituality have been measured by global indices (e.g., frequency of church attendance, self-rated religiousness and spirituality) that do not specify how or why religion and spirituality affect health. The authors highlight recent advances in the delineation of religion and spirituality concepts and measures theoretically and functionally connected to health. They also point to areas for growth in religion and spirituality conceptualization and measurement. Through measures of religion and spirituality more conceptually related to physical and mental health (e.g., closeness to God, religious orientation and motivation, religious support, religious struggle), psychologists are discovering more about the distinctive contributions of religiousness and spirituality to health and well-being.

Scale:
The scale is available for purchase only. To purchase visit this website:
http://www.lifeadvance.com/order.htm
SPIRITUALITY INDEX OF WELL BEING

Reference:


Description of Measure:

Defines spirituality as a sense of meaning or purpose from a transcendent source. It is a 12-item instrument that measures one’s perceptions of their spiritual quality of life. The scale is divided into two subscales: (1) self-efficacy subscale and (2) life-scheme subscale.

Each item is answered on a 5-point scale ranging from 1 (Strongly Agree) to 5 (Strongly Disagree).

Abstracts of Selected Related Articles:


Empirical studies have identified significant links between religion and spirituality and health. The reasons for these associations, however, are unclear. Typically, religion and spirituality have been measured by global indices (e.g., frequency of church attendance, self-rated religiousness and spirituality) that do not specify how or why religion and spirituality affect health. The authors highlight recent advances in the delineation of religion and spirituality concepts and measures theoretically and functionally connected to health. They also point to areas for growth in religion and spirituality conceptualization and measurement. Through measures of religion and spirituality more conceptually related to physical and mental health (e.g., closeness to God, religious orientation and motivation, religious support, religious struggle), psychologists are discovering more about the distinctive contributions of religiousness and spirituality to health and well-being.


Health-related studies of spirituality are threatened by the lack of conceptual distinctions between religion and spirituality, the use of small, nongeneralizable samples, and by measurement error in many instruments that unreliable and invalidly capture this domain. The authors review the construct and validity evidence for the Spirituality Index of Well-Being (SIWB), an instrument designed to measure a dimension of spirituality linked to subjective well-being in patient populations. The SIWB was developed using qualitative research methods and subsequently conceptualized with two dimensions; *self-efficacy* and *life scheme*. Primary psychometric data from three sample populations are reviewed and summarized. A secondary,
confirmatory factor analysis, using pooled data from all samples, supports the theoretical two-factor structure. In addition, SIWB scores correlate more strongly with established measures of well-being than the Spiritual Well-Being Scale (SWB) or other recognized religiosity instruments. The SIWB is a valid and reliable instrument that can be used in health-related studies.


The purpose of this study was to investigate the relationship between healthy spirituality and two important concepts in positive psychology; sense of authenticity (SOA) and flow experience, and also with sense of coherence (SOC). SBAS-TEST, Sense of Authenticity Scale (SOAS) and Flow Experience Check list were administered for 211 college students in Tokyo metropolitan area. The result showed the high correlation of authenticity with spiritual behavior (Will) \( r=0.49, p<0.001 \) and spiritual attitude (Joy) \( r=0.65, p<0.001 \) and no relation with spiritual sense. The relation of SOA with healthy spirituality is the same as the relation between SOC and healthy spirituality. Flow has high correlations with all three domains (Will, Joy, and Sense) of healthy spirituality. This means that the status of healthy spirituality is explained to become our true self uniting with the authentic nonlocal consciousness, and that healthy spirituality contributes to psychological growth and general health.
### Scale:
Instructions: Which response best describes how you feel about each statement?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.) There is not much I can do to help myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2.) Often, there is no way I can complete what I have started.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3.) I can’t begin to understand my problems.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4.) I am overwhelmed when I have personal difficulties and problems.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5.) I don’t know how to begin to solve my problems.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6.) There is not much I can do to make a difference in my life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7.) I haven’t found my life’s purpose yet.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8.) I don’t know who I am, where I came from, or where I am going.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9.) I have a lack of purpose in my life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10.) In this world, I don’t know where I fit in.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11.) I am far from understanding the meaning of life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12.) There is a great void in my life at this time.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

### Scoring:
Items 1-6 make up the Self-Efficacy Subscale
Items 7-12 make up the Life Scheme Subscale

Scoring is kept on a continuous basis.
SPIRITUAL ASSESSMENT INVENTORY

Reference:


Description of Measure:

A 49-item measure of spirituality. The inventory has 5 factors: Awareness of God (19 items), Disappointment in Relationship with God (7 items), Realistic Acceptance of God (7 items), Grandiosity in Relationship with God (7 items), and Instability in Relationship with God (9 items). The scale also includes an impression management component (5 items) used to gauge the reliability of the respondent's answers.

Respondents rate each item on a 5-point scale: 1 (not at all true), 2 (slightly true), 3 (moderately true), 4 (substantially true), and 5 (very true).

Abstracts of Selected Related Articles:


Empirical studies have identified significant links between religion and spirituality and health. The reasons for these associations, however, are unclear. Typically, religion and spirituality have been measured by global indices (e.g., frequency of church attendance, self-rated religiousness and spirituality) that do not specify how or why religion and spirituality affect health. The authors highlight recent advances in the delineation of religion and spirituality concepts and measures theoretically and functionally connected to health. They also point to areas for growth in religion and spirituality conceptualization and measurement. Through measures of religion and spirituality more conceptually related to physical and mental health (e.g., closeness to God, religious orientation and motivation, religious support, religious struggle), psychologists are discovering more about the distinctive contributions of religiousness and spirituality to health and well-being.


Item response theory (IRT) was applied to evaluate the psychometric properties of the Spiritual Assessment Inventory (SAI; Hall & Edwards, 1996, 2002). The SAI is a 49-item self-report questionnaire designed to assess five aspects of spirituality: Awareness of God, Disappointment (with God), Grandiosity (excessive self-importance), Realistic Acceptance (of God), and Instability (in one’s relationship to God). IRT analysis revealed that for several scales: (a) two or three items per scale carry the psychometric workload and (b) measurement precision is peaked for all five scales, such that one end of the
scale, and not the other, is measured precisely. We considered how sample homogeneity and the possible quasi-continuous nature of the SAI constructs may have affected our results and, in light of this, made suggestions for SAI revisions, as well as for measuring spirituality, in general.


Reports the development and factor analyses of a Judeo-Christian theory-based measure of spiritual maturity. The Spiritual Assessment Inventory (SAI) integrates relational maturity from an object relations perspective and experiential God-awareness based on New Testament teaching and contemplative spirituality principles. A pool of items was developed to measure hypothesized dimensions of spiritual maturity related to awareness and quality of relationship with God. Two factor analytic construct validity studies were conducted. Based on the first study with 193 undergraduates, the SAI was revised and expanded. In the second study with 470 undergraduates, 5 factors were identified: Awareness, Instability, Grandiosity, Realistic Acceptance, and Defensiveness/Disappointment. Results of the factor analyses and correlations of the factors with the Bell Object Relations Inventory support the underlying theory and validity of the SAI and its potential usefulness for clinical assessment and research.

Scale: Contact author for permission to use items.