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# Exploratory Factor Analysis of the Spiritual Wellness Inventory

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**EXPLORATORY FACTOR ANALYSIS OF THE SPIRITUAL WELLNESS  
INVENTORY**

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**at the  
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**EXPLORATORY FACTOR ANALYSIS OF THE SPIRITUAL  
WELLNESS INVENTORY**

**CHIVONNA Y. CHILDS**

**ABSTRACT**

The relationship between psychology and spirituality has been tenuous. Psychology distanced itself from spirituality, which could not be empirically tested, in order to establish itself as a viable science. As psychology sought this endeavor, a renewed interest in spirituality and therapy arose resulting in numerous studies exploring the effects of religion and spirituality concluding that religion and/or spirituality may provide a protective psychological factor which enhances coping skills (Johnstone et al., 2008). There has been a renewed interest regarding spirituality and therapists have realized the importance of identifying a client's spiritual outlook or lack thereof in care planning and treatment of clients (Stanard et al., 2000).

In order to appropriately address spirituality, assessments are helpful for information gathering about clients. To date there are a number of assessments claiming to assess spirituality that show acceptable validity and reliability (Slater et al., 2001; Young et al., 2009). However, a majority of these assessments focus on one of the largest religious groups in the United States, Christians (Hill & Pargament, 2003); thereby eliminating individuals with non-Christian spiritual or religious identities. Spiritual assessments should take into account cultural diversity to assess spiritual wellness; as the world becomes more diverse professionals are called to be cognizant of its importance.

The Spiritual Wellness Inventory (Ingersoll, 1995) was proposed to take into account cultural diversity with the goal of assessing spirituality across all cultural

domains. The SWI also purposes to address many limitations of previous assessments; however, its reliability and validity have not been studied. This quantitative study tested the reliability and validity of the SWI. This study surveyed roughly 500 respondents using Survey Monkey via email with three spiritual assessments - The Spiritual Wellbeing Scale (Paloutzian & Ellison, 1982), The Spiritual Assessment Inventory (Hall & Edwards, 1996) and The Spiritual Wellness Inventory (Ingersoll, 1995). Data was collected and analyzed to determine if the SWI is a reliable and valid indicator of spiritual wellbeing across cultures. The findings suggest that the original 10 factor groupings of the SWI do not provide a valid or reliable assessment of spirituality amongst diverse religious and spiritual cultures. Therefore a shift was made to restructure the SWI and findings suggest that the newly restructured SWI is a reliable measure of spirituality amongst diverse religious and/or spiritual cultures.

## TABLE OF CONTENTS

LIST OF TABLES .....	x
LIST OF FIGURES .....	xi
CHAPTER:	
I. INTRODUCTION .....	1
Spirituality and Coping .....	4
Spirituality and the Medical Field.....	5
Spirituality and Mental Health.....	6
Spirituality and Meaning.....	7
Role of Therapist.....	7
Spiritual Struggles.....	8
Justification of the Study .....	9
Statement of the Problem.....	10
Purpose of the Study .....	12
Research Questions .....	12
II. REVIEW OF THE LITERATURE .....	13
Defining Spirituality, Religion and Spiritual Wellness .....	13
The importance of Assessing Spirituality .....	18
Therapeutic Integration.....	20
Competence and Ethics.....	21
Review of SAI and SWBS Spiritual Assessments.....	25
Review of the Spiritual Wellness Inventory .....	28
III. METHODOLGY AND RESEARCH DESIGN .....	33



Methodology .....	34
Instrumentation .....	34
Sample.....	35
Data Collection .....	40
Administration .....	40
Data storage .....	41
Data Analysis .....	41
IV. RESULTS .....	45
The Item Mean Scores for the Spiritual Wellness Inventory.....	46
The Item Mean Scores for the Spiritual Wellbeing Scale.....	55
Re-employment of Factory Analysis for the Spiritual Wellness Inventory.	57
V. DISCUSSION .....	62
Significant Findings .....	63
Research question #1 .....	63
Research question #2 .....	63
Research question #3 .....	64
Implications for Therapy.....	66
Limitations of the Study.....	68
Future Recommendations .....	69
REFERENCES .....	71
APPENDICES .....	84
A.    IRB PERMISSION .....	85
B.    CONSENT FORM.....	86

C.	DEMOGRAPHICS SHEET.....	87
D.	SPIRITUAL WELLNESS INVENTORY .....	89
E.	SPIRITUAL ASSESSMENT INVENTORY .....	92
F.	SWB SCALE .....	95
G.	TABLES LISTING ITEMS USED TO CREATE 10 DIMENSIONS OF THE SWI.....	96
H.	SPIRITUAL WELLNESS INVENTORY-REVISED.....	101

## LIST OF TABLES

1.	Personal Characteristics of the Study Respondents (N=340) .....	38
2.	Conception of Divinity .....	47
3.	Meaning .....	47
4.	Connectedness.....	48
5.	Present-Centeredness .....	49
6.	Mystery .....	49
7.	Ritual.....	50
8.	Hope.....	51
9.	Forgiveness .....	51
10.	Knowledge/Learning.....	52
11.	Fake Good.....	53
12.	Spiritual Freedom.....	53
13.	The Reliability of the Spiritual Wellness Inventory using a Cronbach's Alpha approach.....	54
14.	Religious Well-Being.....	55
15.	Existential Well-being .....	56
16.	The Reliability of the Spiritual Well-Being Scale Scores using a Cronbach Alpha approach (N=205).....	57
17.	Spiritual Wellness Inventory: Factor Solution after Varimax Rotation (N=317)..	60

## LIST OF FIGURES

Figure 1. Response Scale of SWI item .....	34
Figure 2. Response Scale for SWBS.....	35
Figure 3. Response scale for SAI.....	35

## **CHAPTER I**

### **INTRODUCTION**

This chapter will discuss the evolution of psychology, briefly describing the role of theology, the integration of spirituality and psychology, those who denounced this integration as well as those championed it. This chapter will also discuss the decline and rise of interest and impact of spirituality in the field of psychology.

Psychology evolved from philosophy and theology inspired by such influential people as Aristotle, Socrates, Plato, St. Augustine, Thomas Aquinas and William of Ockham. The tenets of philosophy addressed care of the soul informing society about how one should live; consequently, the rise of religion added to these tenets as well as offered the prospect of salvation for the soul, shifting the societal attention of the soul from the ranks of philosophers to those of theologians (Aten & Leach, 2009). This blend of philosophical and theological influence exemplifies the connection between psychology, religion and spirituality prior to the 18<sup>th</sup> century. However, the separation between psychology and spirituality began as leaders in both spiritual and psychological fields began to hold negative attitudes towards one another. From the perspective of clergy, spiritual and emotional wellbeing had been historically attended to by clergy, which was expected and accepted in the community; however, from psychology's

perspective, psychology's goal is to attend to the whole individual; Perry London (1986) reports that psychotherapist were trained in medicine but often functioned like clergy attending to the "sickness of the soul" (p. 5). These differing perspectives, as well as psychologists who rejected the importance of spirituality in psychology, ultimately resulted in neglect of the spiritual dimension by the field of psychology (Aten & Leach, 2009; Miller & Thorenson, 1999).

This neglect and marginalization of spirituality began in the 18<sup>th</sup> century during the period of Enlightenment when society began to shift from religious and spiritual ideals towards a scientific knowledge base. Prominent figures in the field of psychology such as Sigmund Freud and Albert Ellis held negative views regarding the inclusion of religion and spirituality in psychotherapy and were against integrating of these concepts. Freud viewed spirituality as a cause of mental health problems, and viewed religion as a neurosis, fostering a father figure complex between man and God. Freud (1928) stated "Thus religion would be the universal obsessional neurosis of humanity" (p.76). From this perspective religion is considered a form of psychopathology, damaging to the mind (Freud, 1928; Nelson, 2009).

Similar to Freud, Albert Ellis alleged religion relieved people from assuming responsibility for their own thoughts and behaviors. Ellis believed that striving to live perfect lives for a heavenly reward only served as an irrational belief which could not be empirically tested, was obstructive to therapeutic change, and lead to depression and neurosis (Ellis, 1985). Ellis believed in the power of human beings as opposed to supernatural power, prayer or meditation which he saw as "largely palliative measures.... [that] may also prove iatrogenic and actually cause harm or treatment setback" (Ellis

1985, p. 47). While proponents of a scientific psychology adhered to reductionism based knowledge as opposed to spiritual knowledge, negative feedback further denigrated the meaningfulness of religion and spirituality in therapy.

Although Ellis and Freud denounced integration of spirituality, there were psychologists such as Abraham Maslow (1928), Carl Jung (1933), and Gordon Allport (1950) who championed the integration of religion and spirituality as well as their empirical nature. Abraham Maslow spoke of the empiricism inherent in religion stating “But what the more sophisticated scientist is now in the process of learning is that...religious questions themselves....are perfectly respectable scientifically... they can be studied, described, examined in a scientific way...” (1928, p.18) Jung (1933) championed the inclusion of spirituality and even supported belief in the afterlife as beneficial to the human psyche as he saw this as a way to help man deal with the existential givens of aging and death (p. 112). He also was of the opinion that the body and spirit can only be viewed in tandem. Jung called this perspective the “mysterious truth” referring to the body and the spirit as “the two being really one” (p. 220).

Allport (1950) spoke to the power of an individual’s belief system when he stated there is “...the ever insistent truth that what a man believes to a large extent determines his mental and physical health...religious beliefs... often turns out to be the most important belief of all” (p. 79). William James also accepted the mystical aspect of individuals. He denounced the reductionist stance that all phenomena could be explained by empirical science. He understood that belief in a higher power provided individuals with the peace and serenity desired (Burckhardt, 1985).

Regardless of the acknowledgment for spiritual integration, interest and support would decline and not resurface until the 1980's and 1990's. This revitalized interest was due in part to increased attention to cultural competence, diversity, and sensitivity in therapy, as well as the realization that spirituality is often intertwined with various issues which bring people into therapy (Aten & Leach, 2009). The interest in integration of spirituality and psychology may also have been fueled by an acknowledgment of individuals who live in a "shadow culture", those who "think and live differently than the mainstream, but participate in its daily activities" (Taylor, 1999). For those in the shadow culture, attention to spirituality is ever more important when dealing with spiritual issues which cannot be addressed appropriately in their religious institutions. Interest in spirituality also had supportive research which promoted the benefits of spirituality in different contexts. The following is a short list of empirical research issues which demonstrate the impact of spirituality.

### **Spirituality and Coping**

Spirituality and religion have been found to have positive correlations with coping effects. For example, Brome et al. (2000) conducted a study of the impact of spirituality on African American women in a recovery program. The study measured levels of spiritual well being using the Spiritual Wellbeing Scale (Paloutzian & Ellison, 1982) with low scores (23-47) indicating a greater expression of a sense of spiritual wellbeing and high scores (48-106) indicating a lesser expression of a sense of spiritual wellbeing. The study found that African American women with greater expressions of a sense of spiritual wellbeing, as indicated by the strength of their relationships with God and the purpose and life satisfaction that this relationships brings, exhibited "higher self concept, a more



active coping style, more positive perceptions with respect to... intellectual orientation [and] overall satisfaction with their social support systems..." (p. 479-481). Similar studies have found that individuals who incorporate God as a partner in dealing with stress exhibit "lower levels of anxiety, better physical and mental health and greater psychosocial competence" (Schafer & Gorsuch, 1991; McIntosh & Spilka, 1990; Hathaway & Pargament, 1991; Pargament et al., 1988).

### **Spirituality and the Medical Field**

There has also been a peak of professional interest in the integration of spirituality in the medical field as the United States continues to grow exponentially with multiple ethnicities, races, creeds, nationalities and religions and spiritual practices (Powers, 2005; Johnston et al., 2009). To this end the medical field has recognized the importance of treating the spiritual as well as the physical aspects of an individual. Medical professionals are being trained to go beyond treating symptoms and are encouraged to inquire about spiritual and/or religious beliefs along with the presenting physical problems (Gold, 2010). This change in perspective exemplifies the impact of spirituality on mind, body and soul. In a Gallup poll 95% of respondents reported that they were satisfied with medical staff meeting their spiritual and emotional needs (CITATION).

The medical field has taken notice of this factor as reflected in an increase in medical schools offering elective courses addressing spirituality. In a study by McClain et al (2007) the researchers explored the presence of spiritual curriculum in osteopathic medical schools and found that approximately 55% of the schools provided two to twenty hours of curricula addressing spirituality. Other studies have also found an increase in spiritually based curriculum in medical schools, reporting only 17 schools in 1994 to 84

schools in 2004 ( Koenig, 2004; Ghosh, 2003). A more recent study indicates that approximately 90% of medical schools address spirituality in curricula (Koenig et al, 2010).

### **Spirituality and Mental Health**

There is also an increasing amount of research that highlights the positive connections between spirituality and mental health. For example, in a study conducted by Krupski et al. (2006), the authors found men with prostate cancer who exhibited a more spiritual connection fared better mentally and physically than those who did not. Similarly, regarding the relationship between spirituality and anxiety and depression, Boscaglia et al., (2005) found women with ovarian cancer who exhibited “a less secure relationship with God, a tenuous and ominous view of the world, and a religious struggle in the search for significance” tended to use negative coping styles as well as exhibit more signs and symptoms of depression and anxiety (p. 756).

Consequently, there are other studies that tout the benefits of spirituality regarding mental health. Numerous studies have found that intrinsic religiosity/ spirituality is correlated with decreased levels of depression (Mickley, Carson and Soeken, 1995; Watson, Milliron, Morris, & Hood, 1994) and anxiety (McConnell, Pargament, Ellison & Flannelly, 2006; Kaplan et al., 1997). An assumption may exist that spirituality serves as a protective factor in certain circumstances as it involves descriptions of connectedness and transcendence providing a guiding path for a deeper relationship with God or other higher power (Rosmarin et al., 2009).

## **Spirituality and Meaning**

Numerous studies have revealed that people find meaning through various avenues of spirituality, belief in a higher power and prayer (Brome et al., 2000; Hickson et al., 2000; Sperry, 2001; Specht et al., 2005). Corey (2006) states that people are constantly looking to make sense out of life and find their purpose. Connecting with spirituality “can help us get in touch with our own powers of thinking, feeling, deciding, willing and acting” (p. 117). For these reasons it is essential that spirituality is acknowledged and assessed throughout the therapeutic process.

## **Role of Therapist**

While it is the objective of the therapist to assist the client in finding meaning and identifying protective factors, the therapist must also exhibit care not to impose their own beliefs or biases onto the client. To this end, the therapist must take care in providing culturally competent psychotherapy. Principle D of the APA code of ethics states that psychologists are to be aware of their own biases and make efforts to ensure that no injustice is placed upon the client as a result of psychologists' biases (APA, 2010). Therapists must recognize the importance of addressing religion and spirituality, while also being aware of the potential impact of their own religious and spiritual beliefs on the therapeutic relationship. Wiggins-Frame (2009) states:

Therapists, too, bring their cultural perspectives and personal history of spirituality and religion into the therapeutic process. The more they are aware of their stance vis a vis spirituality and religion, including both positive and negative associations, the better prepared the therapist will be in serving clients... (p. 53).

Therapists understanding the meaning clients attach to spirituality will help strengthen the therapeutic process as well as the relationship which is crucial for effective clinical outcomes.

### **Spiritual Struggles**

Although there is ample literature on the positive impact of spirituality on mental health and physical wellbeing, spirituality can also be the source of problems.

McConnell, Pargament, Ellison & Flannelly, (2006) defines spiritual struggles as “...expressions of conflict, question, and doubt regarding matters of faith, God and religious relationships” (p. 1470). The DSM-IV TR (APA, 2000) also addresses issues involving religion and spirituality with a “V62.89 Religious or Spiritual Problem” (p. 741); this code can be used with people who are questioning their faith, changing faiths and being in conflict with others due to their faith. Faiver et al. (2001) explained that spiritual problems can manifest from “mystical experiences, near-death experiences, spiritual emergence or emergency, meditation-related issues, terminal illness, darkness of the senses/soul” (p. 102-106).

The negative impact of spirituality might stem from a lack of spiritual connection resulting in depression, guilt and anxiety, prompting individuals to seek therapy to alleviate stress. McConnell et al., (2006) conducted a study on the connection between spiritual struggles and psychopathology and found that negative religious coping, (i.e. no sense of connectedness to others, lack of a secure relationship with God and inability to find meaning in life) had significant links to anxiety, depression, obsessive compulsive disorder and paranoia.

## **Justification of the Study**

The concept of spirituality is deeply embedded in the human experience. It is a complex construct which can be measured using multiple dimensions. People continue to include spirituality as a significant part of their belief system. For example, In a 2010 Gallup poll on religion, 80% of the respondents reported a belief in God, 12% reported believing in a universal spirit and 6% reported not believing in either, while 1% of the respondents were listed under “No opinion” (Newport, 2011). A survey conducted by the Pew Forum on Religion and Public life (2008), reports that 71% of the United States population believes in God, while 56 percent of the respondents reported religion as important to one’s life. These types of surveys and polls have reignited an interest in the integration of spirituality in counseling as more professionals recognize the impact spirituality has on the psyche.

As previously stated, there has been an increased interest in spirituality for various reasons such as issues rooted in religious and spiritual beliefs (Nelson, 2009). A comprehensive clinical assessment is important in understanding the client’s issues, values and beliefs regardless of their cultural make up. To date there are numerous spiritual assessments that do not adequately address spirituality across cultures. The SWI purposes to address this problem as a tool that can assess spirituality across all cultural domains. This may be a significant study in the aspect that if the SWI is a reliable measure of spirituality across diverse religious and/or spiritual cultures, there will be an empirically supported assessment that psychologist and other mental health professionals can use to assist clients in discussing their level of spirituality regardless of their spiritual orientation.

## **Statement of the Problem**

To date there are multiple qualitative and quantitative methods designed to operationalize and assess spirituality. Qualitative assessments involve the use of instruments such as Spiritual Histories detailing spirituality throughout ones life and Spiritual Life maps which clients pictorially express their spiritual experiences (Hodge, 2005). Other qualitative assessments include Spiritual Genograms which trace religious and spiritual beliefs throughout family generations, as well as Spiritual Ecomaps which focus on present spiritual experiences by highlighting “existential relationships to spiritual assets” (Hodge, 2005). Qualitative assessments investigate how clients integrate spirituality into their lives and how their spiritual background impacts their experiences. However, a major limitation with qualitative assessments is the time consumed in such an in-depth exploration may impede short term therapy objectives. Because there is no set beginning and ending, some issues and/or domains of spirituality may be missed as well as opportunities to recognize strengths and weaknesses of spiritual domains specific to the client (Harper & Gill, 2005).

Quantitative assessments also attempt to measure religion and spirituality however, these assessments produce psychometric data with a focus on specific constructs such as the Spiritual Wellbeing Scale (Paloutzian & Ellison, 1982) which focuses on the constructs of Religious wellbeing and Existential wellbeing. There is also the Spiritual Assessment Inventory (Hall & Edwards, 1996) which focuses on Judeo-Christian beliefs. One of the noted limitations of these assessments is that outcomes are dependent on or affected by client factors such as emotional distress, misinterpretation of instructions, or poor reading skills. However, these limitations can be addressed with an

appropriate presentation of the assessment (Cashwell & Young, 2005). The Spiritual Wellness Inventory (Ingersoll, 1995) was developed to initiate conversation about different dimensions of an individual's spirituality and address the limitations of the other spiritual assessments regardless of age, race, ethnicity, gender, level of education, income or religious/spiritual orientation.

The SWBS and the SAI comprise a short list of quantitative and qualitative spiritual assessments available. Other assessments include the Spiritual Health Inventory (Veach & Chapel 1992), Index of Core Spiritual Experiences (INSPIRIT) (Kass, Freidman, Lesserman, Zuttermeister, & Benson, 1991), Christian Religious Internalization Scale (CRIS) (Ryan, Rigby & King, 1993) and Religious Coping Scale (RCOPE) (Pargament, Koenig, and Perez, 2000). Assessments based on a few of the major religions significantly risks eliminating individuals with alternate spiritual and religious preferences. A culturally relevant assessment should take into account cultural sensitivity and issues of diversity to accurately assess spiritual wellbeing. Hill & Pargament (2003) support this ideology stating "The need for cultural sensitivity is magnified even further when attempting to create or modify a measure for use beyond a Judeo-Christian population..." (p. 70).

The SWI was created to measure the spiritual wellbeing of individuals across cultures, regardless of religious affiliations as well as to address and resolve the limitations of unrepresentative norming samples, faking good responses and restricted focus on specific spiritual traditions. These limitations have plagued previous assessments, creating issues of ineffective spiritual assessments across cultures. A

reliable and valid tool which assesses levels of spiritual wellbeing across cultures and spiritual traditions is necessary.

### **Purpose of the Study**

The purpose of this study was to test the reliability and the validity of The Spiritual Wellness Inventory amongst religious and/or spiritual cultures. The study also purposed to determine if the psychometric properties are comparable or superior to current spiritual assessments in the field. The SWI was developed to provide a comprehensive spiritual assessment transcending cross-cultural barriers to measure spiritual wellbeing regardless of religion, race, creed, language or nationality (Ingersoll, 1995).

The SWI has been utilized however its reliability and validity has not been empirically tested. In reference to the SWI, Gold (2010) states “The next stage in its evolution would be confirmation of the instrument’s reliability and other forms of validity” (p. 102). The present study proposes to answer the following questions.

### **Research Questions**

1. Does each of the 10-sub-scales among the Spiritual Wellness Inventory provide reliable measurement for spiritual wellness amongst diverse religious and/or spiritual cultures?
2. Do the two factors representing the SWBS provide reliable measurements for spiritual wellness?
3. Does the SWI currently represent the original 10 factor groupings?



## **CHAPTER II**

### **REVIEW OF THE LITERATURE**

This literature review will address three areas. Part one will discuss the operational definitions of spirituality and religion. Part two will discuss the importance of assessing spirituality, therapeutic integration, competence, and ethics. Finally, part three will review current quantitative spiritual assessments and discuss their development, psychometric properties and limitations.

#### **Defining Spirituality, Religion and Spiritual Wellness**

Psychologists' attention to addressing spirituality and psychotherapy involves the task of operationally defining spirituality, religion and spiritual wellness. This is an important task as recent research on spirituality suggests that some people consider themselves spiritual as opposed to religious, indicating they are not connected to a religious institution but to a higher power (Hoge, 1996; Marler & Hadaway, 2002). A review of the literature speaks to the difficulty of defining spirituality. William Miller and Carl Thorenson (1999) sum up this difficulty best stating "Words are unquestionably inadequate to fully describe so complex a phenomenon, and being defined in a distinction from material reality, spirituality is particularly difficult to define" (p. 8). Brown et al.

(2007) supports this position stating “The concept of spirituality is highly complex as it is understood through personal experience.” In defining spirituality there are two concerns surrounding the operational definition. The first concern is related to definitions being too narrow and restricting, eliminating some from the experience. Second is the concern that definitions will be so broad that meaning will be lost. (Hill et al., 2000; Slater et al., 2001; Ingersoll & Bauer, 2004)

However, an operational definition of the term spirituality is necessary as it has broad meaning in literature and in practice and is often used interchangeably with the term religion. Despite the fact that spirituality and religion have been used interchangeably, differences exist. Specht et al. (2005) define spirituality with regard to the need to experience meaning, connection to others and finding a purpose in life. Coyte et al. (2007) similarly defined spirituality in terms of connectivity with the self and others in various ways. Ingersoll (1994) discussed the term of spirituality described from its Latin root word spiritus which means “... breathe, courage, vigor or life” (p.99). Gold (2010) stated “Transcending morality, what is implied by these terms is that force which brings meaning and purpose to life, which may or may not include the presence of a Higher Power or God” (p.6). This statement is supported by Gallup (2002) who referenced the 1999 Gallup poll on religion and spirituality in which nearly a third of the respondents defined spirituality without a reference to God or a higher power.

Conversely, Stanard et al. (2000) suggests that religion is concerned with institutionalized beliefs, doctrines and practices (p. 205). Young et al. (2007) define religion as “...the specific organized and codified form through which individuals may

express their spirituality” (p. 48). Gold (2010) discussed religion in the sense that it is the extrinsic expression of a “shared belief system...and shared ritual practices...” (p. 3).

Hodges (2002) listed 10 similarities between the two constructs of religion and spirituality, which include “meaning, transcendence, relationship with a higher power, belief in a universal force, a shift from self to others, consideration of a greater collective, guidance for a divine plan a sense of awe in consideration of the universe, and shared values in a community” (p.112). Marler and Hadaway (2002) cited a study by Zinnbauer et al. (1997) in which respondents were asked to choose statements that best defined their religious and/or spiritual status; the results indicated that 74 percent reported being religious and spiritual, 19 percent stated they were spiritual only, 4 percent said they only religious and 3 percent said they were neither (p.291).

Consequently the above results suggest that individuals may describe their religious and spiritual experiences on a broad spectrum. Having a working definition of spirituality may be useful to clinician when assessing, care planning and treating clients. Swinton (2001) stated many people are shifting away from the practices of religion, yet are growing deeper in their relationship with a higher power and being nurtured by that higher power. Gallup (2002) attributes this shift to the increasing focus of the self and individualism that is characteristic of American culture. His assumption is that as people are challenged with the stressful events of life, they retreat inward and search for peace within themselves and rely less on communal (religious) affiliations to provide solace.

Though spirituality has many definitions Jankowski (2002) reported that the literature summarizes dimensions of spirituality which may help to operationalize the term. According to Jankowski, there are three dimensions of spirituality found in the

literature. The first is what he calls the “Cognitive dimension” which is concerned with the values and beliefs as well as connections to “religious doctrines”; the second dimension is the transcendent element of spirituality that extends beyond the cognition and reason and recognizes that some phenomenon cannot be explained by empirical science. The third dimension refers to ones connectedness to self, other and God (p.70). Jankowski stated “...spirituality can be conceptualized as a multidimensional construct consisting of cognitive, metaphysical and relational dimensions” (p.70).

Another important part of operationalizing spirituality involves understanding the concept of spiritual wellness. This concept, like the term spirituality has also been difficult to define due to lack of research in this area as well as the multiple dimensions characteristic of the term. Hodges (2002) reported that a review of the literature on the meaning of spiritual wellness has resulted in four dimensions which include “meaning in life, intrinsic values, transcendence, and spiritual community” (p. 111). Other dimensions described in the literature include “connectedness, forgiveness, compassion and hope” (Ingersoll & Bauer, 2004); When looking at definitions or descriptions of spirituality and spiritual wellness, many similarities exist.

The overview of the literature speaks of the varied operational definitions of spirituality, as contrasted with the constraints one may experience with religious doctrines and practices specific to a culture. Observing the various definitions of spirituality and religion, it appears as though the differences can be summarized as Religion being the expressed extrinsic practices and experiences affiliated with an organized institution. Spirituality on the other hand is described as an intrinsic, personal, universal experience unique to each individual. Ingersoll (1994) used the metaphor of

religion as a vehicle in which individuals can express their spirituality, allowing them to understand and make meaning of life's experiences. As stated previously, assessment is key to understanding clients' perspectives on spirituality, which will greatly impact treatment in the therapeutic process. In support of spiritual integration, Aten & Leach's (2009) state "...clients report that they prefer therapy that includes their spiritual beliefs systems with 78% stating that spiritual values should be addressed in therapy..." (p. 17).

Addressing spiritual values in therapy can provide an understanding of the level of spiritual wellbeing an individual possesses. A conceptualization of spiritual wellbeing is likely to include a sense of hope, connection to a higher power, the ability to effectively cope with struggles, the ability to think beyond ones self, support of and connection to others as well as actively searching for meaning and purpose in life. Consequently, an unhealthy spirituality might include feelings of hopelessness, lack of spiritual connection, poor coping strategies, self centeredness, as well as emotional connection with others. Unhealthy spirituality may also manifest tangible characteristics as isolation and resistance to change, accompanied by increased levels of anxiety, and depression. (Shafranske, 1996).

Clinical diagnosis typically suggest pathology in a non spiritual sense and while there appears to be a definition of spiritual wellbeing (i.e. connection to self, others, and a higher power) to date there is no succinct definition of unhealthy spirituality making pathology difficult to assess in this area. In order to gain a robust picture of one's level of spiritual wellness, an assessment of their spirituality is the next logical step in the therapeutic process. Spiritual assessment is an important aspect of understanding the clients' values, beliefs, and priorities as well as their world view. Spiritual assessment can

also assist the therapist in determining spiritual strengths and weaknesses as well as formulating an effective treatment plan for psychotherapy (Shafranske, 1996).

### **The importance of Assessing Spirituality**

Assessing spirituality is important as the culture and religiosity of the country is witnessing a change. According to Swinton (2001) religion is losing popularity as individuals are claiming to be more spiritual instead. Individuals continue to look for answers to their existential questions regarding aging, life struggles, death and suffering outside the church institution. Zinnbaur et al. (1997) reported various categories of religiousness and spirituality with 19 percent of the respondents reporting being spiritual and not religious. This statistic illuminates the importance of assessing spirituality as opposed to religion.

Viktor Frankl (1955) discussed the importance of spirituality and acknowledged psychology's neglect of this issue. He proposed three dimensions of man to be taken into consideration: "...the somatic, the mental and the spiritual..." (p. 16). Frankl stated that the spiritual dimension is what makes a person human; according to Frankl spirituality is "that which most deeply inspires and pervades man....desire to give as much meaning as possible to one's life..." and therefore should be given ample attention. He believed that addressing the spiritual aspect was crucial to understanding the client as well as assisting the client in logotherapy or meaning making. Meaning making appeared to be a spiritual endeavor in and of itself from Frankl's perspective as it provided an intimate connection with a higher power. Frankl considered a therapists neglect of the spiritual as a detriment to the therapists skills as well as to the client's overall wellbeing. He viewed the goal of psychotherapy as healing the soul (p. 20). Frankl believed the soul to be the inner most

part of an individual which required attention in order to “bring out the ultimate possibilities of the patient” (p. 56).

Oliver Morgan (2007) supports the concept of spirituality as a force, stating “By “force” it is meant that...[it has] widely impacted a variety of helping professions, such as counseling, psychology, social work and nursing” (p. 66). An effective spiritual assessment may help the therapist conceptualize the clients coping mechanisms (spiritual and non-spiritual) and assist in treatment planning to develop appropriate resolutions. Individuals seek therapy for a multitude of issues which are likely to have spiritual components as people attempt to make meaning of their experiences. According to Graham et al. (2001) individuals who have a positive spiritual outlook cope more effectively than those who do not. In a study conducted by McConnell et al. (2006), the authors suggest that “spiritual struggles” such as spiritual conflicts with others, the self or a higher power serve to exacerbate anxiety and depression.

Gold (2010) suggests identifying tenets of healthy spirituality as a backdrop to measure what is considered unhealthy. He considered healthy spirituality as a state in which beliefs and practices work to enhance the lives of the believer. From his perspective, a spiritually healthy person belongs to a group and welcomes transcendence and freedom of choice in belonging (2010). As has been stated previously, research has shown that those with a strong expression of a sense of spiritual wellbeing are better equipped to cope with physical and mental challenges in their lives (Brome et al., 2000; Graham et al., 2001; Specht et al., 2005). The identification of spiritual wellbeing may enable psychologists to recognize spiritual protective factors as well as effective coping mechanisms to be used with clients (Lovinger, 1996).

## **Therapeutic Integration**

Assessment of spiritual wellbeing is an important component as more clients expect therapists to attend to spiritual as well as psychological issues (Stanard et al., 2000; Moberg, 2002; MacLean, 2003; Morrison et al., 2009) stressing the importance of the therapeutic process (Dougherty & Worthington, 1982; Wyatt & Johnson, 1990; Misumi, 1993; Rose et al., 2001). In a study conducted by Morrison et al. (2009) the authors found that a majority of client participants (73.5%) reported that incorporating spirituality in therapy sessions promoted growth towards their goals, 16.3% said incorporating spirituality was moderately helpful, and 10.2% were neutral on the subject; No participant reported incorporation of spirituality as harmful (p. 191).

Worthington et al. (2011) conducted a meta-analysis of religious and spiritual integration with therapy and found that clients in religious and spiritually focused therapy exhibited better spiritual and psychological outcomes than those in the control group and those in the alternate psychotherapy group. The authors also noted that these effects were present upon follow ups. In a study by Martinez et al. (2007) they found that highly religious client expressed positive as well as negative perceptions of effectiveness related to spiritual interventions. Positive perceptions included “Increased insight, Increased comfort...with the therapist, Increased recognition of spiritual relations/influences, Increased sense of empathy/connection from the therapist, Increased credibility of therapy and Religious interventions addressed the client’s “whole self”(p. 950-952).

Negative perceptions of the ineffectiveness of spiritual integration included “Ineffective delivery of the intervention- [some participants reported that they felt the therapist was condescending towards them], increased feelings of anxiety of guilt,



inappropriate therapist role to act as an ecclesiastical leader, and inappropriate to include spiritual interventions in therapy” (Martinez et al.; 2007, p. 952-953). This study highlights both the negative and positive concerns of integrating spirituality in therapy, which raises the questions of therapist competence. Therapists are expected to have a level of cultural competence to address many issues to include those of spirituality (Steen et al., 2006; Parker, 2011).

### **Competence and Ethics**

As clients seek assistance to alleviate their problems, therapists are called upon to be culturally competent and thus respectful of the clients’ worldview, diversity and multiculturalism in their overall assessment. The American Psychological Association (APA) code of ethics is clear on the importance of addressing diversity, multiculturalism, cultural sensitivity, and competence. These issues are specifically addressed in the ethics code under principle D: Justice and principle E: Respect for People’s Rights and Dignity. Principle D is clear on the expectation that psychologists will use good judgment and not allow biases, incompetence or lack of expertise to result in unreasonable practices. Likewise, Principle E also addresses respect for individual differences to include religion and spirituality, calling for psychologists to be cognizant of diversity such as “....age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status...” (APA, 2010).

As clinicians, psychologists are trained to use specific skill sets to interact with clients and build therapeutic relationships which are intended to foster an atmosphere of growth and development. Psychologists cannot foster growth and development if all aspects of the individual are not attended to. Gold (2010) states:

Topics such as a belief in the value of the therapeutic relationship, an emphasis on the experience of the client, a desire to understand the perspective of the client, and a willingness to further the quality of life of the client are instrumental in the genuineness of the clinician and in promoting the success of the therapeutic endeavor (p. 15).

In understanding the client as a whole, integration of spirituality is imperative. Stanard et al. (2000) state “The role of spirituality as an integral and essential part of individual personality development is repeatedly gaining momentum, prominence and resurgence....spirituality is becoming a fifth force” (p. 204). Studies have highlighted the interest and benefit of integrating spirituality in therapy (Miller, 1999; Miller & Thorensen, 2003; Plante & Sherman, 2001). The interest in integration is also evidenced by organizations such as the Society of Behavioral Medicine which have “developed new special interest groups that focus on religion and health integration (Plante, 2007). There is substantial research supporting the benefits of spirituality and religion for mental and physical health (Boscaglia et al., 2005; Krupski et al., 2006; Ventura et al., 2007; Johnstone et al., 2008; Sorajjakool et al., 2008; Johnson et al., 2009). Plante also points out numerous cover stories on various national and international magazines that cover this topic as well (p. 893).

While the interest in spirituality is growing, Morrison et al. (2009) state that therapists believe in the importance of addressing spirituality in therapy, however feel restricted by their perceived level of competence in this area. This concern for practicing with an appropriate level of competence is well warranted as incompetence can have detrimental effects on the client and mar the therapeutic experience. Lovinger (1996)

cautions those therapists who misunderstand religious or spiritual behavior may misdiagnose a positive experience as one of pathology. For example, communication with or being covered in the Holy Spirit, expresses a positive spiritual experience where the person feels an intense connection with God (p.347). When clinically appropriate in conjunction with broader assessments, these experiences should not be pathologized as hallucinations or delusions, but as protective factors that enhance an individual's life. This example provides support for an increased need for culturally competent therapists who will address spirituality in the proper context of the clients' world view.

The concern for competence demands that professionals perform in an ethical manner in order to provide clients with solutions without harm (Welfel, 2006). One of the main ethical concerns regarding integration of spirituality and therapy is the risk of therapists' imposing their belief and values on the client (Tan, 2003; Steen et al., 2006). This concern is supported by Richard & Bergin (1997) who list other ethical concerns such as dual relationships, challenging religious authority, ignoring professional boundaries, as well as practicing beyond competence level and trivializing client beliefs. All of the above concerns are valid and therapist must contemplate competence and ethics when providing therapy. These concerns may appear to provide an ethical case against therapist addressing spirituality.

However an ethical case can be made for the integration of spirituality in therapy as it pertains to addressing issues of diversity as written out in the APA code of ethics Principle D: Justice and Principle E: Respect for People's Rights and Dignity (APA, 2010). Morrison et al. (2009) states "Delicate and multifaceted issues as spiritual beliefs require counselors to unite with clients in creating an atmosphere that is open and flexible

to exploration and questioning” (p. 185). The competence and ethical concerns of integrating spirituality into the therapeutic process may be addressed through a set of 14 spiritual competencies developed by the Assessment for the Spiritual, Ethical and Religious Values in Counseling (ASERVIC), an organization devoted to addressing issues of spiritual and religion in therapy (ASERVIC, 2005). The spiritual competencies were developed to ensure that therapists provide clients’ with therapeutic services that do not violate their rights.

The 14 competencies are addressed under six headings which include:

“*Cultural and Worldview*” addresses therapists’ ability to distinguish between religion and spirituality; therapists’ acknowledge that the clients spiritual/religious beliefs, or lack thereof impact their world view and influence psychological functioning.

“*Counselor Self-Awareness*” addresses consciousness of one’s own spiritual and religious beliefs, persistently assessing the impact of one’s spiritual/religious beliefs on the client, and recognizes one’s limits of knowledge of the clients spiritual/religious beliefs and make appropriate referrals when deemed necessary.

“*Human and Spiritual Development*” addresses the ability to explain various spiritual and religious systems and their impact across life span development.

“*Communication*” addresses exhibiting sensitivity and acceptance toward various spiritual and religious perspectives of the client, using spiritual and religious themes that are relevant and acceptable to the client and recognizing spiritual or religious themes in client expression and address in proper context.

“*Assessment*” addresses attempts to understand the client via thorough exploration of clients’ spiritual and religious outlook.

“*Diagnosis and Treatment*” addresses gaining an understanding of the impact spiritual and religious beliefs can have on psychosocial wellbeing, treatment planning that encompass spiritual and religious perspectives, exhibit the ability to modify treatment to include spiritual and religious beliefs as well as use spiritual and religious practices when appropriate to the client and have the ability to support treatment with research and theory supporting the integration of spirituality and therapy (ASERVIC, 2005).

These spiritual competencies provide a solid basis for therapists to provide competent and ethical counseling to clients. The spiritual competencies also provide support for assessment and utilizing the appropriate tools and techniques to gather the information necessary to appropriately relate to and treat the client in therapy. Spiritual assessment is a powerful tool in accomplishing this goal and as such there is a need for assessments that surpasses religion per se to address the spirituality of the clients regardless of cultural make up, which allows the therapist to practice from a competent and ethical perspective as clients views are represented, accepted and incorporated into goals and treatment plans (ASERVIC, 2005). There are several spiritual assessments available which are widely used in therapy; however most do not appropriately address spirituality from a cross cultural perspective.

### **Review of SAI and SWBS Spiritual Assessments**

This section will review two widely used and validated assessments with which the SWI will be compared. These assessments include The Spiritual Wellbeing Scale

(SWBS) (Paloutzian & Ellison, 1982) and The Spiritual Assessment Inventory (SAI) (Hall & Edwards, 1996).

The Spiritual Wellbeing Scale (SWBS) developed by Paloutzian & Ellison (1982) is one of the most widely used, validated, and standardized assessments. This assessment was developed to assess spirituality based on two dimensions: Religious wellbeing (RWB) and Existential wellbeing (EWB). Religious wellbeing concerns one's relationship with God, while Existential wellbeing is concerned with meaning and purpose in life regardless of religious affiliation. This assessment is based on the Judeo-Christian belief in God and contains 20 items which uses a 6 point scale. Both dimensions of Religious and Existential wellbeing have 10 items each which are summed for a total to represent a level of spiritual wellbeing (Stanard et al. 2000; Harper & Gill, 2005).

Gold (2010) reported that “the initial internal consistency produced coefficient alphas of .89(SWB), .87 (RWB), and .78 (EWB)” (p. 99). The SWBS had positive correlations, as the SWBS increases self-esteem, quality of relationships, connectedness and socialization also increased (p. 99). Stanard et al. (2000) reported strong test-retest reliability “with correlation coefficients of .93 (SWB), .96 (RWB) and .86 (EWB)” (p. 207). However there were concerns with the ceiling effects of the instrument. Ceiling effects can be problematic for an instrument as it can prevent a tester from performing to their highest ability. Research on the SWBS found that it does not contain above average scores of spiritual wellbeing, therefore the scale is only able to identify low scores (p. 207). Ceiling effects were not the only limitations found in the SWBS, there were also concerns with norming samples. The samples consisted of respondents from specific

Judeo-Christian oriented colleges. Considering the diverse composition of the United States this poses a serious problem when utilized with those of different faith bases such as Muslims, Baha'i or Atheists and would not likely yield reliable or valid results.

The Spiritual Assessment Inventory, developed by Hall & Edwards (1996), is theoretically based on Object Relations Theory as well as Judeo-Christian beliefs, values and concept of spiritual maturity. This is a 43 item inventory with a 5 point scale of "Not at all true" to "Very True." Stanard et al. (2000) reported the inventory was designed to measure spiritual maturity from a psychological and spiritual perspective. Findings on reliability and validity suggest internal consistency for this instrument was acceptable. Gold, 2010 reports good coefficient alphas "(instability, .88; defensiveness, .91; awareness, .90; and realistic, .76), with the exception of the grandiosity scale which garnered an alpha coefficient of .52. (p. 98) The grandiosity scale posed problems due to inconsistent correlations with other measures. Consequently, due to a narrow focus on a Judeo-Christian background, the scale has limited usefulness, (Stanard et al., 2000; Young et al., 2009).

As previously stated, the SWBS and the SAI assessments have been widely used and evaluated for reliability and validity; however, they are not without limitations mainly the inability to be used to assess spiritual dimensions across cultures. The Spiritual Wellness Inventory (Ingersoll, 1995) was developed to address this issue and could more readily be used in conjunction with spiritual theories addressing universality in spirituality such as the Faith development theory (FDT) developed by James Fowler (1981). Faith development theory proposes stages of religious and spiritual development which will allow therapists to recognize strengths and weaknesses in clients' spiritual and

religious articulation. Parker (2011) states “FDT offers a nonsectarian model of spiritual growth that permits assessment of spiritual development apart from specific contents of various faith traditions” (p.112). FDT appears to support the efforts sought by the SWI to address and assess spirituality across all cultural domain.

### **Review of the Spiritual Wellness Inventory**

The Spiritual Wellness Inventory was developed by Ingersoll (1995) with the primary purpose of creating a tool which would elicit conversation with clients regarding their dimensions of spirituality. This inventory was also developed to rectify previously identified problems with spiritual assessments. The SWI was primarily concerned with faking bad responses, unrepresentative norming samples, and lack of attention to multiple spiritual traditions.

Ingersoll (1995) considered spirituality as a multidimensional concept; therefore, the development of the Spiritual Wellness Inventory contains 55 items with the purpose of examining 10 dimensions of spiritual wellness. The items are ranked on a Likert-type scale from (1) “strongly agree” to (8) “strongly disagree”. The inventory also contains a fake good scale to reflect those attempting to present themselves in a good light as well as a fake bad scale to detect those who endorse severe pathology. The 10 dimensions (Conception of the Absolute/Divine, Meaning, Connectedness, Mystery, Spiritual Freedom, Experience/Ritual, Forgiveness, Hope, Knowledge/Learning and Present-centeredness) will be discussed in the following section.

Conception of the Absolute/Divine refers to the person’s concept of divinity. It considers the variations in which people conceive God to include monotheistic, atheistic, deistic, and pantheistic and pane theistic (p. 101, 1994). Meaning in the context of the



SWI refers to the search for purpose in ones' life. Viktor Frankl (1955) spoke of meaning as one of the key factors in a person's life. The ability to make meaning out of experiences is essential to an individual's wellbeing (1955). He believed that every person strived to make meaning; failure to do so would result in "an existential neurosis" (1955, p. 18). Frankl also believed that in order to address the spiritual one has to address meaning (1955).

Connectedness refers to the inner connection a person has to themselves as well as the connection experienced others, the environment and their higher power. Connectedness speaks to the importance of relationships and how they impact an individual's life. Mystery refers to how a person handles challenges in life, expected or unexpected. Ingersoll's description of Mystery refers to how people deal "...with ambiguity, the unexplained, and the uncertainty of life" (1995, p. 81). Ingersoll also reported that many discussions of spirituality include an assumption of the mysterious and believed that "Any description of spirituality must provide some vocabulary that recognizes the mysterious and must also provide people with a way to talk about it" (p.102, 1994). William James also commented on mystical moments as few and precious providing great meaning for the individual (Burkhardt, 1985).

Sense of Freedom pertains to the ability of an individual to live life without limitations or fear. This dimension includes a focus on play and Ingersoll (1995) states "Play and freedom are sincere but not serious. They are meaningful but not necessarily purposeful" (p.82). He also states "In forgetting oneself in play (which can include sexual play) individuals give themselves to something greater than themselves, a giving that is simultaneously pleasurable" (1994, p. 103). Sense of Freedom speaks to one's

ability to enjoy and experience life while feeling secure in doing so, in this dimension people are free to be themselves.

Experience/Ritual deals with participation in life enhancing rituals and its experiences, “It is proactive, not passive” (Ingersoll, 1995, p. 83). This dimension refers to personal rituals that result in an individual’s healthy connection to themselves, others, their environment and their higher power. A.H. Maslow (1970) realized the importance of experiences and referred to them as peak experiences. These experiences changed the way individuals viewed life, it gave life meaning. According to Maslow, peak experiences resulted in perceptions of unit and integration of the self, nature as well as with a higher power.

Forgiveness encompasses the ability to give as well as receive forgiveness. Hope refers to the knowledge that no one suffers in vain, that sadness lasts only so long. “Hope is also experienced as faith that there is some reality to life that allows one to endure experiences of suffering” (Ingersoll, 1995, p. 83) Basset et al. (2008) recognized that hope is essential in relation to spiritual wellness as it perpetuates a positive outlook towards the future. Knowledge/Learning refers to ones seeking an increased and deeper knowledge of themselves and others; Ingersoll (1995) states “Learning and acquiring knowledge is welcomed despite the trials that may be experienced in the process” (p. 83).

Present-centeredness pertains to being in the moment as much as possible to experience what is real. Ingersoll (1995) states that this dimension is included “... recognize that spiritual well-being reflects a harmony with truth and that “truth” is defined from the Hebrew meaning that which is real” (p. 84).

The above constructs were developed to make the SWI a universal assessment of spiritual wellness. As stated previously, Ingersoll (1995) purposed to develop an assessment that addressed limitations of previous assessments. Of those limitations he concerned himself with faking good or the ability of respondents to present themselves in an overly positive light, as well as with faking bad or the ability to make oneself appear more symptomatic than one actually is. To address these problems in the SWI, Ingersoll utilized a lie scale based on the Sixteen Personality Factor Questionnaire (Cattell, 1993) which had items to address faking good and faking bad. Eight items were created which represented the 10 dimensions on the SWI.

To address the issue of unrepresentative norming samples found in the Spiritual Wellbeing Scale, Ingersoll (1995) purposed to assess spiritual wellness from various spiritual traditions. This goal played a large part in the selection of the panelists he chose to assist with development of the dimensions of spiritual wellness. The diverse panelists were considered to be experts in their chosen area with more than ten years of experience in their field. Ingersoll attempted to make the sample as representative as possible by sampling across the country from various spiritual traditions.

Ingersoll interviewed 12 leaders in different spiritual traditions to comprise a tool which addressed various faiths. The leaders interviewed included two Rabbi's, a Wiccan priestess, a Christian spiritual director, a Baha'i leader, a Zen Buddhist, a yoga instructor, a transpersonal, a Jesuit director, a Reverend, an author of a spiritual book, and a psychologist. These interviews helped to solidify the 10 dimensions of spiritual wellness that comprise the SWI (Ingersoll, 1995). The SWI is a 55 item self report measure

comprised of 10 dimensions. These items are ranked using a Likert scale ranging from 1 “Strongly agree” to 8 “Strongly disagree” (Likert, 1932; Ingersoll, 1995).

The original research used in the development of the SWI included males and females, ages 18-76+, African Americans, Asian Americans, European American, Latino/Latina and Native Americans. Educational levels ranged from high school to post-doctoral degree, with 80 percent of respondents reporting they consider themselves to be spiritual. Spiritual traditions represented included Jewish- reformed and orthodox, Catholic, Protestant, Christian- other, Pagan, Buddhist, Baha’i, Latter Day Saints, 12 Step Program, Transpersonal, Martial Arts, “Dead Heads”, Sufi and Native American (Ingersoll, 1995).

### **CHAPTER III**

#### **METHODOLOGY AND RESEARCH DESIGN**

This chapter will be presented in two sections. The first section will focus on the intent of the study and the statement of the problem regarding current spiritual assessments in the field of psychology. The second section will discuss methodology and research design that was used in this study. The third section will discuss the choice to move away from a comparative analysis between the SWI and the SWBS.

The original intent of this study was to test the reliability and the validity of The Spiritual Wellness Inventory, as well as to determine if the psychometric properties are comparable or superior to current spiritual assessments in the field. However, the SWI did not hold up psychometrically to the acceptable standard of .70 for reliability. Therefore a decision was made to an exploratory factor analysis of the SWI via a factor analysis as the only appropriate course of action.

As has been stated in chapter one there are many assessments that claim to assess spirituality, however, many of them have a restricted focus on Judeo Christian and Muslim religion and/or spiritual traditions. The SWI was developed to provide a comprehensive spiritual assessment transcending cross-cultural barriers to measure spiritual wellbeing regardless of religion and/or spirituality (Ingersoll, 1995).

**Methodology**

**Instrumentation.** This study purposed to utilize three spiritual assessments. The first spiritual assessment used was the SWI. The Spiritual Wellness Inventory contains 55 items with the purpose of examining 10 dimensions of spiritual wellness. The items are ranked on a Likert-type scale from (1) “strongly agree” to (8) “strongly disagree”. The inventory also contains a fake good scale to reflect those attempting to present themselves in a good light as well as a fake bad scale to detect those who endorse severe pathology. Figure 1 provides an example of the response scale on the SWI. While the response scale remains the same, it should be noted that items may be regrouped under different factors after the factor analysis of the original SWI which can be seen when comparing Appendix D the original SWI and Appendix H the re-factored items of the SWI.

Strongly Disagree		Disagree		Agree		Strongly Agree	
1	2	3	4	5	6	7	8
1. I don't ever experience God's presence in my life.						_____	
2. The meaning of life is a question I am at peace with.							

**Figure 1. Response Scale of SWI item**

The second spiritual assessment used was the SWBS. This assessment was developed to assess spirituality based on two dimensions: Religious wellbeing (RWB) and Existential wellbeing (EWB); it contains 20 items which uses a 6 point scale ranging from SA (Strongly Agree) to SD (Strongly Disagree). Figure 2 provided an example of the response scale for the SWBS.

SA = Strongly Agree D = Disagree MA = Moderately Agree MD = Moderately Disagree A = Agree SD = Strongly Disagree	
1. I don't find much satisfaction in private prayer with God.	SA MA A D MD SD
2. I don't know who I am, where I came from, or where I'm going.	SA MA A D MD SD

**Figure 2. Response Scale for SWBS**

The SAI third spiritual assessment administered but not used due to a significant amount of missing data. As stated in chapter two, The Spiritual Assessment Inventory, developed by Hall & Edwards (1996), is theoretically based on Object Relations Theory as well as Judeo-Christian beliefs, values and concept of spiritual maturity. This is a 43 item inventory with a 5 point scale of (1) “Not at all true” to (5) “Very True.” An example of response scale is provided in Figure 3.

	1	2	3	4	5
	Not At All True	Slightly True	Moderately True	Substantially True	Very True
1. I have a sense of how God is working in my life				_____	A
2.1 There are times when I feel disappointed with God				_____	D
2.2 When this happens, I still want our relationship to continue				_____	RA

**Figure 3. Response scale for SAI**

**Sample.** This study targeted 500 participants selected via counseling and clinical psychology programs as well as those 18 years or older in the general population using Survey Monkey to administer the assessments. This population was selected due to greater possibility of religious and spiritual diversity. The researcher was hoping that the survey participants would represent the cultural as well as spiritual diversity that the SWI intends to evaluate. The sample for this study was initially comprised of 340 participants, however, 23 participants failed to complete the survey. Therefore, this small group of sample was dropped from the study. The final sample consisted of 317 respondents,

which represents a 63.4% rate of response. The initial number of participants needed to validate this assessment was 275 as the SWI is a 55 item survey.

Therefore, the sample for this study meets the criteria to validate this assessment. According to Messemmer (2006) the rule of thumb for ensuring valid results is five participants per question on a survey. However, as the researcher conducted the investigation, it was determined that the SWI needed to be retested using a factor analysis approach. The reason for retesting a factor analysis was due in part to the unacceptable Cronbach Alpha levels of the original 10 dimensions. As a result of a new factor analysis on the SWI instrument, a 48 item survey emerged as opposed to the original 55 item survey (see chapter four) which established new factor groupings. With this re-factored survey of 48 items, the new number of participants needed to validate the study is 240. It should be noted that this study had 317 viable participants, but due to participants skipping various individual items on assessments the actual number of usable cases was approximately 220.

While the standard subject to item ratio has traditionally been 5:1 (Messemmer, 2006; Messemmer & Valentine, 2012), Costello and Osborne (2005) recently conducted an extensive investigation of previous studies using a factor analysis approach and found that this standard for sample size has varied throughout psychometric practice. Costello and Osborne found that 40.5% of the psychometric studies that used a factor analysis approach had a subject to item ratio that was less than 5:1. Their study also found that 36.8% of the factor analysis studies had a subject to item ratio greater than 10:1. In their investigation, they conducted a psychometric test using a factor analysis approach with



varying sample sizes ranging from 26 to 260, thus simulating a subject to item ratio that ranged from 2:1 to 20:1.

While their study found that more sample can reduce the chances of errors, Costello and Osborne found that even with a 20:1 sample ratio that it warranted a 30% error rate with respect to correct factor structuring. Therefore, in light of these findings, the researcher, the dissertation chairperson, and the dissertation methodologist did not believe that collecting an additional 40 more cases in order to reach the 240 threshold for sample size would significantly reduce the level for correct factor structuring error. The current sample, ranging from 210 to 220 usable cases, warranted a subject to item ratio greater than 4:1, which is consistent with current psychometric practices.

The personal characteristics of the sample are detailed in Table 1. The sample consisted of primarily females (66.5%). The general age range was between the ages of 18-29 (53.5%). Nearly 57% of the sample identified themselves as *single/Never been married*. The highest levels of education were those with Postgraduate degrees (43.7%), while only 2.2% of the sample attended high school or trade schools. As for religious preference, 45.9% of the sample identified as *Other* which included, but not limited to Athiest, Agnostic, non- denominational, Pagan, Wiccan, Taoist, Asatru, Unitarian Universalist, Deist, Tengrism and None. One respondent wrote “I consider myself spiritual, but not religious.”

In terms of membership of an organized religious group, 65.5% of the sample indicated that they were not members of an organized religious group; supported by 76.3% of the sample who had not attended a religious worship service in the last seven days. In regards to race and ethnicity of the sample, 75.0% of the sample identified as

Other for Ethnicity to include but not limited to White/European, Appalachian, Icelandic, West Indies, Kenyan, Swedish, Italian/Polish/Irish, No ethnic identification, Multiethnic, Bosnian, Macedonian, Serbian, Nordic, Tibetan and Gael; while 82.0% identified their race as Caucasian/White.

Table 1

*Personal Characteristics of the Study Respondents (N=340)*

<b>Variable</b>	<b>Value</b>	
<b>Gender</b>		
Female	<b>N=210</b>	<b>66.5%</b>
Male	N=107	33.9%
<b>Age</b>		
<b>18-29</b>	<b>N=169</b>	<b>53.5%</b>
30-49	N=104	32.9%
50-64	N=36	11.4%
65 >	N=10	3.2%
<b>Religious Preference</b>		
<b>Other</b>	<b>N=145</b>	<b>45.9%</b>
Mormon	N=4	1.3%
Jewish	N=10	3.2%
Roman Catholic	N=55	17.4%
Protestant	N=22	7.0%
Orthodox Church (Greek or Roman)	N=4	1.3%
Muslim	N=4	1.3%
Seventh Day Adventist	N=3	0.9%
Christian Scientist	N=1	0.3%
Hindu	N=5	1.6%
Buddhist	N=8	2.5%
Christian	N=84	26.6%
<b>Member of organized religious group</b>		
No	<b>N=207</b>	<b>65.5%</b>
Yes	N=111	35.1%
<b>Attended Church in last seven days</b>		
No, did not attend	<b>N=241</b>	<b>76.3%</b>
Yes, did attend	N=77	24.4%

Table 1 Continued

<b>Variable</b>	<b>Value</b>	
<b>Marital Status</b>		
<b>Single/Never been married</b>	<b>N=177</b>	<b>56.0%</b>
Married	N=112	35.4%
Divorced	N=26	8.2%
Separated	N=4	1.3%
<b>Education</b>		
<b>Post graduate degree</b>	<b>N=138</b>	<b>43.7%</b>
College Graduate	N=63	19.9
Some postgraduate work	N=77	24.4%
<b>Ethnicity</b>		
<b>Other</b>	<b>N=237</b>	<b>75.0%</b>
Hispanic or descent	N=15	4.7%
Black	N=37	11.7%
Latino	N=8	2.5%
Asian	N=13	4.1%
Oriental	N=2	0.6%
Polynesian	N=2	0.3%
Middle Eastern	N=7	2.2%
Jewish	N=14	4.4%
<b>Race</b>		
<b>Caucasian/White</b>	<b>N=259</b>	<b>82.0%</b>
African American/Black	N=35	11.1%
Asian	N=12	3.8%
Native American	N=8	2.5%
Bi-racial	N=10	3.2%
Other	N=11	3.5 %

The participant characteristics for this study have some similarities to those of the original SWI study. For example, both studies were comprised of predominantly Caucasian females between the ages of 18-29 with college education. However, there were also some differences between the participant characteristics as well such as the current study had a high percentage of participants who identified as “other” regarding ethnicity. However, it should be pointed out that this was not an option on the original

study; rather the option was labeled “Ancestral Origins” which comprised of African American, Asian-American, European-American, Latino/Latina, and Native- American. It is interesting to note this section reported 2% missing data which could be contributed to those who would have identified as other. Ingersoll’s (1995) study also had a higher percentage of participants who identified as Christian (i.e. Catholic, Protestant), this could be a result of generational changes moving away from religion/religious practices and moving toward spirituality.

### **Data Collection**

**Administration.** This researcher obtained permission from approximately 72 training directors of counseling/clinical psychology programs to present this study to graduate students. Assistance was also received from the chair of this dissertation who sent out the survey to graduate students as well as to members of the Integral Institute. Additionally, the researcher presented the study to a community mental health center of approximately 250 employees as well as approximately 25 nursing home employees and their friends and family. Instructions were given in the description of the email on how to access the Survey Monkey website to complete the survey.

Survey Monkey was utilized to administer the Spiritual Wellness Inventory (Ingersoll, 1995), The SWBS (Paloutizian & Ellison, 1982) and the SAI (Hall & Edwards, 1996) a demographics sheet as well as a consent form through email. In order to obtain a suitable response rate this experimenter anticipated the need to have three to four administrations of the survey with a goal of obtaining at least a 50% response rate. This study actually warranted a response rate of 63.4%, as described in the sample section of this chapter. Reminder emails were sent to participants who either did not

complete the survey or only partially completed the survey. Once the desired response rate was attained, the survey was closed in Survey Monkey and data was collected, analyzed, and printed out.

This dissertation research was approved by the Cleveland State University Institutional Review Board; their document granting permission for the research is included in Appendix A. Appendix B contains participants' introductory letter/consent. The demographics sheet administered to participants is included in Appendix C. The SWI assessment is included in Appendix D. Appendix E contains the SAI assessment. The SWB assessment is included in Appendix F. The tables of the 10 dimensions of the SWI are included in Appendix G.

**Data storage.** The electronic survey information was stored in a password protected excel package and transferred to an SPSS 18.0 statistical package. In addition, no personal identifiers such as personal names and identification numbers were stored in the database file.

### **Data Analysis**

Data analysis for this particular study varied with respect to the three research questions from the study. The objective of this study was to determine if the SWI is a valid and reliable measure of spirituality across cultures. This may be a significant study in the aspect that if the SWI is a valid and reliable measure of spirituality across cultures, there will be an empirically supported assessment that psychologist and other mental health professionals can use to assist clients in discussing their level of spirituality regardless of religious/spiritual orientation.

This researcher utilized Cronbach's Alpha as an appropriate measure of internal consistency reliability as "It is a direct function of both the number of items and their magnitude of intercorrelation" (Spector, 1992, p. 31). This procedure was initially developed by Thurstone (1939) and later perfected by Cronbach (1951). In addressing the the first two research questions: (1) *Does each of the 10-factor groups among the SWI provide a reliable measurement for spiritual wellness?*; (2) *Do the two factors representing the SWBS provide reliable measurements for spiritual wellness?*; the researcher utilized a Cronbach's Alpha of .70 or greater to signify a reliable measurement among the 10-factor groups for the SWI (Cronbach's, 1951).

Current research is suggesting that Cronbach alpha coefficients need to be .70 or greater in order to classify the survey constructs as holding strong internal construct reliability measurements (Messemer, 2006; Messemer & Valentine, 2012). As will be illustrated in chapter 4, it was discovered while conducting Cronbach Alpha's that reliability levels for the SWI instrument were exhibiting unacceptable levels of reliability not only at today's standards of .70.

Therefore, this will set the stage for addressing the third research question 3: *Does the SWI currently represent the original 10 factor groupings?* Given the findings illustrated later in Chapter 4 with respect to the first research question, the researcher believed that it was important to employ another factor analysis using the current sample in this study to account for the nearly 20 year generational gap among the current sample with respect to the original sample employed by Ingersoll (1995). Because nearly twenty years has passed since the development of the SWI, it is important to test for the difference in perceptions that one might have today with respect to the language among

the survey items when administered with the current sample. Therefore, in re-conducting the factor analysis approach with the current sample, the researcher sought to see if the same 10 factor groupings held up or if the SWI really measures a whole new set of factors.

When employing the factor analysis approach, the researcher followed many of the same procedures as described by Beder (1990), Beder and Valentine (1990) and Palladino-Schultheiss and Stead (2010). Similar to the original study by Ingersoll (1995), the researcher employed a confirmatory factor analysis to determine if the items of the SWI still held together to represent the original 10 dimensions as they had in the original study. However, the researcher soon discovered that the confirmatory factor analysis was not warranting the same results found by Ingersoll. The researcher was unaware if this result was due to the difference in sample, generational differences regarding the definition for spiritual wellness, or if some other underlying influence was occurring.

Therefore, the researcher moved to a more exploratory approach in order to identify the underlying relationships between the measured variables (Kim & Mueller, 1978a, 1978b). This study employed an exploratory factor analysis in order to determine the number of factor groupings, the items associated with those factors, and the psychometric definition associated with each of the factor groups. Ingersoll (1995) supports factor analysis as the appropriate techniques as he stated “Because spiritual well-being and spiritual wellness are constructs new to the social sciences... that the 10 dimensions of spiritual wellness confirmed by the panelists may be united by a smaller number of factors, may be reasonably assumed.”

Similar to the factor analysis technique Ingersoll (1995) used in the original study of the SWI this study used a Varimax rotation using 10 factor groupings with iterations of 50 and setting the factor loading coefficient limit at .40 or greater. This factor analysis also measured the Eigen values for each of the survey items, with the goal of warranting Eigen values of less than 1.0 (Beder, 1990; Beder & Valentine, 1990; Palladino-Schultheiss & Stead, 2010). In addition, the validity of the new factor groupings was measured by testing for the inter-correlation between the items within each of the factors to determine validity. Inter-correlation data between the items gained from the factor analysis was analyzed using the Pearson's correlation measures to measure validity looking at the internal consistency between items. See the result of this in Chapter 4 in **tables 21-28**.



## **CHAPTER IV**

### **RESULTS**

This chapter will present the results of the statistical analysis described in the preceding chapter. The purpose of this study was to test the reliability and the validity of The Spiritual Wellness Inventory. The study also purposed to determine if the psychometric properties are comparable or superior to current spiritual assessments in the field. However, as was stated previously, the SWI did not hold up to the Cronbach's Alpha level of reliability at .70. There for a decision was made to do an exploratory factory analysis on the SWI. Additionally, because of the nature of the SWI this researcher did not compare it with the other assessments; it is noteworthy that the SWBS still holds up to today's standard of reliability. It should also be noted that the SAI was removed from the study due to low response rate which may have been due to content or test fatigue.

The SWI was developed to provide a comprehensive spiritual assessment transcending cross-cultural barriers to measure spiritual wellbeing regardless of religion, spirituality, race, creed, language or nationality (Ingersoll, 1995).

The present study proposes to answer the following questions.

1. Does each of the 10-sub-scales among the Spiritual Wellness Inventory provide a reliable measurement for spiritual wellness amongst diverse spiritual and religious cultures?
2. Do the two factors representing the SWBS provide reliable measurements for spiritual wellness?
3. Does the SWI currently represent the original 10 factor groupings?

### **The Item Mean Scores for the Spiritual Wellness Inventory**

The following data in this section represents research findings for research question #1 *Does each of the 10-sub- scales among the Spiritual Wellness Inventory provide a reliable measurement for spiritual wellness amongst diverse spiritual and/or religious cultures?* As stated previously in chapter 3, the SWI is measured on an 8 point Likert type scale with 1 representing “Strongly Disagree” and 8 representing “Strongly Agree”, as a result anything above 4.50 represents a positively rated scale. Mean scores for Table 2, *Conception of Divinity*, ranged from 4.22 to 7.00. Three of the five items rated positively with Item 45. “*My sense of God decreases my sense of connectedness to nature*” rated the highest with a mean score of 7.00. Item 23 “*I never experience a strong inner sense of God’s presence*” rated positively with a mean score of 5.04. Item 12 “*My sense of the divine increases my sense of Connectedness to other people*” was neutral with a mean score of 4.50; whereas Item 34 “*I am conscious of the divine in my daily activities*” rated negatively with a mean score of 4.22. It is interesting to note that all reverse coded items in this factor rated positively.

Table 2

*Conception of Divinity*

<b>Items</b>	<b>Mean</b>	<b>SD</b>
1. I don't ever experience God's presence in my life.	5.41	2.45
12. My sense of the divine increases my sense of Connectedness to other people.	4.50	2.38
23. I never experience a strong inner sense of God's presence.	5.04	2.42
34. I am conscious of the divine in my daily activities.	4.22	2.22
45. My sense of God decreases my sense of connectedness to nature.	7.00	1.38

N=214, Note: Mean scores > 4.50 represents a positively rated scale item.

Mean scores for Table 3, *Meaning*, ranged from 5.29 to 6.90. All five items in this factor were positively rated. Item 35. "I don't get much meaning out of my life experiences" had the highest mean score at 6.90, while Item 2. "The meaning of life is a question I am at peace with" had the lowest mean score of 5.29.

Table 3

*Meaning*

<b>Items</b>	<b>Mean</b>	<b>SD</b>
2. The meaning of life is a question I am at peace with.	5.29	2.00
13. I never experience my everyday life as meaningful.	6.82	1.34
24. I always reflect on the meaning of my life experiences.	5.71	1.46
35. I don't get much meaning out of my life experiences.	6.90	1.14
46. My spirituality is very meaningful to me.	5.46	2.32

N = 215, Note: Mean scores > 4.50 represents a positively rated scale item.

Mean scores for Table 4, *Connectedness*, ranged from 5.63 to 7.30 with all five items in this factor positively rated. Item 3 “*I never feel compassion for other people*” had the highest mean score at 7.30, while Item 47. “*My spiritual community isn’t much help in celebrating life*” had the lowest mean score of 5.63.

Table 4

*Connectedness*

<b>Items</b>	<b>Mean</b>	<b>SD</b>
3. I never feel compassion for other people.	7.30	1.40
14. I feel part of at least one healthy community that is important to me and greatly affects my life.	5.83	1.48
25. I don't feel a part of any real community.	6.30	1.40
36. I often notice things in nature while I am riding or walking from place to place.	6.60	1.27
47. My spiritual community isn't much help in celebrating life.	5.63	2.00

N = 205; Note: Mean scores > 4.50 represents a positively rated scale item.

Mean scores for Table 5, *Present-Centeredness*, ranged from 3.72 to 6.07. All but one item was positively rated. Item 15. “*I don’t enjoy being absorbed in physical sensations*” had the highest rated mean score of 6.07 while Item 48. “*I don’t get tense thinking of things that lie ahead*” had the lowest mean score of 3.72 which is a negatively rated item.

Table 5

*Present-Centeredness*

<b>Items</b>	<b>Mean</b>	<b>SD</b>
4. I often feel a deep appreciation of every moment.	5.13	1.64
15. I don't enjoy being absorbed in physical sensations.	6.07	1.50
26. I often feel fully present in each passing moment.	4.64	1.35
37. When I attain a goal I don't savor it before moving on to the next goal.	5.54	1.37
48. I don't get tense thinking of things that lie ahead.	3.72	1.72

N=207; Note: Mean scores > 4.50 represents a positively rated scale item

Mean scores for Table 6, *Mystery*, ranged from 3.85 to 6.90, with four of the five items rated positively for this factor. The highest rated item was Item 16. “*Life is about growth and change*” which had a mean score of 6.90, while Item 49. “*It is important to be in control of the situations in which I find myself*” had the lowest mean score of 3.85, which is a negatively rated item.

Table 6

*Mystery*

<b>Items</b>	<b>Mean</b>	<b>SD</b>
5. I never experience a sense of awe about life.	6.73	13.1
16. Life is about growth and change.	6.90	1.25
27. I am afraid to question my spiritual beliefs.	6.70	1.31
38. Ambiguity and uncertainty are healthy parts of life.	5.80	1.53
49. It is important to be in control of the situations in which I find myself.	3.85	1.40

N=216; Note: Mean scores > 4.50 represents a positively rated scale item.

Mean scores for Table 7, *Ritual*, ranged from 4.55 to 6.20, with all five items exhibiting a positive rating for this factor. The highest rated item was Item 6. “*I have things I do to help me feel connected to life*” with a mean score of 6.20. The lowest rated item was Item 50. “*I have rituals that help me integrate the spiritual into my life*” with a mean score of 4.55. All five items were positively rated for this factor.

Table 7

*Ritual*

<b>Items</b>	<b>Mean</b>	<b>SD</b>
6. I have things I do to help me feel connected to life.	6.20	1.47
17. I don't know what to do to feel God's presence.	5.00	1.90
28. I see everyday life as sacred.	5.50	1.94
39. I have not developed new spiritual rituals as I have grown.	5.30	1.97
50. I have rituals that help me integrate the spiritual into my life.	4.55	2.20

N=210; Note: Mean scores > 4.50 represents a positively rated scale item.

Mean scores for Table 8, *Hope*, ranged from 5.83 to 6.54. All five items were positively rated for this factor. The highest rated item was Item 51. “*I have not had difficult situations change for the better*” with a mean score of 6.54; whereas Item 7. “*There are reasons to give up hope*” had the lowest mean score at 5.83.

Table 8

*Hope*

<b>Items</b>	<b>Mean</b>	<b>SD</b>
7. There are reasons to give up hope.	5.83	1.76
18. Even when situations seem hopeless, I have faith they can change for the better.	6.11	1.42
29. I have little faith that on some level my life will work out.	6.50	1.77
40. Every moment offers potential for hope.	6.08	1.46
51. I have not had difficult situations change for the better.	6.54	1.41

N=219; Note: Mean scores > 4.50 represents a positively rated scale item

Mean scores for Table 9, *Forgiveness*, ranged from 4.23 to 6.65, four of the five items rated positively for this factor. The highest rated item was Item 19. “*If I forgive others, it really doesn’t help me*” with a mean score of 6.65. The lowest rated item was Item 52. “*I am able to forgive anything a person may do*” with a mean score of 4.23 making it a negatively rated item.

Table 9

*Forgiveness*

<b>Items</b>	<b>Mean</b>	<b>SD</b>
8. I feel called on to forgive others as God forgives me.	4.54	2.40
19. If I forgive others, it really doesn't help me.	6.65	1.34
30. I have often been forgiven by others in my life.	5.67	1.50
41. I have resentments about past injuries.	4.89	1.61
52. I am able to forgive anything a person may do.	4.23	1.60

N=209; Note: Mean scores > 4.50 represents a positively rated scale item.

Mean scores for Table 10, *Knowledge/Learning*, ranged from 5.47 to 6.70. All five items rated positively for this factor. The highest rated item was Item 31. “*I don’t investigate questions that arise in my life*” with a mean score of 6.70. The lowest rated item was Item 9. “*I reject most challenges to my beliefs*” with a mean score of 5.47.

Table 10

*Knowledge/Learning*

<b>Items</b>	<b>Mean</b>	<b>SD</b>
9. I reject most challenges to my beliefs.	5.47	1.71
20. The way I live brings me to a greater knowledge of who I really am.	6.30	1.29
31. I don't investigate questions that arise in my life.	6.70	1.24
42. The more I learn about myself the more I have to give.	6.12	1.44
53. I value knowledge except when it conflicts with my beliefs.	6.38	1.51

N=214; Note: Mean scores > 4.50 represents a positively rated scale item.

Mean scores for Table 11, *Fake Good*, ranged from 4.20 to 6.12. Three of the five items (Items 32, 43, & 54) were negatively rated for this factor. The highest rated item was Item 10. “*I believe all people have a role in the web of life*” with a mean score of 6.12. The lowest rated item was Item 32. “*I have periods where it is hard to stop self-pity*” with a mean score of 4.20.



Table 11

*Fake Good*

<b>Items</b>	<b>Mean</b>	<b>SD</b>
10. I believe all people have a role in the web of life.	6.12	1.75
21. I am a strict person insisting on doing things as correctly as possible.	4.63	1.69
32. I have periods where it is hard to stop self-pity.	4.20	1.82
43. I would rather mix with polite people than rebellious types.	4.46	1.70
54. I wait until I am sure that my views are correct before speaking up.	4.21	1.58

N=218; Note: Mean scores > 4.50 represents a positively rated scale item.

Mean scores for Table 12, *Spiritual Freedom*, ranged from 5.13 to 6.07. All five items were positively rated for this factor. The highest rated item was Item 22. “*I experience playful moments daily*” with a mean score of 6.07, while Item 55. “*I feel great pressure to live up to a social image*” had the lowest mean score of 5.13.

Table 12

*Spiritual Freedom*

<b>Items</b>	<b>Mean</b>	<b>SD</b>
11. I feel unsafe in the world.	5.73	1.43
22. I experience playful moments daily.	6.07	1.43
33. I feel coerced by images of what life should be about.	5.50	1.73
44. I feel free to make strong commitments to things.	6.00	1.34
55. I feel great pressure to live up to a social image.	5.13	1.75

N=218; Note: Mean scores > 4.50 represents a positively rated scale item.

Table 13 shows the reliability for the 10 dimension plus the Fake Good scale used to develop the Spiritual Wellness Inventory. A Cronbach Alpha approach was used to determine internal consistency reliability of the 11 factors. The Scale Means ranged from 23.61 to 31.65, with Connectedness exhibiting the highest score with a mean score of 31.65 and Fake Good having the lowest Scale mean score of 23.61. Mean item means for Table 12 ranged from 4.59 to 6.21. Hope had the highest mean of 6.21, while Connectedness had the lowest mean score of 4.59. The Alpha levels ranged from -.03 to .83. Concept of Divinity had the highest Alpha level of .83, while Fake Good had the lowest Alpha level of -.03.

Table 13

*The Reliability of the Spiritual Wellness Inventory using a Cronbach's Alpha approach*

Factor	Number of Scale Items	Scale Mean	Scale SD	Mean Item Means	Alpha
Concept of Divinity	5	26.16	8.54	5.23	.83
Meaning	5	30.12	5.00	6.02	.53
Connectedness	5	31.65	6.33	4359	.56
Present-Centeredness	5	25.10	4.38	5.02	.49
Mystery	5	29.90	3.74	6.00	.42
Ritual	5	27.22	6.30	5.45	.68
Hope	5	31.05	5.00	6.21	.63
Forgiveness	5	26.00	5.11	5.20	.54
Knowledge/Learning	5	30.93	4.03	6.19	.44
Fake Good	5	23.61	3.78	4.72	-.03
Spiritual Freedom	5	28.43	4.26	5.69	.43

(N-219)

### The Item Mean Scores for the Spiritual Wellbeing Scale

The following data in this section represents research findings for research question #2 *Do the two factors representing the SWBS provide reliable measurements for spiritual wellness?* As stated previously in chapter 3, the SWBS is measured on a 6-point Likert type scale from “Strongly Agree” to “Strongly Disagree”, as a result anything above 3.50 represents a positively rated scale. Mean scores for Table 14, Religious Wellbeing, ranged from 2.60 to 3.50. Item # 17 *“I feel most fulfilled when I’m in close communion with God.”* Had the highest mean of 3.50, while Item # 3 *“I believe that God loves and cares about me”* had the lower of 2.60. It is interesting to note that only one item # 17 *“I feel most fulfilled when I’m in close communion with God”* rated as a positively rated item.

Table 14

#### *Religious Well-Being*

Item	Mean	SD
I don’t find much satisfaction in private prayer with God.	3.10	2.00
3. I believe that God loves me and cares about me	2.60	2.00
5. I believe that God is impersonal and not interested in my daily situations.	2.80	1.90
7. I have a personally meaningful relationship with God.	3.20	1.86
9. I don’t get much personal strength and support from my God.	3.00	1.83
11. I believe that God is concerned about my problems.	3.10	1.84
13. I don’t have a personally satisfying relationship with God.	3.00	1.76
15. My relationship with God helps me not to feel lonely.	3.41	1.75
17. I feel most fulfilled when I’m in close communion with God.	3.50	1.82
19. My relation with God contributes to my sense of well-being.	3.11	1.90

N=197; Note: Mean scores > 3.50 represents a positively rated scale item.

Mean scores for Table 15, *Existential Well-being*, ranged from 1.71 to 3.00. Items # 6 “*I feel unsettled about my future*” and item #16 “*I feel that life is full of conflict and unhappiness*” both had the highest mean of 3.00, while Item # 18 “*Life doesn’t have much meaning*” had the lowest mean of 1.71. It is interesting to note that none of the items were positively rated items.

Table 15

*Existential Well-being*

Item	Mean	SD
2. I don’t know who I am, where I came from, or where I’m going.	1.90	1.19
4. I feel that life is a positive experience.	1.90	1.03
6. I feel unsettled about my future.	3.00	1.50
8. I feel very fulfilled and satisfied with life.	2.60	1.12
10. I feel a sense of well-being about the direction my life is headed in.	2.11	1.00
12. I don’t enjoy much about life.	1.67	1.01
14. I feel good about my future.	2.00	1.00
16. I feel that life is full of conflict and unhappiness.	3.00	1.20
18. Life doesn’t have much meaning.	1.71	1.12
20. I believe there is some real purpose for my life.	1.80	1.14

N=205; Note: Mean scores > 3.50 represents a positively rated scale item.

Table 16 shows the reliability for the 2 dimensions used to develop the Spiritual Wellbeing Scale. A Cronbach Alpha approach was used to determine reliability of the 2 factors. Religious Well Being rated the highest of the two factors with a Scale mean of 30.58, Mean item mean of 3.06 and an Alpha level of .97, while the Existential Well

Being scale had lower numbers with a Scale mean of 21.30, Mean item mean of 2.13 and an Alpha level of .88.

Table 16

*The Reliability of the Spiritual Well-Being Scale Scores using a Cronbach Alpha approach (N=205)*

Factor	Number of Scale Items	Scale Mean	Scale SD	Mean item Means	Alpha
Religious Well Being	10	30.58	16.53	3.06	.97
Existential Well Being	10	21.30	7.81	2.13	.88

### **Re-employment of Factory Analysis for the Spiritual Wellness Inventory**

The following data in this section represents research findings for research question #3 *Does the SWI currently represent the original 10 factor groupings?* Table 17 exhibits renamed factors of the Spiritual Wellness Inventory after a Varimax rotation.

This Table shows Mean item means for each factor as well as loading strength and means for items within each factor. A Varimax rotation was applied using the 10 factor groupings with iterations of .50 and setting the factor loading coefficient limit at .40 or greater for each factor loadings resulting in 48 items among the eight factor grouping.

After the Varimax rotation, the 10 dimensions used to create the SWI were recategorized into eight factors. Two items loaded on more than one dimension and was placed in the factor with the highest loading. The Mean item means for the eight factors ranged from 4.24 to 6.40. Examples of the items are given for each factor. The highest Mean item

mean was 6.40 for *Factor V: Connectedness*, while *Factor VII: Control* had the lowest Mean item mean of 4.24.

The loading for *Factor I: Spirituality* ranged from .53 to .88, and included 9 items two of which , “*I am conscious of the divine in my daily activities*” and “*I don’t ever experience God’s presence in my life*”, both loaded at .88. The lowest loading in this factor was the item “*My spiritual community isn’t much help in celebrating life*” with a loading of .53. The Mean scores for this factor ranged from 4.28 “*I am conscious of the divine in my daily activities.*” to 5.58 “*My spirituality is very meaningful to me.*”

The loading for *Factor II: Meaningful Experiences/Hope* ranged from .43to.63 and included 10 items. Item “*There are reasons to give up hope*” had the highest loading of .63, while item “*I often feel fully present in each passing moment*” had the lowest loading of .43. The Mean score for this factor ranged from 4.70 “*I often feel fully present in each moment*” to 6.84 “*I never experience my everyday life as meaningful*”.

The loading for *Factor III: Understanding* ranged from .40 to .61 and included 7 items. Item “*The way I live brings me to a greater understanding of who I am*” had the highest loading at .61, while item “*The more I learn about myself the more I have to give*” had the lowest loading of .40. The mean scores for this factor ranged from 5.70 “*I always reflect on the meaning of my life experiences.*” to 6.82 “*Life is about change.*”

The loading for *Factor IV: Self Worth* ranged from -.70 to .67 and included 5 items. The highest loading was item “*I feel great pressure to live up to a social image*” at .67, while item “*I have periods of where it is hard to stop self-pity*” had the lowest loading at -.70. The Mean scores for this factor ranged from 3.72 “*I don’t get tense*

*thinking of things that lie ahead” to 5.50 “I feel coerced by images of what life should be about”.*

The loading for *Factor V: Connectedness* ranged from .46 to .66 and included 5 items. Item *“I don’t feel a part of any real community”* had the highest loading of .66, while Item *“I don’t know what to do to feel God’s presence”* had the lowest loading at .46. The Mean scores for this factor ranged from 5.70 *“I don’t know what to do to feel God’s presence.”* to 7.31 *“I never feel compassion for other people.”* The loading for *Factor VI Uncertainty* ranged from .45 to .66 and included 5 items. Item *“Ambiguity and uncertainty are healthy parts of life”* had the highest loading at .66, while Item *“I don’t investigate questions that arise in my life”* had the lowest loading at .45. The Mean scores for this factor ranged from 5.44 *“I reject most challenges to my beliefs”* to 6.70 *“I am afraid to question my spiritual beliefs.”*

The loading for *Factor VII: Control* ranged from -.64 to .61 and included 4 items. The highest loading of .61 was Item *“I would rather mix with polite people than rebellious types”*, while Item *“It is important to be in control of the situations in which I find myself”* had the lowest loading of -.64. The Mean scores for this factor ranged from 3.84 *“It is important to be in control of the situations in which I find myself”* to 4.54 *“I would rather mix with polite people than rebellious types”* The loading for *Factor VIII: Inner Peace* ranged from .48 to .65 and included 3 items. Item *“The meaning of life is a question I am at peace with”* had the highest loading at .65, while Item *“I have things I do to help me feel connected to life”*, had the lowest loading of .48. The Mean scores for the factor ranged from 5.33 *“The meaning of life is a question I am at peace with”* to 6.20 *“I have things I do to help me feel connected to life”*.

Table 17

*Spiritual Wellness Inventory: Factor Solution after Varimax Rotation (N=317)*

<b>Item</b>	<b>Loading</b>	<b>Mean</b>
<b>Factor I: Spirituality (Mean item mean= 5.03)</b>		
I am conscious of the divine in my daily activities.	.88	4.28
I don't ever experience God's presence in my life.	.88	5.53
I have rituals that help me integrate the spiritual into my life.	.84	5.58
My spirituality is very meaningful to me.	.82	4.60
My sense of the divine increases my sense of Connectedness to other people.	.82	5.10
I never experience a strong inner sense of God's presence.	.75	5.34
I have not developed new spiritual rituals as I have grown.	.67	4.67
I feel called on to forgive others as God forgives me.	.53	5.63
<b>Factor II: Meaningful Experiences/ Hope (Mean item mean= 5.90)</b>		
There are reasons to give up hope.	.63	5.81
I often feel a deep appreciation of every moment.	.63	5.17
Every moment offers potential for hope.	.54	6.10
I have often been forgiven by others in my life.	.53	5.69
I see everyday life as sacred.	.53	5.45
I never experience my everyday life as meaningful.	.53	6.84
If I forgive others, it really doesn't help me.	.53	6.70
Even when situations seem hopeless, I have faith they can change for the better.	.51	6.12
I believe all people have a role in the web of life.	.50	6.17
I often feel fully present in each passing moment who I really am.	.43	4.70
<b>Factor III: Understanding (Mean item mean= 6.33)</b>		
The way I live brings me to a greater knowledge of who I really am.	.61	6.33
I feel free to make strong commitments to things.	.60	6.00
I always reflect on the meaning of my life experiences.	.60	5.70
I often notice things in nature while I am riding or walking from place to place.	.54	6.60
I never experience a sense of awe about life.	.45	6.80
Life is about growth and change.	.44	6.82
The more I learn about myself the more I have to give.	.40	6.13
<b>Factor IV: Self Worth (Mean item mean=4.70)</b>		
I have periods where it is hard to stop self-pity.	-.70	4.17
I feel great pressure to live up to a social image.	.67	5.12
I feel coerced by images of what life should be about.	.61	5.50
I have resentments about past injuries.	.58	4.90
I don't get tense thinking of things that lie ahead.	.56	3.72



Table 17 Continued

<b>Item</b>	<b>Loading</b>	<b>Mean</b>
<b>Factor V: Connectedness (Mean item mean= 6.40)</b>		
I don't feel a part of any real community.	.66	6.27
I never feel compassion for other people.	.53	7.31
I don't get much meaning out of my life experiences.	.52	6.80
I feel part of at least one healthy community that is important to me and greatly affects my life.	.47	5.81
I don't know what to do to feel God's presence.*	.46	5.70
<b>Factor VI: Uncertainty (Mean item mean= 6.20)</b>		
Ambiguity and uncertainty are healthy parts of life.	.66	5.81
I am afraid to question my spiritual beliefs.	.56	6.70
I value knowledge except when it conflicts with my beliefs.	.51	6.38
I reject most challenges to my beliefs.	.50	5.44
I don't investigate questions that arise in my life.	.45	6.66
<b>Factor VII: Control (Mean item mean= 4.24)</b>		
It is important to be in control of the situations in which I find myself.	-.64	3.84
I would rather mix with polite people than rebellious types.	.61	4.54
I am a strict person insisting on doing things as correctly as possible.	.51	4.40
I wait until I am sure that my views are correct before speaking up.*	.45	4.21
<b>Factor VIII: Inner Peace (Mean item mean=5.80)</b>		
The meaning of life is a question I am at peace with.	.65	5.33
I feel unsafe in the world.	.50	5.75
I have things I do to help me feel connected to life.	.48	6.20

Note: Criterion level for factor loadings was set at .40; 3 of the 55 items failed to load on any factor at the criterion level. Although items 15, 45, 37 and 52 were positively loaded, they loaded in factors of two which does not lend itself to reliability testing.

\*Item loads on two factors.

## **CHAPTER V**

### **DISCUSSION**

This chapter will summarize the results, discuss the significance of the findings and discuss the limitations of the study as well as provide recommendations for future research related to spiritual assessments. The Spiritual Wellness Inventory (Ingersoll, 1995) was purposed to take into account cultural diversity with the goal of assessing spirituality across multiple cultural domains. Data was collected and analyzed to determine if the SWI is a reliable indicator of spiritual wellbeing among diverse spiritual and religious cultures.

The SWI has been utilized in clinical practice to initiate conversations about spiritual issues and concerns however its reliability and validity has not been empirically tested. In reference to the SWI, Gold (2010) states “The next stage in its evolution would be confirmation of the instrument’s reliability and other forms of validity” (p. 102). The present study proposes to answer the following questions. As stated in chapter three it should be noted that the original intent was to test the reliability and validity of the SWI however the 10 Subscales did not hold up to the reliability standard of .70. Therefore a shift was made to restructure the SWI and test for reliability.

1. Does each of the 10-sub-scales among the Spiritual Wellness Inventory provide a reliable measurement for spiritual wellness amongst diverse spiritual and religious cultures?
2. Do the two factors representing the SWBS provide reliable measurements for spiritual wellness?
3. Does the SWI currently represent the original 10 factor groupings?

### **Significant Findings**

This study has addressed the three stated research questions. The researcher will discuss the significant finding for the three research questions independently.

**Research question #1.** The results for research question #1 found that one of the 10 subscales (Conception of Divinity) met the set criteria of .70 for strong reliability. However nine subscales (Present-Centeredness, Mystery, Knowledge/Learning, Spiritual Freedom, Hope, Ritual, Connectedness, Meaning and Forgiveness) did not meet the .70 criteria. The findings suggests that the 10 subscales of the SWI overall are not a reliable measure of spirituality.

**Research question #2.** The researcher purposed to determine if the Spiritual Wellbeing Scale would show reliability with the present population. In response to question #2 findings suggested that the SWBS remains a reliable measure of spiritual wellness with this population. The SWBS had reliability scores of .97 for the Religious Well being scale and .88 for the Existential Well being scale. Therefore when using this current population, the SWBS not only met criteria for reliability at .50 or greater standards in the past but also met strong reliability for research standards today at .70 or greater.

**Research question #3.** Ideally this researcher would like a stronger reliability that meets today's standard of .70 or greater criteria. The goal of increased reliability will help to explain the factor analysis approach used to discuss the findings for question three. Other reasons for employing the factor analysis approach stemmed from the realization that there is nearly a 20 year generational gap and realizing that in that time frame perception of spirituality may have significantly changed due to increased understanding of what spirituality represents. This realization elicited questions of the possible impact of terminology and continued growing interest in spirituality as opposed to religion. This led the researcher to consider another factor analysis to determine if the 10 factors for the SWI should be re-grouped with the goal of increasing reliability of the SWI.

In response to research question #3 after the factor analysis, findings suggested that the resulting groupings did not represent the original 10 factors, but were re grouped into eight factors exhibiting factor loadings of .40 or greater which also follows the previous research of Beder (1990), Beder and Valentine (1990) and Schultheiss-Palladino and Stead, (2010.) The new eight factor groups were re-categorized into (Spirituality, Meaningful Experiences/Hope, Understanding, Self Worth, Connectedness, Uncertainty, Control and Inner Peace).

The eight re-categorized factors were renamed to reflect the content of the items in each factor. The factors were named as follows: Factor I: Spirituality represents meaning, connection with a higher power, self and others. Factor II: Meaningful Experiences/Hope represents meaning, hope and potential in life experiences. Factor III: Understanding represents knowledge, commitment, compassion and comprehension of

self and others. Factor IV: Self Worth represents the impact of an individual's view of themselves as well as the impact of how they are viewed by others. Factor V: Connectedness represents connection to others which elicits feelings such as compassion or lack of. Factor VI: Uncertainty represents feelings of ambiguity as well as the ability to exhibit flexibility in life situations. Factor VII: Control represents an individual's desire to be in control of their experiences. Finally, Factor VIII: Inner Peace represents feeling of peace, connection and safety in the world.

All eight groupings exhibited strong reliability at .40 or greater. Factor I: Spirituality, six of the nine items exhibited extremely strong reliability at .80 or better. Factor II: Meaningful Experiences/Hope had nine of the ten items exhibited strong reliability at .50 or better. Factor III: Understanding had four of seven items at .50 or greater. Factor IV: Self Worth had four of five items at .50 or greater. Factor V: Connectedness had three of five items at .50 or greater. Factor VI: Uncertainty had four of five items at .50 or greater. Factor VII: Control had two of four items at .50 or greater. Factor VIII: Inner Peace had two of three items rate at .50 or greater. These findings suggest that the SWI is a valid and reliable measure of spiritual wellness. In terms of inter-correlations, the findings suggest that 38 of the 48 items or nearly 80% of the items exhibited statistically significant correlations ( $p < .01$  or  $.05$ ).

In regards to addressing the limitations of unrepresentative norming samples and a focus on specific spiritual traditions, the SWI sampled participants from a wide variety of spiritual orientations to include but not limited to Atheist, Agnostic, non-denominational, Pagan, Wiccan, Taoist, Asatru, Unitarian Universalist, Deist, Tengrism

and None. The SWI also included items to address fake good responses to address the propensity of participants to appear in a good light.

In considering why the original 10 factors re-categorized into eight factors, this researcher posits that due to a nearly 20 year generational gap terms of religion and spirituality may have expanded and changed as people once understood them. It is also possible that an overall shift from religion to spirituality as well as differences in perception of spirituality may have impacted how participants responded. People may have come to understand connection to a higher power differently than in the past.

### **Implications for Therapy**

The SWI was found to have eight dimensions that warrant further research and a reconfiguration of the inventory. This has important therapeutic implications as the world continues to witness diversity in many areas to include religion and spirituality. It is no longer appropriate to assume there are only three or four religious options or spiritual paths to which individuals subscribe. These findings also suggest that there are differences in how spirituality is understood; with generational changes it should not be assumed that terms such as “God” apply to all people. Some individuals maybe more accepting of terms such as “higher power” or “spirituality” to define their religious and/or spiritual affiliation. Saunders, Miller and Bright (2010) support this stating “We do not suggest presumptively using the term “God”, but rather the more generic “higher power.” This allows for an understanding from the client’s perspective.

An interesting observation of the three assessments given in this study was the SWI had a higher response rate than the SWBS and the SAI. The feedback from many respondents suggest that they were having a difficult time answering questions with the

term “God” because they did not believe in “God” per se. For example a respondent stated “I don’t believe in God, I believe in a higher power”; for this respondent there was a difference in meaning which did not allow them to answer the questions with the term “God”. These findings can explain the missing data from the SAI, and highlights the validity of the SWI as a tool that has strong reliability in measuring spirituality with diverse populations.

Therapists have a responsibility to assess all aspects of the client, which includes spirituality, to determine if spirituality is a protective factor or a source of struggle (Pargament, 2007). The landscape of behavioral and mental health care has come to recognize the impact that spirituality has on mental, physical and overall psychosocial wellbeing. Numerous studies have shown that those who have a positive spiritual connection have decreased levels of anxiety, depression and improved physical and mental health as well as overall psychosocial wellbeing with effective styles of coping resulting in positive treatment outcomes (Mickley, Carson & Soeken, 1995; Watson, Milliron, Morris, & Hood, 1994). Research has also found that people gain meaning and purpose in life through spiritual connections (Corey, 2006).

The SWI can initiate conversations about spiritual concerns which can be used with diverse faiths, religions and spiritual paths to aide people as they look for ways to make meaning in their lives. Consequently, this study found that approximately 45% of the respondents classified their religion as *Other* which included a wide range of responses to include “none” and “I don’t consider myself religious, but spiritual”. These responses highlight the growing diversity of individuals who do not subscribe to a traditional culture of religion and spirituality. The SWI has a broader focus than other

assessments such as the SWBS that have focused primarily on Judeo-Christian values and beliefs. Such a narrow focus excludes a much larger population of people who either do not subscribe to Judeo-Christian beliefs or those who consider themselves to be spiritual and not religious.

The diverse perspective of the SWI can be a mechanism in which rapport between the therapist and the client is established and maintained. Martinez et al., (2007) suggests that an evaluation that is respectful of clients' spiritual and religious preferences improves the client-therapist relationship and improves therapeutic outcomes. Studies have also shown that most people want to be asked about their spiritual and religious views (MacLean et al., 2003; Aten & Leach, 2009) and expect therapists to address spirituality at some point during the therapeutic process (Stanard et al., 2000; Moberg, 2002; Morrison et al., 2009). And, as has been stated previously, research has shown that spirituality has an impact on physical and mental health (Boscaglia et al., 2005; Krupski et al., 2006; Ventura et al., 2007; Johnstone et al., 2008; Sorajjakool et al., 2008; Johnson et al., 2009). Overall, it is believed that the SWI is an assessment that taps into those concepts of spirituality that occur across cultures such as experiences of connectedness, peace, meaning and purpose which can help identify spiritual wellness or spiritual struggles (Specht et al. 2005; Hodges 2002; Coyte et al. 2007 )

### **Limitations of the Study**

Limitations of the study include the inability to use the data for the SAI as it had missing data and did not lend itself to analysis. Other limitations include an omission of choice for question # 7 *There are reasons to give up hope* on the SWI which did not include option "6". There were also people who did not complete the surveys because



they described themselves as Atheists or Agnostic and/or did not believe in God, which made it difficult to answer most of the survey questions, particularly those on the SWBS and the SAI. This is the suspected reason for the higher response rate for the SWI as well as the missing data on the SAI; it is also suspected that test fatigue may have been an issue due to the administration of three surveys totaling 118 questions. An additional limitation of the study is the high percentage of post graduate participants; therefore this study could only be generalized to a comparable population. Another possible limitation concerns the administration via the internet which may have not captured those who are more conservative in their beliefs and values and may have been more likely to respond to questions which used the term “God”, thereby increasing the response rates all on assessments.

Another limitation of the study was that the SWI could not be compared to the SWBS regarding a factory analysis because the intent of the study was not to improve the SWBS through a factor analysis and the Cronbach Alpha's for the original SWI resulted in unacceptable reliability levels leading the researcher to do a factor analysis on the SWI to improve internal construct reliability. Additionally, the number of factors may have played a role in the low reliability levels of the 10 factor SWI. The SWBS may have exhibited acceptable levels of reliability due to the use of only two factors which had concrete definitions unlike the broad and theoretical definitions for spirituality used on the SWI.

### **Future Recommendations**

Future recommendations for the SWI would be to re-evaluate the initial questions used to determine the 10 dimensions and use questions that do not assume a belief in

“God”, but to a “Higher power” or “Guiding force.” Another recommendation would be to add brief definitions of what each factor is to give people a better understanding of that factor. An additional recommendation would be to compare the SWI with other validated assessments using a factor analysis on all assessments being studied for an acceptable comparison of the instruments to one another. Future research could further clarify the use of the SWI with diverse populations, by analyzing response differences across cultures. The next study could be to test the eight dimension revised inventory. Future research could also include a qualitative methodology that interviews participants following the administration of the SWI to gain further insight into their responses.

This research recommends including the SWI as an intake assessment tool appropriate for clients of all cultures in all therapeutic settings such as private practice, community mental health centers as well as in healthcare settings to spark conversations about spirituality. This assessment can help clinicians and their clients identify possible spiritual supportive factors such as prayer and a belief in a higher power as well as help identify spiritual struggles such as feeling disconnected from their community or higher power which can negatively impact their ability to cope.

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## **APPENDICES**



**APPENDIX A**  
**IRB PERMISSION**



**Memorandum**  
Institutional Review Board

**To:** Elliot Ingersoll  
CASAL

**From:** Craig M. Zullig *C. Zullig*  
Director  
Office of Sponsored Programs & Research

**Date:** April 18, 2013

**Re:** Results of IRB Review of your project number: #29834-ING-HS  
Co-Investigator: Chivonna Childs  
**Title: The Reliability and Validity of the Spiritual Wellness Inventory**

The IRB has reviewed and approved your application for the above named project, under the category noted below. Approval for use of human subjects in this research is for a one-year period as noted below. If your study extends beyond this approval period, *you must contact this office to initiate an annual review of this research.*

By accepting this decision, you agree to notify the IRB of: (1) any additions to or changes in procedures for your study that modify the subjects' risk in any way; and (2) any events that affect that safety or well-being of subjects. Notify the IRB of any revisions to the protocol, including the addition of researchers, prior to implementation.

Thank you for your efforts to maintain compliance with the federal regulations for the protection of human subjects.

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<b>Approval Category:</b>	<b>Approval Date:</b>	<b>April 17, 2013</b>
<u>X</u> <b>Exempt Review: Category b(4)</b>	<b>Expiration Date:</b>	<b>April 16, 2014</b>

cc: Project file

**APPENDIX B**  
**CONSENT FORM**



Cleveland State University

Dear Participant:

My name is Chivonna Childs and I am a doctoral student in the Counseling Psychology program at Cleveland State University. This study is being overseen by my advisor Dr. Elliot Ingersoll who developed the Spiritual Wellness Inventory. This study is being conducted for the purposes of completing dissertation requirements. The purpose of this study is to gain understanding into assessing spirituality across cultures in order to create an effective spiritual assessment that will initiate conversation about spirituality as well as accurately assess spirituality across cultures. As part of this study, you are being asked to participate in a survey on spirituality that will ask questions about your thoughts, beliefs and experiences of spirituality. The goal is to obtain information on spirituality which will help with effective treatment and education about how spirituality is experienced across cultures.

Your responses will remain confidential. In order to maintain your privacy your name is not required and your email will not be used in the analysis of the data and will not appear in any published material. Email addresses will be deleted upon receipt of survey.

There are no risks beyond what you would experience in daily life. Should you become uncomfortable at any time, you can stop. If necessary, you will be provided with a name and telephone number of available counseling services to assist you. Participation in this study is completely voluntary and you may withdraw at any time. It is important that you try to answer every question. There are no consequences for not participating. The time commitment is approximately 20 minutes.

For further information regarding this research please contact Chivonna Childs at (216) 215-5260, email at [chivonnachilds@gmail.com](mailto:chivonnachilds@gmail.com) or to Dr. Ingersoll at (216) 687-5291, email at [r.ingersoll@csuohio.edu](mailto:r.ingersoll@csuohio.edu).

If you have any questions about your rights as a research participant you may contact the Cleveland State University Institutional Review Board at (216) 687-3630

Please indicate your agreement to participate in this study by electronically signing below.

Thank you in advance for your cooperation and support.

I am 18 years or older and have read and understand this consent form and agree to participate.

## APPENDIX C

### DEMOGRAPHICS SHEET

1. **What is your gender?**
  - Male
  - Female
  
2. **What is your age?**
  - 18-29
  - 30-49
  - 50-64
  - 65 years and over
  
3. **What is your marital status?**
  - Married
  - Divorced
  - Separated
  - Single/never been married
  
4. **What is the highest level of education you have completed?**
  - Some high school
  - High school graduate
  - Some College
  - Trade/technical/vocational training
  - College graduate
  - Some postgraduate work
  - Post graduate degree
  
5. **What is your religious preference?**
  - Mormon
  - Jewish
  - Roman Catholic
  - Protestant
  - An Orthodox Church such as the Greek or Russian Orthodox Church
  - Muslim
  - Seventh-Day Adventist
  - Christian Scientist
  - Hindu
  - Buddhist
  - Christian
  - Other (please specify) \_\_\_\_\_

**6. Do you happen to be a member of a church, synagogue, mosque, or some other organized religious group?**

Yes

No

**7. Do you happen to attend church, synagogue, mosque, or some other religious worship service in the last seven days?**

Yes, did attend

No, did not attend

**8. What is your ethnicity?**

Hispanic origin or descent

Black

Latino

Asian

Oriental

Polynesian

Middle Eastern

Jewish

Other (please specify) \_\_\_\_\_

**9. What is your race?**

African American/ Black

Caucasian/ White

Asian

Native American

Bi- Racial

Other (please specify) \_\_\_\_\_

## APPENDIX D

### SPIRITUAL WELLNESS INVENTORY

The Spiritual Wellness Inventory  
 Elliott Ingersoll, Ph.D., PCC  
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Please respond to the following items choosing a number from the scale provided that indicates the degree to which you agree or disagree with each item.

#### RESPONSE SCALE

Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree	8
1.							_____		1
2.							_____		2
3.							_____		3
4.							_____		4
5.							_____		5
6.							_____		6
7.							_____		7
8.							_____		8
9.							_____		9
10.							_____		10
11.							_____		11
12.							_____		12
13.							_____		13
14.							_____		14
15.							_____		15
16.							_____		16
17.							_____		17
18.							_____		18
19.							_____		19
20.							_____		20
21.							_____		21

22.	I experience playful moments daily	_____	22
23.	I never experience a strong inner sense of God's presence.	_____	23
24.	I always reflect on the meaning of my life experiences	_____	24
25.	I don't feel a part of any real community.	_____	25
26.	I often feel fully present in each passing moment.	_____	26
27.	I am afraid to question my spiritual beliefs.	_____	27
28.	I see everyday life as sacred.	_____	28
29.	I have little faith that on some level my life will work out.	_____	29
30.	I have often been forgiven by others in my life.	_____	30
31.	I don't investigate questions that arise in my life.	_____	31
32.	I have periods where it is hard to stop self-pity.	_____	32
33.	I feel coerced by images of what life should be about.	_____	33
34.	I am conscious of the divine in my daily activities	_____	34
35.	I don't get much meaning out of my life experiences	_____	35
36.	I often notice things in nature while I am riding or walking from place to place.	_____	36
37.	When I attain a goal I don't savor it before moving on to the next goal.	_____	37
38.	Ambiguity and uncertainty are healthy parts of life.	_____	38
39.	I have not developed new spiritual rituals as I have grown.	_____	39
40.	Every moment offers potential for hope.	_____	40
41.	I have resentments about past injuries	_____	41
42.	The more I learn about myself the more I have to give	_____	42
43.	I would rather mix with polite people than rebellious types.	_____	43
44.	I feel free to make strong commitments to things.	_____	44
45.	My sense of God decreases my sense of connectedness to nature.	_____	45
46.	My spirituality is very meaningful to me.	_____	46
47.	My spiritual community isn't much help in celebrating life.	_____	47
48.	I don't get tense thinking of things that lie ahead.	_____	48
49.	It is important to be in control of the situations in which I find myself.	_____	49
50.	I have rituals that help me integrate the spiritual into my life.	_____	50
51.	I have not had difficult situations change for the better	_____	51
52.	I am able to forgive anything a person may do.	_____	52
53.	I value knowledge except when it conflicts with my beliefs.	_____	53
54.	I wait until I am sure that my views are correct before speaking up.	_____	54
55.	I feel great pressure to live up to a social image.	_____	55

## Scoring the SWI

1. Reverse the ratings for all odd-numbered items so the new numerals match the following key: 8=1, 7=2, 6=3, 5=4, 4=5, 3=6, 2=7, 1=8

Example: Your rating for an odd-numbered item is a "4." According to the key, the rating would be transformed to a "5."

2. Enter corrected odd-numbered values on the blanks next to each item on the inventory.
3. Enter all response values, even-numbered and corrected odd-numbered, on the response grid below. Next, total the numbers across each row for the dimension totals.

1. \_\_\_\_ 12. \_\_\_\_ 23. \_\_\_\_ 34. \_\_\_\_ 45. \_\_\_\_ TOTAL \_\_\_\_ Conception of Divinity

2. \_\_\_\_ 13. \_\_\_\_ 24. \_\_\_\_ 35. \_\_\_\_ 46. \_\_\_\_ TOTAL \_\_\_\_ Meaning

3. \_\_\_\_ 14. \_\_\_\_ 25. \_\_\_\_ 36. \_\_\_\_ 47. \_\_\_\_ TOTAL \_\_\_\_ Connectedness

4. \_\_\_\_ 15. \_\_\_\_ 26. \_\_\_\_ 37. \_\_\_\_ 48. \_\_\_\_ TOTAL \_\_\_\_ Present-Centeredness

5. \_\_\_\_ 16. \_\_\_\_ 27. \_\_\_\_ 38. \_\_\_\_ 49. \_\_\_\_ TOTAL \_\_\_\_ Mystery

6. \_\_\_\_ 17. \_\_\_\_ 28. \_\_\_\_ 39. \_\_\_\_ 50. \_\_\_\_ TOTAL \_\_\_\_ Ritual

7. \_\_\_\_ 18. \_\_\_\_ 29. \_\_\_\_ 40. \_\_\_\_ 51. \_\_\_\_ TOTAL \_\_\_\_ Hope

8. \_\_\_\_ 19. \_\_\_\_ 30. \_\_\_\_ 41. \_\_\_\_ 52. \_\_\_\_ TOTAL \_\_\_\_ Forgiveness

9. \_\_\_\_ 20. \_\_\_\_ 31. \_\_\_\_ 42. \_\_\_\_ 53. \_\_\_\_ TOTAL \_\_\_\_ Knowledge/Learning

10. \_\_\_\_ 21. \_\_\_\_ 32. \_\_\_\_ 43. \_\_\_\_ 54. \_\_\_\_ TOTAL \_\_\_\_ Fake Good

11. \_\_\_\_ 22. \_\_\_\_ 33. \_\_\_\_ 44. \_\_\_\_ 55. \_\_\_\_ TOTAL \_\_\_\_ Spiritual Freedom

Now, using the SWI profile sheet, enter the dimension totals (row totals) on the profile sheet line matching the dimension total you are recording. There is no "total" score since the dimensions overlap quite a bit.

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## APPENDIX E

### SPIRITUAL ASSESSMENT INVENTORY

Todd W. Hall, PhD & Keith J. Edwards, PhD  
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#### Instructions

1. Please respond to each statement below by selecting the number that best represents your experience.
2. It is best to answer according to what *really reflects* your experience rather than what you think your experience should be.
3. Give the answer that comes to mind first. Don't spend too much time thinking about an item.
4. Give the best possible response to each statement even if it does not provide all the information you would like.
5. Try your best to respond to all statements. Your answers will be completely confidential.
6. Some of the statements consist of two parts as shown here:

[2.1] There are times when I feel disappointed with God.

[2.2] When this happens, I still want our relationship to continue.

Your response to 2.2 tells how true statement 2.2 is for you when you have the experience of feeling disappointed with God described in statement 2.1.

	1	2	3	4	5
	Not At All True	Slightly True	Moderately True	Substantially True	Very True
2.	I have a sense of how God is working in my life				A
2.1	There are times when I feel disappointed with God				D
2.2	When this happens, I still want our relationship to continue				RA
3	God's presence feels very real to me				A
4	I am afraid that God will give up on me				I
5	I seem to have a unique ability to influence God through my prayers				G
6	Listening to God is an essential part of my life				A
7	I am always in a worshipful mood when I go to church				IM
8.1	There are times when I feel frustrated with God				D
8.2	When I feel this way, I still desire to put effort into our relationship				RA
9	I am aware of God promoting me to do things				A
10	My emotional connection with God is unstable				I
11	My experience of God's responses to me impact me greatly				A
12.1	There are times when I feel irritated at God				D
12.2	When I feel this way, I am able to come to some sense of resolution in our relationship				RA



13	God recognizes that I am more spiritual than most people	G
14	I always seek God's guidance for every decision I make	IM
15	I am aware of God's presence in my interactions with other people	A
16	There are times when I feel that God is punishing me	I
17	I am aware of God responding to me in a variety of ways	A
18.1	There are times when I feel angry at God	D
18.2	When this happens, I still have the sense that God will always be with me	RA
19	I am aware of God attending to me in times of need	A
20	God understands that my needs are more important than most people's	G
21	I am aware of God telling me to do something	A
22	I worry that I will be left out of God's plan	I
23	My experiences of God's presence impacts me greatly	A
24	I am always as kind at home as I am at church	IM
25	I have a sense of the direction in which God is guiding me	A
26	My relationship with God is an extraordinary one that most people would not understand	G
27.1	There are times when I feel betrayed by God	D
27.2	When I feel this way, I put effort into restoring our relationship	RA
28	I am aware of God communicating to me in a variety of ways	A
29	Manipulating God seems to be the best way to get what I want	G
30	I am aware of God's presence in times of need	A
31	From day to day, I sense God being with me	A
32	I pray for all my friends and relatives every day	IM
33.1	There are times when I feel frustrated by God for not responding to my prayers	D
33.2	When I feel this way, I am able to talk it through with God	RA
34	I have a sense of God communicating guidance to me	A
35	When I sin, I tend to withdraw from God	I
36	I experience an awareness of God speaking to me personally	A
37	I find my prayers to God are more effective than other people's	G
38	I am always in the mood to pray	IM
39	I feel I have to please God or he might reject me	I
40	I have a strong impression of God's presence	A
41	There are times when I feel that God is angry at me	I
42	I am aware of God being very near to me	A
43	When I sin, I am afraid of what God will do to me	I
44	When I consult God about decisions in my life, I am aware to my prayers of A his direction and help	A
45	I seem to be more gifted than most people in discerning God's will	G
46	When I feel God is not protecting me, I tend to feel worthless	I
47.1	There are times when I feel like God has let me down	D
47.2	When this happens, my trust in God is not completely broken	RA

---

Scales:

A= Awareness

RA= Realistic Acceptance (formerly= Healthy Ambivalence)

D= Disappointment (formerly= Defensiveness)

G= Grandiosity (formerly= Narcissism)

I= Instability (formerly= Splitting)

IM= Impression Management (new scale, experimental)

Scoring instructions: The score for each scale is the average of answered items. If the respondent omits more than half the items for a given scale, the scale cannot be scored.

Scoring of the RA scale items (designated by xx.2 item numbers) depends on the respondent's answer to the corresponding disappointment item (designated by xx.1 numbers). If the respondent answers "not at all true" (1) on the xx.1 item, then the corresponding xx.2 item is NOT included in the RA scale average score. For example, if he/she rates item 2.1 as "1", then the item 2.2 is not included in calculating the RA scale score average.

## APPENDIX F

### SWB SCALE

For each of the following statements circle the choice that best indicates the extent of your agreement or disagreement as it describes your personal experience:

SA = Strongly Agree D = Disagree  
MA = Moderately Agree MD = Moderately Disagree  
A = Agree SD = Strongly Disagree

- |  |                 |
|--|-----------------|
| 1. I don't find much satisfaction in private prayer with God.                  | SA MA A D MD SD |
| 2. I don't know who I am, where I came from, or where I'm going.               | SA MA A D MD SD |
| 3. I believe that God loves me and cares about me.                             | SA MA A D MD SD |
| 4. I feel that life is a positive experience.                                  | SA MA A D MD SD |
| 5. I believe that God is impersonal and not interested in my daily situations. | SA MA A D MD SD |
| 6. I feel unsettled about my future.   | SA MA A D MD SD |
| 7. I have a personally meaningful relationship with God.                       | SA MA A D MD SD |
| 8. I feel very fulfilled and satisfied with life.                              | SA MA A D MD SD |
| 9. I don't get much personal strength and support from my God                  | SA MA A D MD SD |
| 10. I feel a sense of well-being about the direction my life is headed in.     | SA MA A D MD SD |
| 11. I believe that God is concerned about my problems.                         | SA MA A D MD SD |
| 12. I don't enjoy much about life.   | SA MA A D MD SD |
| 13. I don't have a personally satisfying relationship with God.                | SA MA A D MD SD |
| 14. I feel good about my future.   | SA MA A D MD SD |
| 15. My relationship with God helps me not to feel lonely.                      | SA MA A D MD SD |
| 16. I feel that life is full of conflict and unhappiness.                      | SA MA A D MD SD |
| 17. I feel most fulfilled when I'm in close communion with God.                | SA MA A D MD SD |
| 18. Life doesn't have much meaning.  | SA MA A D MD SD |
| 19. My relation with God contributes to my sense of well-being.                | SA MA A D MD SD |
| 20. I believe there is some real purpose for my life.                          | SA MA A D MD SD |

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## APPENDIX G

### TABLES LISTING ITEMS USED TO CREATE 10 DIMENSIONS OF THE SWI

Table 1

Factor 1: *Conception of the Absolute/Divine*

Items
1. I have places I can go where I often feel God's presence.
2. I experience God's presence in my life.
3. There are particular times in my life when I am more aware of God's presence.
4. I have a unique understanding of God that others should agree with for their own good.
5. I have no conception whatever of a divine being.
6. My sense of the divine increases my sense of connectedness to other people.
7. My sense of the divine increases my sense of connectedness to nature.
8. My spirituality does not recognize an image of "God" or "divinity".
9. My sense of God is like an ever receding horizon- it is there but I cannot fully comprehend it.
10. I am conscious of God in my daily activities.
11. My experience of God is real but does not fall into a concept or category.
12. I often experience a strong inner sense of God's presence.
13. I reject all notions of a Divine being.

Table 2

Factor 2: *Meaning*

Items
1. My spirituality gives me a sense of meaning in my life.
2. My life experiences often lead me to a new sense of meaning.
3. When I experience something that doesn't make sense according to my belief system, I stay with my beliefs.
4. Meaning in life is a question I am at peace with.
5. Something can be a meaningful experience without my understanding it intellectually.
6. I experience my everyday life as meaningful.
7. I accept that I will probably never know the meaning of life.
8. I often experience a painful inner emptiness.
9. I often reflect on the meaning of my life experiences.
10. There is no meaning to be had in life.
11. Being alive is no meaningful to me.

Table 3

Factor 3: *Connectedness*

Items	
1.	I often feel alienated from the natural world.
2.	I feel confident that science can solve all our environmental problems.
3.	I often notice things in nature while I am in the car or walking from place to place.
4.	I can celebrate my spirituality outdoors as easily as at an indoor ritual.
5.	The only way to survive in the world is to take care of yourself first.
6.	I feel I am part of at least one healthy community that is important to me and greatly affects my life.
7.	Being connected to others in my spiritual tradition means we will always share that same answers to questions that arise.
8.	I feel part of a community that greatly influences my identity.
9.	I believe that a strong community doesn't have to be a religious one.
10.	My community helps me celebrate my life.
11.	I have a community in my life that helps me feel accepted.
12.	My community helps me celebrate life.
13.	I often feel that I am not actively participating in my life but am watching it "from the sidelines".
14.	I often feel compassion for other people.
15.	My spirituality teaches me who are the good people I should recognize and who are the bad people I should avoid.

Table 4

Factor 4: *Mystery*

Items	
1.	I am not bothered by uncertainty.
2.	Ambiguity is a healthy part of life.
3.	Life doesn't always make intellectual sense.
4.	I am comfortable with questions about my spiritual beliefs.
5.	I often experience a sense of awe about life.
6.	Scientific advances only increase my sense of awe and mystery about life.
7.	Spiritually I experience great faith and great doubt.
8.	Every situation I encounter has some degree of uncertainty.
9.	Life is about growth and change.
10.	I accept that God is beyond my ability to understand.
11.	Many issues in life are "black and white" meaning there is one right answer.
12.	I see lack of control as a negative thing to be avoided.

Table 5

Factor 5: *Sense of Freedom*

Items	
1.	I don't feel great pressure to live up to a social image.
2.	I often "forget myself" in playful moments.
3.	I experience playful moments daily.
4.	I often feel coerced by demands others make on me.
5.	I often feel coerced by images I have of what life should be about.
6.	I usually feel safe in the world.
7.	I often feel self-conscious.
8.	I often fear other peoples' evaluations of me.
9.	The freer I am, the more I have to offer life.
10.	My sense of freedom allows me to make strong commitments to things.
11.	I often forgive those who have wronged me.
12.	My freedom often calls on me to make difficult choices.
13.	I am afraid of being myself.

Table 6

Factor 6: *Experience/Ritual*

Items	
1.	I have things I do that help me feel God's presence.
2.	I have things I do that help me feel connected with life.
3.	I have no rituals I would consider "spiritual".
4.	I have lost interest in the spiritual rituals I was taught as a child.
5.	I have developed new spiritual rituals as I have grown.
6.	My rituals focus me toward spiritual growth.
7.	I often see the sacred nature of everyday life.
8.	I practice exercises that bring my spirit and body together.
9.	I practice rituals that meaningfully relate me to other people.
10.	I practice rituals that meaningfully relate me to nature.
11.	In times of pain or crisis I have spiritual practices that bring me comfort.
12.	My spiritual life is separate from my daily life.

Table 7

Factor 7: *Forgiveness*

Items	
1.	Before I can forgive someone I must experience and acknowledge the pain they have cause me.
2.	I believe that revenge is sometimes more important than forgiveness.

3. The process of forgiving allows me to live freely.

Factor 7: *Forgiveness continued*

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Items

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4. To not forgive someone who has hurt me continues to hurt me.
5. In some instances forgiveness may take a lifetime.
6. Certain actions should never be forgiven.
7. “An eye for an eye” is a better policy than forgiveness.
8. I often hold grudges against someone.
9. I have often been forgiven by others.
10. To forgive does not mean to forget.
11. I feel called on to forgive as God forgives me.

Table 8

Factor 8: *Hope*

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Items

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1. Even when situations appear hopeless, I have faith that they can change for the better.
2. Every moment of my life has potential for hope.
3. I often experience hope as being in touch with God.
4. My spirituality helps me cultivate hope in my everyday life.
5. I believe that events can change even when I don't think they will.
6. I have great faith that on some level my life will work out.
7. There are some things that are beyond repair.
8. I actively encourage my own sense of hope.
9. I have very little hope for the world.
10. I don't believe that God cares for the world or me.
11. I have had many difficult situations change for the better.
12. I know better than to hope for too much.
13. It is better not to hope for too much.

Table 9

Factor 9: *Knowledge/Learning*

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Items

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1. Learning is an important aspect of my spiritual journey.
2. I often trust and stand behind my own convictions.
3. I usually investigate questions that arise in my life.
4. Knowledge has increased my tolerance of others.
5. I value knowledge even when it conflicts with my beliefs.
6. I am open to challenges to my beliefs.
7. My knowledge is very much rooted in my experiences.
8. The way I live brings me to a greater knowledge of who I really am.
9. The more I learn about myself, the more I have to give others.

Factor 9: *Knowledge/Learning continued*

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Items

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10. What I consider knowledge usually affects my actions.
11. I believe I have a unique understanding of God that others should accept.
12. The truth is clear-cut and unchanging.

Table 10

Factor 10: *Present-centeredness*

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Items

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1. I often feel present in each passing moment.
2. Every moment offers potential for hope.
3. I often feel a deep appreciation of every moment.
4. I am comfortable with my body.
5. I often get so focused on the future that I miss what is happening in the present.
6. When I attain a goal, I can savor that before going on to the next goal.
7. I accept and enjoy my body.
8. I can enjoy getting absorbed in physical sensations.
9. I don't often feel in control of my life.
10. I am uncomfortable with silences in conversations.
11. I am often distracted from what is going on.
12. I often enjoy taking time to just sit and do nothing.

*These tables were created with the express permission of Dr. Ingersoll*



## APPENDIX H

### SPIRITUAL WELLNESS INVENTORY-REVISED

The Spiritual Wellness Inventory  
 Elliott Ingersoll, Ph.D., PCC  
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Please respond to the following items choosing a number from the scale provided that indicates the degree to which you agree or disagree with each item.

#### RESPONSE SCALE

	Strongly Disagree		Disagree		Agree		Strongly Agree	
	1	2	3	4	5	6	7	8
1.	I value knowledge except when it conflicts with my beliefs.						_____	1
2.	The way I live brings me to a greater knowledge of who I really am.						_____	2
3.	There are reasons to give up hope.						_____	3
4.	I have periods where it is hard to stop self-pity.						_____	4
5.	I don't feel a part of any real community.						_____	5
6.	Ambiguity and uncertainty are healthy parts of life.						_____	6
7.	It is important to be in control of the situations in which I find myself.						_____	7
8.	The meaning of life is a question I am at peace with.						_____	8
9.	I don't ever experience God's presence in my life.						_____	9
10.	I often feel a deep appreciation of every moment.						_____	10
11.	I am afraid to question my spiritual beliefs.						_____	11
12.	I wait until I am sure that my views are correct before speaking up.						_____	12
13.	I never feel compassion for other people.						_____	13
14.	I feel free to make strong commitments to things.						_____	14
15.	I would rather mix with polite people than rebellious types.						_____	15
16.	I have rituals that help me integrate the spiritual into my life.						_____	16
17.	I feel unsafe in the world.						_____	17
18.	Every moment offers potential for hope.						_____	18
19.	I feel coerced by images of what life should be about.						_____	19
20.	I always reflect on the meaning of my life experiences.						_____	20
21.	I don't get much meaning out of my life experiences.						_____	21
22.	I am conscious of the divine in my daily activities.						_____	22

23.	I am a strict person insisting on doing things as correctly as possible.	_____	23
24.	I have things I do to help me feel connected to life.	_____	24
25.	I never experience a strong inner sense of God's presence.	_____	25
26.	I have often been forgiven by others in my life.	_____	26
27.	I have resentments about past injuries	_____	27
28.	I often notice things in nature while I am riding or walking from place to place.	_____	28
29.	I reject most challenges to my beliefs.	_____	29
30.	I feel part of at least one healthy community that is important to me and greatly affects my life.	_____	30
31.	I feel great pressure to live up to a social image.	_____	31
32.	My sense of the divine increases my sense of connectedness to other people.	_____	32
33.	I never experience a sense of awe about life.	_____	33
34.	I see everyday life as sacred.	_____	34
35.	I don't know what to do to feel God's presence.	_____	35
36.	I don't get tense thinking of things that lie ahead.	_____	36
37.	I don't investigate questions that arise in my life.	_____	37
38.	My spirituality is very meaningful to me.	_____	38
39.	I never experience my everyday life as meaningful.	_____	39
40.	The more I learn about myself the more I have to give.	_____	40
41.	I have not developed new spiritual rituals as I have grown.	_____	41
42.	I feel called on to forgive others as God forgives me.	_____	42
43.	If I forgive others, it really doesn't help me.	_____	43
44.	Even when situations seem hopeless, I have faith they can change for the better.	_____	44
45.	My spiritual community isn't much help in celebrating life.	_____	45
46.	I believe all people have a role in the web of life.	_____	46
47.	I often feel fully present in each passing moment.	_____	47
48.	Life is about growth and change.	_____	48

## Scoring the SWI

- Reverse the ratings for all odd-numbered items so the new numerals match the following key: 8=1, 7=2, 6=3, 5=4, 4=5, 3=6, 2=7, 1=8

Example: Your rating for an odd-numbered item is a "4." According to the key, the rating would be transformed to a "5."

- Enter corrected odd-numbered values on the blanks next to each item on the inventory.
- Enter all response values, even-numbered and corrected odd-numbered, on the response grid below. Next, total the numbers across each row for the dimension totals.

Spirituality	9. ____	16. ____	22. ____	25. ____	32. ____	38. ____	41. ____	42. ____	45. ____	Total ____	
Meaningful Experiences/Hope	3. ____	10. ____	18. ____	26. ____	34. ____	39. ____	43. ____	44. ____	46. ____	47. ____	Total ____
Understanding	2. ____	14. ____	20. ____	28. ____	33. ____	40. ____	48. ____	Total ____			
Self Worth	4. ____	19. ____	27. ____	31. ____	36. ____	Total ____					
Connectedness	5. ____	13. ____	21. ____	30. ____	35. ____	Total ____					
Uncertainty	1. ____	6. ____	11. ____	29. ____	37. ____	Total ____					
Control	7. ____	12. ____	15. ____	23. ____	Total ____						
Inner Peace	8. ____	17. ____	24. ____	Total ____							

Now, using the SWI profile sheet, enter the dimension totals (row totals) on the profile sheet line matching the dimension total you are recording. There is no "total" score since the dimensions overlap quite a bit.

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