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Assessing Spirituality in a Diverse World

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The Spiritual Well-Being Scale (SWBS): Cross-Cultural Assessment Across 5 Continents, 10 Languages, and 300 Studies

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Abstract The Spiritual Well-Being Scale (SWBS) was created in 1982 as a subjective measure of quality of life. It has been used in approximately 300 studies, 200 theses and dissertations, and 35 professional presentations. It has contributed to research in psychology and healthcare globally, and has been translated into over 10 languages—a summary of which is presented in this chapter. Development of the SWBS was based on the observation that people make meaning out of the ambiguity

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of life by defining goals or values toward which to strive—whether physical, personal, secular, or religious. Because not all things for which people strive are identifiably religious, the word "spiritual" came into use to refer to strivings-in-general. "Spirituality" referred to the achievement of a state of being, or the motivation to be, "spiritual." SWB is related to, but does not equal, spiritual or spirituality. Because SWB is typically described in two ways, the SWBS has two subscales that yield outcome measures of perceived well-being in two senses: (1) The religious well-being (RWB) subscale reflects SWB in traditionally religious language, because many people explain what SWB means to them in such terms; (2) The existential well-being (EWB) subscale reflects SWB in a-religious, existential language because many people describe their SWB in such terms. RWB and EWB subscale scores can be combined into total SWB, if a combined score is meaningful for the population studied. The present chapter summarizes SWBS research and translations, critiques the SWBS and some of its uses, and suggests future uses and improvements.

Keywords Existential well-being · Health · Mental health · Religion · Religious well-being · Spiritual well-being · Spiritual Well-Being Scale · Spirituality · SWBS · Well-being

1 Introduction: The Origins of Spiritual Well-Being Research

The field once called the psychology of religion has come to be called the psychology of religion and spirituality. This development began after the mid-twentieth century and continues to the present (for discussion see Hood Jr., 2003; Hood, Hill, & Spilka, 2009; Paloutzian, 2006, 2017a, 2017b; Paloutzian & Park, 2005, 2013b, 2014, 2021; Pargament, 2013; Pargament, Mahoney, Exline, Jones, & Shafranske, 2013; Streib & Hood Jr., 2016). For the past two decades articles, books, measures, grant proposals, and discussions at professional meetings have focused on the psychology of spiritual concerns to such a degree that for some researchers, those concerns reflect a primary focus (e.g., Emmons, 1999; Pargament, 2007, 2013; Piedmont, 2001). At the same time, others suggest that psychology of religion is modified by either something that is not a religion or by religion with another name (Beit-Hallahmi, 2014, 2015; Spilka, 1993). Further, certain healthcare fields, such as nursing (Westera, 2017) and complementary and alternative medicine (Cobb, Puchalski, & Rumbold, 2012), address spiritual issues in promoting general well-being. The above trends suggest that many people felt that traditional religions did not satisfy the spiritual dimension of their lives. Something else was needed to service their needs for wholeness, emotional health, and well-being. The Spiritual

Well-Being Scale (SWBS, Appendix A; Ellison, 1983; Paloutzian & Ellison, 1982)[1] with its existential well-being (EWB) and religious well-being (RWB) subscales reflects one of the realities of this trend.

Various ideas were offered to meet such needs. They were often less formal, more individualized, less strict about doctrine, and regarded as more flexible that traditional religious faiths. They could be of this world, otherworldly, or both, and allowed for a wide range of individual preferences in teachings and practices. In this context, instead of the quality of life being measured by tangible or countable goods and services, it was proposed that, psychologically speaking, "the quality of life lies in the experience of life" (Campbell, 1976, p. 118). Thus the development of measures to assess the subjective quality of life experience, including the SWBS, took hold.

The SWBS is a measure of one's perception of well-being understood in a holistic, spiritual (existential, religious, or both) sense. As such, it does not measure spirituality, whether understood as an index of some level of spiritual attainment or as a motivation to seek or make spiritual progress. SWB is not synonymous with spirituality, but is instead an outcome variable. SWB is a companion construct to spirituality and should not be confused with it (Garssen, Visser, & de Meeezenbroek, 2016; Meezenbroek et al., 2012; Moberg, 1979; Piedmont, 2001; Piedmont & Wilkins, 2013).

An argument underpinning the value of SWB is that even though the character of someone's orientation to life, whether religious or a-religious, can affect how well a person faces life's dilemmas, the degree of well-being derived from that orientation is also important. This is why SWB is a useful outcome indicator, or barometer, of how well a person is doing in context of the problems in life. In this context, the point that SWB is not spirituality but is related to it becomes important in a discussion of misuses of the SWBS later in this chapter (Garssen et al., 2016; Koenig, 2009). Also, even though the SWBS is a subjective well-being measure, its scores can but do not have to be associated with measures of physical health, mental health, or both. Thus the SWBS was developed in order to be a tool for self-assessment of aspects of general perceived well-being (Paloutzian & Ellison, 1982), and found its greatest use in the healthcare fields (Paloutzian, Bufford, & Wildman, 2012).

2 SWB in Theory

2.1 Variations of SWB: Conceptualizations and Scales

Since the initial conceptualizations of the SWB construct were put forward (Ellison, 1983; Moberg, 1979), several related measures with a focus on variations of SWB have been created. First, the Geriatric Spiritual Well-Being Scale (GSWS; Dunn,

[1] Spiritual Well-Being Scale (SWBS) ©1982 Craig W. Ellison & Raymond F. Paloutzian, © 2011 Raymond F. Paloutzian. All rights reserved to the English SWBS and its translations. Do not duplicate without permission of copyright holder or www.lifeadvance.com.

2008), which like the SWBS does not require someone to espouse a specific religion, was developed for use with older adults. Second, Hungelmann, Kenkel-Rossi, Klassen, and Stollenwerk (1996) also developed a spiritual well-being scale for older adults; it was intended to further tap holistic aspects of SWB. Third, the Spirituality Index of Well-Being Scale (Daalemann & Frey, 2004; Daalemann, Frey, Wallace, & Studenski, 2002) was a generic measure of well-being with 12 items that tapped sense of meaning and self-efficacy. Fourth, the Functional Assessment of Chronic Illness Therapy—Spiritual Well-Being Scale (FACIT-Sp; Peterman, Fitchett, Brady, Hernandez, & Cella, 2002; Bredle, Salsman, Debb, Arnold, & Cella, 2011) was developed in service of cancer patients. Fifth, Vella-Brodrick and Allen (1995) developed the mental, physical, and spiritual well-being scale (MPS), which expanded what was measured to include three dimensions. Sixth, Gomez and Fisher (2003, 2005) developed the Spiritual Well-Being Questionnaire (SWBQ) with four subscales—personal, transcendental, environmental, and communal well-being. Seventh, the Multidimensional Inventory for Religious/Spiritual Well-being (MI-RSWB; Unterrainer, Ladenhauf, Moazedi, Wallner-Liebmann, & Fink, 2010; Unterrainer, Nelson, Collicutt, & Fink, 2012) was first published in German and later in English; it is a 48-item instrument with six dimensions—general religiosity, forgiveness, hope-immanent, hope-transcendent, connectedness, and experience of sense and meaning (Unterrainer, 2017). Eighth, the three-factor spiritual well-being scale was based upon the literature and consultation with specialists in Turkey resulting in a culture-appropriate scale with 29 items and the factors Transcendence, Harmony with Nature, and Anomie (Ekşi & Kardaş, 2017; Kardaş, 2019).

The body of research in the general SWB area continued to expand. Notably, Hill's (2013) review commented that the SWBS "has become a standard bearer in the religious and spiritual well-being literature …" (p. 59; see also Büssing, 2012, and Hill & Hood, 1999, for summaries of these and other measures).

2.2 Meaning and SWB

Intellectually rich theoretical ideas relevant to SWB appeared in stepwise fashion before and after the initial SWB construct and assessments were created. Maslow (1954) stated a model of human motivation in which basic needs such as food, shelter, and safety were at the foundation, and after those needs were met other "higher" motives became operative. "Self-actualization" was the name given to the "highest" motive. At approximately the same time, Frankl (1963) argued that humans have a built-in "need for meaning," for which the German word rendered as "meaning" conveys the sense of "something worth living for." These ideas reflected what at that time was called the *fulfillment model* of personality. Fulfillment was the "highest" personality function—something not far from what Emmons (1999) would later call spiritual striving. A simple implication of this might be that SWB would include, or connote, feeling some degree of fulfillment in the sense connoted above.

What might fulfill the purposes of these "higher" levels of human personality? Even with variations in the general fulfillment model, the basic idea suggested that something in addition to the mere achievement of a goal or satisfaction of a need was involved in SWB processes. Achievement of goals and satisfaction of needs matter only because they mean something. So, what are they for? What do they mean? The beginning of the answer to these questions is best found in an examination of the fundamentals of what meaning means.

Meaning is a term that always is in reference to something else. When we say X means Y, we are saying that X stands for Y, implies Y, or precedes, follows, causes, is translated as, is related to, results in, results from, negates, affirms, does this or that to, and so on with respect to Y. To say that X means something is to say that it has some relation to something else. Nothing has meaning with respect to itself. As Baumeister (1991) said, meaning "connects things" (p. 16). In the most ultimate sense of life and its continuity, the meaning of life is life; the meaning of everything else is something other than itself.

There is strong evidence that once basic needs are met, one does not become happier or experience greater well-being, tranquility, or internal peace by having more wealth or the things obtained by it (Diener & Biswas-Diener, 2008; Myers & Diener, 1995). The findings are instead consistent with notions rooted in the existential psychiatry of Frankl (1963) and with the building-block model of personality proposed by Maslow (1954) that after basic needs are satisfied, higher-order "spiritual" values and motives take priority as human strivings. Such values, motives, and strivings are sometimes couched in "spiritual" terms but, as established by Emmons (1999), are nevertheless basic functional aspects of human personality. Research with the SWBS has given us some insight into some manifestations of meaning system process in human life.

Part of the process involves people transcending immediate concerns so that their minds go beyond an immediate focus on themselves and instead make attributions about the meaning of events in their environment—past, present, and future. There are psychological and evolutionarily functional benefits to attending to and making meaning out of the stimuli that surround us (Kirkpatrick, 2005; Park, 2010, 2013). Such processes have increased the probability of survival of those whose minds adapted this skill (Paloutzian & Mukai, 2017). Thus, meaning making processes including those operative under the labels such as SWB could be seen as one kind of healthy psychological manifestation of the tendency to put one's attention on things that lie outside of oneself.

3 SWB Literature[2]

The SWBS has been used in over 300 published articles and chapters, almost 200 doctoral dissertations and master's theses, 35 posters and oral presentations, and 50 unpublished papers, not including the research done with it in its 10 translations into

[2] Portions adapted from Paloutzian et al. (2012) with appreciation to Rodger Bufford.

non-English languages. At least six books in the healthcare fields have reprinted it—Dow (2006, nursing and cancer patients); Kocot and Goodman (2003, battered women mental health); Kelly (1995, counseling and psychotherapy); Kuebler et al. (2007, palliative care); Topper (2003, pastoral counseling and community helping); and Westera (2017, nursing). The range of topics that have been studied in relation to the SWBS includes juvenile delinquency, 12-step programs, schizophrenia, suicidal ideation, intimate partner violence, HIV-AIDS, immune system health, kidney failure, irritable bowel syndrome (IBS), diabetes, heart rate, blood pressure, stress response, health promotion behavior, and poor vision or blindness. Illustrative studies published in English are briefly summarized below. A fuller review of this research is beyond the scope of this chapter; the interested reader is referred to Paloutzian et al. (2012).

3.1 Mental Health

Depression Several studies have replicated an inverse association between SWB and depression. Fehring, Brennan, and Keller (1987) found that low EWB strongly predicted negative moods. Cotton, Larkin, Hoopes, Cromer, and Rosenthal (2005) found that EWB and RWB predicted an additional 29% of variance in depression when demographics and religiosity were controlled for. In a study of heterosexual African Americans with HIV infection (Coleman & Holzemer, 1999), RWB and EWB accounted for 32% of the variance in depression. A similar study found EWB and RWB to be negatively related to depressive symptoms (Dalmida, Holstad, Diiorio, & Laderman, 2009). EWB was negatively related to anxiety and depression in male Canadians, half of which were aboriginal (Mela et al., 2008).

Suicide The findings noted above concerning depression and abuse are suggestive of possible parallel findings about suicide. Such a concern seems warranted by the data. For example, in one study, RWB was negatively related to suicide attempts (Anglin, Gariel, & Kaslow, 2005). In another study, EWB was significantly negatively related to suicidal ideation in college students (Taliaferro, Rienzo, Pigg Jr., Miller, & Dodd, 2009).

Related Findings Other results show patterns similar to those sketched above. In a very serious mental disorder, Compton and Furman (2005) found that in a small sample of African Americans hospitalized for a first-episode schizophrenia-spectrum disorder, negative symptoms were inversely related to RWB and general psychopathology symptoms were inversely related to EWB. Phillips, Mock, Bopp, Dudgeon, and Hand (2006) found that SWB was a significant predictor of sleep quality and mental and physical health in a sample of HIV infected individuals. The above findings are consistent with those of Kocot and Goodman (2003) that people with higher psychological distress and parenting stress scored lower on SWB. Additional findings on the relationships between SWB and substance abuse,

outcomes of psychotherapy, and religious and nonreligious counseling generally run parallel to those noted above.

3.2 Physical Health

Physical Conditions The general pattern of findings on how SWB might relate to physical health, especially with respect to the psychological aspects of physical health conditions, seems parallel to those for SWB as related to mental health. Three studies are illustrative. In a study of patients with diabetes mellitus, Landis (1996) found that SWB predicted additional psychosocial well-being beyond that predicted by degree of felt uncertainty. Forty-three percent of the variance in psychosocial well-being was accounted for by uncertainty; an additional 10% was accounted for by EWB. In study of individuals with irritable bowel syndrome (IBS), Cotton et al. (2009) found that the inverse association between EWB and depression was significantly higher than it was in a control group without IBS. Finally, Tanyi and Werner (2007), in a study of patients with end-stage renal disease, found that higher RWB and EWB predicted lower psychological and total distress on the Psychosocial Adjustment to Illness Scale.

HIV/AIDS Because sexual activity is fundamental to human life, the psychological effects that can accompany diseases that are sexually transmitted may be especially acute. HIV/AIDS is among them. Three studies are illustrative. Coleman and Holzemer (1999) examined African-American AIDS patients and found that higher EWB was significantly related to increased psychosocial well-being. In a study of HIV-positive women, Dalmida et al. (2009) found SWB and health to be positively related. Higher RWB and EWB predicted healthier immune functioning as assessed by CD4 cell count. RWB and EWB also significantly accounted for variance beyond that explained by demographic variables, HIV medication adherence, and HIV viral load. Finally, in male and female HIV-infected patients, Phillips et al. (2006) found that higher RWB and EWB were predictors of better physical health; higher EWB also predicted better sleep quality, mental health, and physical health.

Stress It seems reasonable that some level of stress is common to the mental and physical health problems noted above. If so, might SWB be related to it? In a laboratory study, Edmondson et al. (2005) examined the effects of a stressful interview on perceived stress, heart rate, systolic blood pressure, and SWB. Low levels of EWB and RWB were associated with high perceived stress. Low EWB was also associated with higher physical health symptoms. Higher SWB predicted lower self-reported use of medications. Higher SWB, EWB, and RWB all predicted self-reported mental health. Increases in systolic blood pressure during the interview were associated with lower RWB. Lower heart rate and heart rate reactivity to the stressful interview were associated with greater EWB.

3.3 Interpersonal Relationships and Human Development

Families Paranjape and Kaslow (2010) examined the relationship between SWB and coping with family violence in older African American women. When the effects of family violence and demographic factors were accounted for, SWB predicted better mental and physical health, suggesting that SWB, as a buffer against the stress due to family violence, helps people cope. Analogously, Tsuang, Williams, Simpson, and Lyons (2002) found that higher EWB predicted greater health in a study of Vietnam era twins.

Abuse Analogous findings emerge when SWB is examined in relation to abuse. For example, abused women have been reported to have lower SWB, and to use more mental health services, than non-abused women (Kaslow, Thompson, Okun, et al., 2002; Meadows, Kaslow, Thompson, & Jurkovic, 2005). Also, outpatient mental health clients who reported childhood sexual abuse scored significantly lower on EWB, RWB and SWB than hospice workers and medical outpatients (Ganje-Fling, Veach, Kuang, & Houg, 2000). They also scored significantly lower than Bufford, Paloutzian, and Ellison's (1991) adult and sexually abused mental health outpatients on RWB. Finally, SWB was significantly lower in African American women who were victims of intimate partner violence, compared to those who were not (Mitchell et al., 2006).

Youth Cotton et al. (2005) examined variables that affect health risk in high school students. Higher EWB was a significant predictor of reduced health-risk behavior, after accounting for the effects of demographic and religious variables. Similarly, in a study by Douchand Brown (2009), higher EWB significantly added to predicting pro-health behaviors in a sample of African American women.

Overall, the above snapshot of the research shows that the SWBS or its EWB and RWB subscales predict things such as lower depression, anxiety, and PTST symptoms, and greater weight control, marital happiness, and sleep quality.

4 Methods: SWBS Development and Translation

All of the above headings, however, are from studies on English speaking participants in a Western cultural context. The question arises, therefore, about the degree to which the construct of SWB and its relationship to an array of other psychological variables is tied to the West and therefore culture bound, or whether the psychological processes involved are more universal, so that a similar pattern of results would emerge in other languages and cultures. The following sections begin to address this question.

Below is a brief presentation of the participants and procedures in the development of the English SWBS and 10 of its translations. (See Paloutzian & Ellison, 1982, and Ellison, 1983, for the English SWBS for more detailed information). The

original information about the translated versions of the SWBS in the relevant languages are: *Arabic* (Musa & Pevalin, 2012), *Chinese* (Tang & Kao, 2017), *Czech* (Malinakova et al., 2017), *Indonesian* (Putri, 2016; Putri & Rekawati, 2017), *Korean* (You & Yoo, 2015), *Norwegian* (Kvande, Klöckner, Moksnes, & Espnes, 2015), *Persian* (Biglari Abhari, Fisher, Kheiltash, & Nojomi, 2018), *Portuguese* (Marques, Sarriera, & Dell'aglio, 2009), *Spanish* (Bruce, 1997), *Turkish* (Agilkaya-Sahin, Öztürk, & Agilkaya, 2015). (For resources on various translations, in addition to the citations in the text, see Appendix C.)

4.1 Participants and Contexts of Data Collection

The English SWBS Two kinds of participants were involved in the development of the original SWBS. First, adult men and women in Southern California served voluntarily and anonymously as interviewees in order to clarify what the phrase "spiritual well-being" meant to ordinary people. Second, hundreds of university students in California and Idaho and a sample of middle class housewives completed preliminary drafts of the SWBS items. The final draft was set after several iterations.

Translations The participants (and their contexts) who contributed to the development of the translated versions of the SWBS summarized in this chapter varied not only in language but also in age, health status, education, and gender. This variability, combined with the relatively uniform pattern of findings (with a few exceptions) for the translated versions of the SWBS, argues for the cross-cultural validity of the SWB construct and our approach to trying to assess it.

Of the 10 translations presented in this chapter, 1 was based on data from over 4000 adolescents (Czech), 2 from medical patients (Arabic, cardiac patients; Chinese, cancer patients), 3 from a relatively representative sample of the adult population (Korean, Norwegian, Brazilian Portuguese), 1 on elderly men and women (Indonesian), 1 on people affiliated with a university as either employees or students (Persian), 1 on people who were bilingual in English and the translation language (Spanish), and 1 on data from participants native in the translation language but in two countries—Germany and Turkey—(Turkish). Sample size ranged from 111 to 4217, typically being in the hundreds. All samples included both males and females in approximately equal proportions, with females more often a majority. Also, the samples generally represented the home culture in an expected way, e.g., the sample from Norway included a proportionate number of religious nonbelievers, Islamic countries included predominantly Muslim samples, Buddhist participants were proportionately present in samples from populations with Buddhist representation. These relatively accurate representations helped us learn when certain aspects of the SWBS might be problematic for a certain segment of the population—as will be noted below in the section on multicultural applications.

4.2 Procedures

Development of the English SWBS First, in order to learn what "spiritual well-being" (in contrast to "spirituality") meant to people, interviews were conducted with adults in which they explained as plainly as they could what spiritual well-being meant to them. Also, an examination of the literature on the general topic of well-being indicated that people used spirituality-type language routinely, that it meant something important to them, and it was related in some fundamental way to their sense of well-being. The interviewees talked about it in two ways—in religious terms, typically invoking the word "God" and related concepts, and in a-religious, existential terms typically connoting life direction, satisfaction, and purpose. The SWBS was therefore developed deliberately to yield scores on two (EWB and RWB) factors.

Second, individual items were written using words, concepts, and phrases that were either taken directly from the interviews or that reflected what was said in them as well as in the well-being literature, in both religious and existential terms. A large list of items (approximately half reverse-worded in order to control for response set bias) was written. The list was shortened after each successive administration of them to participants, approximately half men and half women, anonymously and voluntarily. The final tally totaled 20 items, 10 RWB and 10 EWB, with approximately half of the items reverse worded to control for response set bias. A final administration of these 20 items yielded a dataset with two clear factors, RWB and EWB, with the EWB subscale breaking down into two subordinate, weaker factors that reflect life satisfaction and life direction.

Translations The procedures for making the 10 translations of the SWBS presented in this chapter followed variations of those summarized in Appendix B. Methods used to make a translation typically involved the following components: (a) an initial translation draft by a qualified individual or group; (b) an evaluation of it by a different qualified individual or group; (c) a back-translation in which the translated version is re-translated into its original language; (d) a comparison of the back-translated version to the original in order to check for the correspondence between them; and (e) a repeat of any stage of this general process until a satisfactory translated scale is achieved. After it was administered to participants and the data meet reliability and validity criteria, the final translated version is set. The specific details of the translating process for each version of the SWBS are available from the original sources. Overall, there was consistency in basic approach. In all cases the first translation was made by a qualified person with expertise in both English and the translation language. Most cases included back translation. All cases included an appropriate method of rechecking, whether by individuals or by committee, some by a person knowledgeable in linguistics. All cases included some version of screening or pilot testing items, followed by final checking and corrections, before the final draft of the translated SWBS was set. The approaches used are generally consistent with known translation standards and include sensitivity to

conveying the meaning of an item, not merely the literalness of the translated word. Thus, some of the original sources document re-wording various items in order to convey the correct meaning in translated form. These details in context of the relative consistency in approach speak to the overall quality of the combined efforts.

5 Findings: Factor Structure, Psychometric Properties, and Utility

5.1 Factor Structure

English SWBS In the final draft of the English SWBS (Appendix A), all RWB items contained the word "God." The EWB items contained no explicitly religious language but instead connoted concepts such as meaning, connection, purpose, and life satisfaction. The RWB subscale can be thought of as assessing a "vertical" dimension, and the EWB subscale a "horizontal" dimension. Each item is scored on a 1–6 Likert scale for which a higher number reflects greater well-being. The SWBS yields three scores: (a) an EWB subscale score, (b) an RWB subscale score, and (c) a total score (EWB + RWB) that reflects overall SWB. The RWB and EWB subscales typically correlate modestly but are sufficiently independent that their means do not necessarily behave the same way; this makes performing separate analyses of them desirable. Doing this makes theoretical sense because individuals can pursue well-being in various modes simultaneously, without any of them having to be rooted in a commitment of an absolute or singular sort. Thus EWB and RWB coexist and overlap but are distinct.

Translations The 2-factor (RWB and EWB) structure of SWB was replicated in all 10 of the translated versions included in this chapter. For eight of the translations—Arabic, Chinese, Indonesian, Korean, Norwegian, Persian, Portuguese, and Spanish—the 2-factor structure was evident for the full 20-item set. Most uses of the full SWBS are the same as for the English version.

There were two special cases. In the Czech and Turkish datasets, factor analyses and translation peculiarities resulted in a 2-factor RWB-EWB structure, with the sub-factors based on fewer items. In the Czech case, for which the researchers intended to develop a Czech version of the short from of the SWBS (Cotton et al., 2009), three of the negatively worded items compromised factor structure and internal consistency. After testing a modified short SWBS with each item deleted, the result was a short translated scale with RWB and EWB subfactors, suggesting that for adolescents in the secular Czech environment the adjusted version containing only seven positively worded items represented a more reliable short tool. In the Turkish case, with a predominantly Islamic sample, the participants generally had difficulty responding to some negatively worded items. Also, one item that normally loads on EWB loaded on RWB. Although a 2-factor solution was found in Czech

and Turkish, individual items may load slightly differently than they do in other languages or religions. This point is relevant to proper multicultural application and will be taken up later.

Factors Are Properties of Datasets, not Scales Most factor analyses of SWBS datasets yield structures similar to the "vertical" and "horizontal" dimensions found during the initial development of the scale. Analyses of unusual datasets, however, can yield very different patterns. A clear instance of this with the English SWBS is in the study by Scott, Agresti, and Fitchett (1998). It yielded three factors (named Affiliation, Alienation, and Dissatisfaction with Life) whose configuration not only did not match the typical pattern, but the typical vertical-religious versus horizontal-existential distinction made no sense. Clearly, their three factors were not merely a "weak" variation of the typical pattern. Instead, they meant something different to the participants than is found in the vast majority of studies; they require a unique interpretation. Why?

The answer has to do with what items mean to the participants who answer them. It is such meaning that determines the degree to which a dataset is ordinary versus unique relative to its larger culture, population, and language. Most factor analyses of SWBS scores are done on datasets generated within the relatively normal human population, including cross-culturally. Thus, the findings by Paloutzian and Ellison (1982) as well as those by many of the datasets based on a translation of the scale show a similar pattern. However, the subjects in the Scott et al. study were hospitalized psychiatric inpatients. This is an important difference such that the items that make up the SWBS may not convey the same meanings that they convey to the non-hospitalized population. If the items convey different meanings, the factors from their dataset may form a pattern different form the norm. If so, they must be given a different interpretation, which, depending on the sample in context of language and culture, may or may not have any clinical relevance.

The important methodological lesson here is that the statistical properties and factors that emerge from analyses such as those illustrated above are not properties of scales. Although a psychological scale can be crafted well or badly, technically *factor structures are properties of datasets*. And the differences between groups (i.e., datasets) in how items on a psychological scale behave may be very important pieces of information, as noted above in two of the translated versions of the SWBS, and which may require special attention for proper interpretation (Ledbetter, Smith, Fischer, & Vosler-Hunter, 1991; Ledbetter, Smith, Fischer, Vosler-Hunter, & Chew, 1991). Such differences may be multiculturally, clinically, or methodologically relevant, and may contain unique clues to the psychological nature, culture, and language of the samples being studied. Not all populations are created equal.

5.2 Reliability

English SWBS The reliability of the SWBS and its two subscales has been examined many times. For the English version, the results uniformly show that test-retest reliabilities for the SWB total score and the two subscales remain stable. Coefficient alpha reliabilities are routinely in the 0.70–0.95 range (satisfactory to good) for SWB, EWB, and RWB. These findings replicate those by Paloutzian and Ellison (1982) and Ellison (1983) with standard college student populations (see also Genia, 2001), as well as for normal adult populations (Paloutzian et al., 2012), for the English SWBS. This general pattern has sustained over the 40 years since the SWBS was introduced (Paloutzian & Ellison, 1979).

Translations The non-English versions of the SWBS show a similar pattern. Internal consistency reliability for total SWB and for the RWB and EWB subscales has ranged from 0.70–0.95 for most non-English versions noted in this chapter, essentially replicating the pattern for the English SWBS. This is impressive given the great language, cultural, and religious differences among the populations in which the translations were made. The languages do not translate exactly, the negative wording of half of the SWBS items makes it difficult for some adherents to some religions to answer them, and the cultural meanings of "spiritual" can very. Even so, with a few exceptions the data show a relatively stable, acceptable degree of consistency across languages, cultures, and religions.

5.3 Validity

English SWBS SWBS validity has been supported in various ways. First, its face validity is evident by an examination of its items, especially since some of the item content came directly from interviewee statements. Second, the scale's predictive validity is anchored in research findings (summarized above) that document that SWBS scores are associated with other variables including anxiety, depression, PTSD, stress, abuse, and similar states and circumstances, in theoretically appropriate ways. These patterns of findings are consistent with those initially summarized in the normative article by Bufford et al. (1991).

Translations The validity data for the translated versions of the SWBS replicate and extend those for the English version. For example, the Arabic SWBS's validity with Jordanian Muslims is evident by significant positive correlations with self-rated health, spiritual involvement, and spiritual care intervention-provision, and significant negative associations with depression, anxiety, and stress (Musa, 2015, 2017; Musa & Pevalin, 2012; Musa, Pevalin, & Al Khalaileh, 2017; Musa, Pevalin, & Shahin, 2016). The Chinese version was validated by testing it, along with the McGill Quality of Life Questionnaire (MQoL), with 243 cancer patients from five teaching hospitals in Taiwan. SWBS scores correlated moderately with the MQoL,

and terminally ill cancer patients' SWB was inversely related to their average pain level during the previous 24 hours. In Indonesia, validity tests showed moderate-to-high correlations (0.49–0.83 [all *p*s < 0.05]) between the SWBS and relevant variables, including its strong inverse association with depression. The Persian SWBS predicted significantly higher happiness scores on the Oxford Happiness Questionnaire and better health on the General Health Questionnaire-12. Overall, the validity findings for the other translations replicate the above pattern for the English and non-English versions of the SWBS.

God or Higher Power? The word "God" as used in the RWB items has been found to be generally understandable and interpretable, and therefore answerable, for any participant who tends to interpret the word in personal terms. Occasionally, however, some participants find that the word "God" raises confusion or perhaps carries no meaning at all. In such cases, the researcher has generally substituted the phrase "God or Higher Power." This substitution has worked satisfactorily.

From Adults to Youth The wording of the original SWBS was in the present tense and written as part of research mostly with emerging adults. Two modified versions of it have been crafted for use with younger people. Clarke (1999) developed the retrospectively worded Childhood SWBS for use with children. Cotton et al. (2009) created a 10-item version for use with adolescents.

Well-Being, not Spirituality: Don't Do Tautology Research Occasionally, a researcher has made one or both of the following errors when using the SWBS. First, it has been used as if it were a predictor variable, when it is actually an outcome variable. Second and most glaringly, a researcher on occasion seems to have misused the SWBS as if it were a measure of spirituality, with the intention of exploring the degree to which spirituality predicts positive states (including various indices of well-being). But doing this amounts to a tautology, because it is using a measure of well-being to predict … well-being! Noting such misuse is not a critique of the scale, but of the researcher who uses it inappropriately, e.g., to predict a variable similar to itself. See Garssen et al. (2016) for an excellent elaboration of this issue to help avoid tautological research.

5.4 Utility: English and Translations

The broad use of the SWBS is to assess people's perception of their spiritual well-being in the existential and/or religious terms in which most people conceptualize it. This range of use is manifest in its many specific applications. These include serving as an aid in diagnostics (since SWB is correlated with certain clinical conditions), a "pointer" to some other positive or negative psychological state of an individual, a counseling tool to be confidentially worked through during therapy, an assessment used to track progress or changes in the target person or group, and an instrument administered before and after, for example, a class, workshop, or series

of weekly exercises in clinical, religious, or educational contexts in order to measure change from before to after the engagement. The SWBS has served all of these purposes.

Because SWB is a global construct, it is an umbrella term that contains at least RWB and EWB, and perhaps other dimensions, within it. Because of this, it is important for researchers to analyzing their data by the RWB and EWB subscale scores, in addition to performing an overall analysis on SWBS total scores. For counselors, it is important to carefully compare a client's EWB and RWB scores. The scores may behave in a non-uniform way, and the different patterns of high and low scores can suggest something psychologically interesting or clinically relevant. This might include helping the client to explore and understand EWB and/or RWB at a personal level, and may also help in dealing with such things as conflicts in motives, values, purported beliefs and commitments, and conflicting pressures from different religions and cultures in context of loss or death. Briefly, the subscale differences may be important for either research or counseling, within and across cultures.

Because people's SWB is related to a number of mental and physical health conditions, it can be considered in healthcare policy along with other factors. Hill and Kilian (2004) concluded that "there is evidence of a moderately positive relationship between Ellison's … measure of spiritual well-being … and physical as well as mental health (see Ellison & Smith, 1991)" (p. 155). Of course, no specific form of "being spiritual" should be pushed upon any patient, regardless of culture. But patients' sense of well-being as they perceive it and in terms meaningful to them ought to be part of comprehensive patient care (Masters & Hooker, 2013).

6 Critique: SWBS Pros, Cons, and Misuse

The widespread use of the SWBS suggests the need to explain the scales pros and cons. This way, readers who use it in research or practice can get the benefit of lessons from its past use.

6.1 Measures of the Unseen

The logical ideal of a psychological scale is the same as that for measures of physical properties. But in measuring psychological properties of people, we cannot see what we are trying to measure, whereas when measuring physical properties such as your height in centimeters, what is measured is publically observable. Scores on psychological questionnaire scales, such as measures of intelligence (IQ) or SWB, may not achieve the same degree of exactness or agreement about what they mean. Like IQ, SWB is a property inferred to exist inside the human mind. Does the SWBS measure SWB? We can say this in the same sense that we can say that an IQ test

measures intelligence. That is, just as an IQ test samples problems that people with lots of intelligence ought to be able to solve, so also the SWBS samples RWB and EWB statements that reflect SWB meanings that people rate as personally descriptive to a greater or lesser degree. In operational terms the SWBS measures what we understand SWB to mean in the same way that an IQ test measures what we understand intelligence to mean. In both cases, we are measuring an inferred psychological dimension, not a publically observable physical dimension. This difference is unavoidable, and is the reason why people sometimes disagree about what a psychological measure means.

6.2 Ceiling Effect: Pros and Cons

Depending on the specific sample from which data are obtained, scores on the SWBS may or may not show a ceiling effect (Brinkman, 1989; Bufford et al., 1991). A ceiling effect may occur especially in religiously conservative samples. When it is observed, it is probably due to artifactually high scores on the RWB subscale; such a pattern seems not to occur on the EWB subscale. Data from various samples shows distributions ranging from normality to different degrees of skewness; however, if the data are skewed, they are virtually always skewed in the negative direction, consistent with how conservative religious participants tend to respond to certain religiously worded items (Bufford et al., 1991). This means that SWBS total scores, and especially RWB subscale scores, are not likely to be useful if the researcher's goal is to test differences in SWB or RWB for people who already tend to score high. However, it also means that the scale can be especially useful for clinical, counseling, or other helping relationships in which a scale highly sensitive at the low end is needed. That is, the property that makes the SWBS not particularly useful for testing differences among those with high degrees of SWB is the very property that makes it more sensitive, and therefore more useful, at the low end. The scale is applicable for helping work for which an easy-to-use tool can be applied that will help point to and identify problems to solve or dilemmas to raise and deal with.

6.3 The Ideal Method

Ideally, our psychological measurements would assess universal properties of the human mind. However, the field of psychological measurement is far away from this ideal. This is because our assessment tools are unavoidably language bound and culture bound, and it takes a series of difficult, protracted steps to establish cross-cultural validity of such instruments. The ideal method of cross-cultural validation would be to first validate items among various cultures on an item-by-item basis, so that we knew that a specific item meant exactly the same thing to people in diverse

cultures and with different languages (see Wolf, Ihm, Maul, & Taves, 2021; and Taves, 2020, for fuller explanation). The next step would be to generate pools of items thought to represent the mental property under (hopeful) investigation, administer them to many people across cultures and in their languages, and then do the necessary statistics to see which items cluster together to form factors across cultures, and which do not. Should such procedures yield knowledge of mental dimensions that are shown to be manifest in the minds of all humans, we would have discovered human universals, a monumental achievement. The translations of the SWBS presented in this chapter are somewhere along this road, but in no case has it or any similar psychological measure arrived at the ideal endpoint. The valid cross-cultural measurement of universal mental properties lies ahead.

7 Multicultural Applications

Given the vast differences among the world's languages, cultures, and religions, it is somewhat surprising that there is as much cross-cultural continuity as there is about what SWB means and about the degree of consistency in the reliability, validity, and utility of the SWBS in diverse languages. SWB may or may not be a human universal, but at least the research summarized in this chapter supplies one data point from which to take a next step. We may be standing on a platform, conceptually and methodologically in reach of knowledge of human psychological universals (see Wolf, Ihm, Maul, & Taves, 2021; and Taves, 2020, for illustration of how to proceed).

The evidence so far suggests that a menu of general multicultural applications of the SWBS can be made. Unique applications to specific cultures can also be identified.

7.1 General Applications

The SWBS can serve a number of common purposes across cultures. For example, the data sketched above suggest that the common association of total SWB and its EWB and RWB subscales with depression and anxiety make it a useful tool that can aid the counseling or psychotherapeutic process. This should be so for any client, regardless of language and whether or not religiously inclined. For the religiously inclined client, the RWB items may be more useful in probing personal meanings, whereas for the a-religious client, the EWB items may be far more important. Variations of this idea should be applicable cross culturally in context of counseling individuals; even so, sensitivity to individual and cultural uniqueness is always advised, as will be evident for certain unique applications, illustrated below.

A similar point can be made for the cross-cultural applicability of the SWBS in medical contexts, especially when the patient must cope with terminal disease and

face death. The evidence with the scale in English and in translation is promising. Use of the SWBS with patients with cancer and with other terminal diseases suggests that although there is no evidence that SWB has any causally curative effect on a purely organic disease, there seems to be ample evidence that high SWBS scores predict greater comfort and peace in the face of them (Lin & Bauer-Wu, 2003).

Finally, the international research seems clear that SWB is not one thing; besides being two multidimensional, it has multicultural expressions. Each dimension must be understood independently as well as in combination with the whole and in cultural context, for what it is and is not, and can and cannot do, for people who are suffering. Moreover, the SWBS can be useful in any counseling context in order to help the therapist and the client pinpoint the problems to be solved. In general, therefore, the assessments of SWB, EWB, and RWB seem to warrant similar applications across languages, religions, and cultures.

7.2 Unique Applications

That said, the international literature reveals some unique aspects of cultures that suggest that special adjustments are advised in order to make the best use of the SWBS within them. Each one constitutes a special case. Some of the main issues and needs are as follows.

Religious Subcultures In Jordan, the Arabic SWBS yielded the standard 2-factor (RWB and EWB) structure for the dataset from Arab Muslim cardiac patients (Musa & Pevalin, 2012) and from Jordanian Muslim college students (Musa, 2016), but an unusual 3-factor structure (named Positive EWB, Affiliation, and Alienation) for data from Jordanian Arab Christians (Musa & Pevalin, 2014). The Affiliation and Alienation factor names sound reminiscent of two of those by Scott et al. (1998) noted above. This set of findings could mean that the 2-factor result reflects the common understanding for people whose religion is the most dominant or "defining" one in a culture, and that the items could be less clearly interpretable by others in that culture. Future research will have to solve this puzzle.

Analogously, in Korea there was a different pattern and magnitude of correlations between the SWB subscales and other religious and psychological variables that suggested that the SWBS and its subfactors were valid for Protestant, Catholic, and religiously unaffiliated groups, but not necessarily for Buddhists. Future studies need to include more non-Western samples in order to explore the degree of validity of the SWBS in non-Western religious traditions and cultures.

Negatively Worded Items In the Czech Republic, Norway, and Turkey, participants sometimes found it difficult to answer the negatively worded items. In the Czech Republic and Norway, those items seemed to be uninterpretable, to have little meaning, thus were difficult to answer. The reasons were likely due to the large proportion of Czechs and Norwegians who are nonreligious (Botvar, 2010; Botvar

& Schmidt, 2010). For them, being asked questions containing the word "God," especially those worded in the negative direction, may not make sense. In Turkey, however, the reason seemed different. The predominantly Muslim Turkish participants seemed to hold only positive views about God, apparently making it difficult to conceptualize what a negatively worded item was asking (see also Amer, 2021 this volume). Future refinement of the SWBS for these cultural contexts is needed in order to assure that the intended meanings of the items are conveyed to the participants. In cases in which one subscale is not applicable, the other subscale may nevertheless be useful for research or application.

Filling a Need In other cultures the design of the SWBS seems more like a natural fit. For example in Iran, a God orientation is the most important part of spirituality; the beliefs of most people are consistent with this (Ross, 1995). Further, it was known that religious beliefs may be associated with improved symptoms of mental and physical disorders, increased speed of recovery, and reduced recurrence (Culliford, 2005). Further, an Islamic native questionnaire was recently developed to assess spiritual health (Amiri et al., 2015), and about 94% of patients are known to care about spiritual health as well as physical health (Farhangi & Rastgar, 2006; Ross, 1995). In this context, the construct of spiritual well-being needed definition and a valid measurement instrument in order to assess general health outcomes in a culture in which they could be easily affected by ethnicity, religious beliefs, and living environment (Chiu, Emblen, Van Hofwegen, Sawatzky, & Meyerhoff, 2004). The SWBS is serving this need.

In all cases, it has been crucial to recognize cultural and religious differences that affect responses to the SWBS items. Different responses are due to different attributions of meaning made to the same scale items. Applications are based upon those attributions.

8 Conclusion

In deciding upon which measures to present in the Paloutzian and Park (2013a) handbook, Hill (2013, p. 56) based his evaluations upon four general criteria: (1) the theoretical underpinnings of the measure, (2) the representativeness of the sample and the degree of generalization thereby afforded, (3) the reliability statistics including internal consistency (coefficient alpha) and test-retest correlation coefficients with a minimum of 2 weeks between administrations, and (4) convergent, factorial, and criterion-related (known groups, or discriminant) validity. He rated various measures and assigned each one a score of 3 (exemplary), 2 (good), 1 (acceptable), or 0 (minimal or none). Based on these procedures, two well-being measures were recommended: the SWBS for general use, and the FACIT-Sp for chronically ill patients (Hill, 2013). The above summary of how the SWBS is becoming a multicultural psychological instrument suggests that it may not be improper to include

this set of SWBS translations in Hill's assessment, in combination with the English original, were such evaluations extrapolated cross-culturally.

The SWBS has been shown to be a good and useful, but not perfect, psychological measure. The above assessment by Hill, combined with its large database as evidenced by the snapshot of research summarized earlier, suggests two points: (1) SWB can be properly understood as a psychological dimension that exists within the human mind and human makeup and is measurable, and (2) the SWBS is a measure of general perceived well-being as psychological consequences or correlates of other things—whether mental, physical, interpersonal, or behavioral—in terms that reflect the two primary connotations of what the term "spiritual" means to people. The result has been further assessment of the scale's statistical properties, research and applied uses of the SWBS, and translations of it that have shown good properties, produced additional scholarship, and show promise for the future.

Appendix A: Spiritual Well-Being 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

Appendix B: Methods of Translation[3]

Essential in making a good translation of a psychological scale is to follow certain well-established procedures. Three procedures have been especially successful in producing a translated scale useful for research purposes. After the initial translation is made, it is subject to standard statistical procedures in order to assess reliability, validity, and factor structure.

Back-Translation

The first method makes use of a back-translation. The researcher begins by having a qualified individual who is competent in both languages translate the original into the second language. Then a second qualified person, equally competent in both languages, begins with the translated version and translates it back into the original language. Then the original and the back-translated version are compared. If they are equivalent, then the translated version is considered satisfactory; if not, then the procedure is repeated until satisfactory results are obtained.

Translation by Committee

A second method is to have the translation made by a small committee of qualified people, all of whom are competent in both languages. There are two variations of this procedure. In the first procedure, each individual makes a translated version of the scale independently. The committee then meets and all versions are examined and compared by all on the committee, and discrepancies among the translations are discussed and weighed until consensus is reached on a final version. In the second procedure, the committee meets as a whole and its members collaborate via

[3] Adapted from Paloutzian (2016).

discussion as the make one translation of the scale; differences in opinion about the wording of specific items are worked out in the discussion until consensus is reached.

Committee Plus Back-Translation

A third method is an extension of the translation-by-committee method noted above. This third method has the same two variations in procedure as noted above. But in both cases, the final agreed-upon version of the translated scale is given to another person, not part of the translating team, who makes a back-translation of it into the original language. Then the original and the back-translated version are compared. If they are equivalent, then the translated version is considered satisfactory; if not, then the procedure is repeated until satisfactory results are obtained.

Translate Meanings, Not Words

The most important thing in translating a scale is not that the exact words be translated literally, but that the meaning of each item be translated so that what a subject understands it to be asking is the psychological equivalent in the new language to what it is in the original language. This means that sometimes a literal exact translation may not work, but a translation with modifications of words or phrases may work well. These things are found out by testing the translated instrument, beginning with its individual items (Wolf, Ihm, Maul, & Taves, 2021; Taves, 2020), in its cross-cultural context. In the hypothetical "perfect" translation, a score on the translated scale and the equivalent score on the original scale would represent the exact same meaning in the minds of the subjects. Such an outcome is an ideal scenario; well-done translations approximate it as much as possible.

Appendix C: Additional Resources on SWBS Translations

- Chaves, E. D. C. L. (2008). *Revisão do diagnóstico de enfermagem angústia spiritual.* Doctoral dissertation, Universidade de São Paulo.
- Chequini, M. C. M. (2009). *Resiliência e espiritualidade em pacientes oncológicos: uma abordagem junguiana*. Doctoral dissertation, Pontifícia Universidade Católica de São Paulo.
- Esperandio, M. R. G., & Marques, L. (2015). The psychology of religion in Brazil. *The International Journal for the Psychology of Religion, 25(4*), 255-257.

- Kemenkes, R. I. (2014). *Profil kesehatan Indonesia Tahun 2014.* Diambil kembali dari: http://www.depkes.go.id/resources/download/pusdatin/profil-kesehatan-indonesia/profil-kesehatan-indonesia-2014.pdf. (Ministry of Health of the Republic of Indonesia. [2014]. *Health Profile Indonesia year 2014*.)
- Kvande, M. N., Klöckner, C. A., & Nielsen, M. E. (2015). Church Attendance and Religious Experience:Differential Associations to Well-Being for Norwegian Women and Men? *SAGE Open, 5*(4), 2158244015612876. doi:10.1177/2158244015612876
- Liu, Y.-H. (2010). *Spiritual well-being and acculturative stress among older Chinese immigrants in the United States*. Gerontology Program, California State University, Long Beach, California, USA.
- Malinakova, K., Kopcakova, K., Madarasova Geckova, A., van Dijk, J. P., Furstova, J., Kalman, M., Tavel, P., & Reijneveld, S. A. (2018). "I am spiritual, but not religious": Does one without the other protect against adolescent health-risk behaviour? *International Journal of Public Health*: https://doi.org/10.1007/s00038-018-1116-4
- Malinakova, K., Madarasova Geckova, A., van Dijk, J. P., Kalman, M., Tavel, P., & Reijneveld, S. A. (2018). Adolescent religious attendance and spirituality: Are they associated with leisure-time choices? *PLoS ONE 13(6),* 1-14: e0198314. https://doi.org/10.1371/journal.pone.0198314
- Marques, L. F. (2000). *A saúde e o bem-estar espiritual em adultos porto-alegrenses*. Doctoral dissertation, Pontifícia Universidade Católica do Rio Grande do Sul.
- Martinez, E. Z., Almeida, R. G. D. S., Garcia, F. R., & Carvalho, A. C. D. D. (2013). Notes on the Portuguese-language version of the Spiritual Well-Being Scale. *Jornal Brasileiro de Psiquiatria*, 62(1), 76-80.
- Paloutzian, R. F. (2016). The Spiritual Well-Being Scale: Portuguese translation and SWBS use. *Horizonte – Revisita de Estudos de Teologia e Ciencias da Religiao (Horizonte -- Journal of Theology and Religious Studies), 14 (41)*, 76-86.
- Promkaewngam, S., Pothi ban, L., Srisuphan, W., & Khanokporn, S. (2014). Development of the Spiritual Well-being Scale for Thai Buddhist Adults with Chronic Illness. *Pacific Rim International Journal of Nursing Research, 18(4), 320-332.*
- Silva, L. A. C. D. (2016). *Espiritualidades e bem-estar espiritual no processo formativo de estudante de psicologia do Recife–PE à luz da abordagem integral/transpessoal.* Master Dissertation, Universidade Federal de Pernambuco.
- Silva, L. H. P., Penha, R. M., & Silva, M. J. P. (2012). Relação entre crenças espirituais/religiosas e bem-estar espiritual da equipe de enfermagem. *Northeast Network Nursing Journal*, 13(3).
- Silva, R. D. P., Souza, P. D., Nogueira, D. A., Moreira, D. D. S., & Chaves, E. D. C. L. (2013). Relationship between spiritual well-being, sociodemographic characteristics and use of alcohol and other drugs by students. *Jornal Brasileiro de Psiquiatria*, 62(3), 191-198.

- Tang W-R. (2008). *Spiritual assessment and care of cancer patients*. School of Nursing, Chang Gung University, Taiwan, R.O.C.
- Velasco, L., Rioux, L. (2009). Adaptation et validation en langue franc¸aise d'une e´chelle de bien-eˆtre spiritual. *Canadian Journal of Behavioural Science, 41 (2)*, 102–108. DOI: 10.1037/a0012555.

References

Agilkaya-Sahin, Z., Öztürk, E., & Agilkaya A. B. (2015). *Do cultural differences affect the image of god? The case of Turkish Muslim in Turkey and Germany*. Paper presented at the Congress of the International Association for the Psychology of Religion, Istanbul, Turkey.

Amer, M. M. (2021, this volume). Measures of Muslim religiousness constructs and a multidimensional scale. In A. L. Ai, P. Wink, P. F. Paloutzian, & K. Harris (Eds.), *Assessing spirituality in a diversified world*. Cham, Switzerland: Springer International Publishing AG.

Amiri, P., Abbasi, M., Gharibzadeh, S., Asghari-Jafarabadi, M., Zarghani, H. J., & Azizi, F. (2015). Development and psychometric evaluation of spiritual health questionnaire for Iranian population. *Journal of Medical Ethics, 8*, 25–56.

Anglin, D. M., Gariel, K. O. S., & Kaslow, N. J. (2005). Suicide acceptability and religious well-being: A comparative analysis in African American suicide attempters and non-attempters. *Journal of Psychology and Theology, 33*, 140–150.

Baumeister, R. F. (1991). *Meanings in life*. New York, NY: Guilford Press.

Beit-Hallahmi, B. (2014). Resisting the match between religion and "spirituality". *Religion, Brain & Behavior, 4*(1), 2–6.

Beit-Hallahmi, B. (2015). *Psychological perspectives on religion and religiosity*. London, UK: Routledge.

Biglari Abhari, M., Fisher, J. W., Kheiltash, A., & Nojomi, M. (2018). Validation of the Persian version of spiritual well-being questionnaires. *Iran Journal of Medical Sciences, 43*(3), 276–285.

Botvar, P. K. (2010). Endringer i nordmenns religiøse liv [the religious lives of Norwegians]. In P. K. Botvar & U. Schmidt (Eds.), *Religion i dagens Norge: mellom sekularisering og sakralisering [Religion in today's Norway]* (pp. 9–23). Oslo, Norway: Universitetsforlaget.

Botvar, P. K., & Schmidt, U. (2010). *Religion i dagens Norge: mellom sekularisering og sakralisering [Religion in today`s Norway]*. Oslo, Norway: Universitetsforl.

Bredle, J. M., Salsman, J. M., Debb, S. M., Arnold, B. J., & Cella, D. (2011). Spiritual well-being as a component of health-related quality of life: the Functional Assessment of Chronic Illness Therapy—Spiritual Well-Being Scale (FACIT-Sp). *Religion, 2*, 77–94.

Brinkman, D. D. (1989). *An evaluation of the spiritual well-being scale: Reliability and measurement*. Portland, OR: Western Conservative Baptist Seminary.

Bruce, K. C. (1997). *A Spanish translation of the spiritual well-being scale: Preliminary validation [dissertation]*. Newberg, OR: George Fox University.

Bufford, R. K., Paloutzian, R. F., & Ellison, C. W. (1991). Norms for the spiritual well-being scale. *Journal of Psychology and Theology, 19*, 56–70.

Büssing, A. (2012). Measures. In M. Cobb, C. M. Puchalski, & B. Rumbold (Eds.), *Oxford textbook of spirituality in healthcare* (pp. 323–331). New York, NY: Oxford University Press.

Campbell, A. (1976). Subjective measures of well-being. *American Psychologist, 31*, 117–124.

Chiu, L., Emblen, J. D., Van Hofwegen, L., Sawatzky, R., & Meyerhoff, H. (2004). An integrative review of the concept of spirituality in the health sciences. *Western Journal of Nursing Research, 26*, 405–428.

Clarke, J. (1999). *Spirituality and resiliency: Finding an emotional anchor for children at risk*. Doctoral dissertation, Department of Education, Cleveland State University.

Cobb, M., Puchalski, C. M., & Rumbold, B. (Eds.). (2012). *Oxford textbook of spirituality in healthcare*. Oxford: Oxford University Press.

Coleman, C. L., & Holzemer, W. L. (1999). Spirituality, psychological well-being, and HIV symptoms for African-Americans living with HIV disease. *The Journal of the Association of Nurses in AIDS Care, 10*(1), 42–50.

Compton, M. T., & Furman, A. C. (2005). Inverse correlations between symptom scores and spiritual well-being among African American patients with first-episode schizophrenia spectrum disorders. *Journal of Nervous and Mental Disease, 193*(5), 346–349.

Cotton, S., Kudel, I., Roberts, Y. H., Palleria, H., Tsevat, J., Succop, P., & Yi, M. S. (2009). Spiritual well-being and mental health outcomes in adolescents with or without inflammatory bowel disease. *Journal of Adolescent Health, 44*(5), 485–492.

Cotton, S., Larkin, E., Hoopes, A., Cromer, B. A., & Rosenthal, S. L. (2005). The impact of adolescent spirituality on depressive symptoms and health risk behaviors. *Journal of Adolescent Health, 36*(6), 529–529.

Culliford, L. (2005). *Healing from within: Spirituality and mental health*. Retrieved 28 September, 2014, from www.rcpsych.ac.uk/pdf/CullifordJohnsonHealing

Daalemann, T. P., & Frey, B. B. (2004). The spirituality index of well-being: A new instrument for health related quality of life research. *Annals of Family Medicine, 2*, 499–503.

Daalemann, T. P., Frey, B. B., Wallace, D., & Studenski, S. A. (2002). Spirituality index of well-being scale: Development and testing of a new measure. *Journal of Family Practice, 51*, 952.

Dalmida, S. G., Holstad, M. M., Diiorio, C., & Laderman, G. (2009). Spiritual well-being, depressive symptoms, and immune status among women living with HIV/AIDS. *Journal of Women's Health, 49*(2-3), 119–143.

Diener, E., & Biswas-Diener, R. (2008). *Happiness: Unlocking the mysteries of psychological wealth*. Oxford, UK: Blackwell.

Douchand Brown, S. E. (2009). *Health promotion behaviors among African American women [dissertation]*. Coral Gables, FL: University of Miami.

Dow, K. H. (Ed.). (2006). *Nursing care of women with cancer*. St. Louis, MO: Mosby Elsevier.

Dunn, K. S. (2008). Development and psychometric testing of a new geriatric spiritual well-being scale. *International Journal of Older People Nursing, 3*(3), 161–169.

Edmondson, K. A., Lawler, K. A., Jobe, R. L., Younger, J. W., Piferi, R. L., & Jones, W. H. (2005). Spirituality predicts health and cardiovascular responses to stress in young adult women. *Journal of Religion and Health, 44*(2), 161–171.

Ekşi, H., & Kardaş, S. (2017). Spiritual well-being: Scale development and validation. *Spiritual Psychology and Counseling, 2*, 73–88. https://doi.org/10.12738/spc.2017.1.0022

Ellison, C. W. (1983). Spiritual well-being: Conceptualization and measurement. *Journal of Psychology and Theology, 11*, 330–340.

Ellison, C. W., & Smith, J. (1991). Toward an integrative measure of health and well-being. *Journal of Psychology and Theology, 19*, 35–48.

Emmons, R. A. (1999). *The psychology of ultimate concerns: Motivation and spirituality in personality*. New York, NY: Guilford Press.

Farhangi, A. K., & Rastgar, A. (2006). Providing incentive based model to explain spirituality and spirituality staff. *Daneshvar Raftar, 13*, 1–25.

Fehring, R. J., Brennan, P. F., & Keller, M. L. (1987). Psychological and spiritual well-being in college students. *Research in Nursing and Health, 10*(6), 391–398.

Frankl, V. (1963). *Man's search for meaning*. New York, NY: Washington Square Press.

Ganje-Fling, M., Veach, P. M., Kuang, H., & Houg, B. (2000). Effects of childhood sexual abuse on client spiritual well-being. *Counseling and Values, 44*, 84–91.

Garssen, B., Visser, A., & de Meeezenbroek, E. J. (2016). Examining whether spirituality predicts subjective well-being: How to avoid tautology. *Psychology of Religion and Spirituality, 8*(2), 141–148.

Genia, V. (2001). Evaluation of the spiritual well-being scale in a sample of college. *The International Journal for the Psychology of Religion, 11*(1), 25–33.

Gomez, R., & Fisher, J. W. (2003). Domains of spiritual well-being and development and validation of the spiritual well-being questionnaire. *Personality and Individual Differences, 35*, 1975–1991.

Gomez, R., & Fisher, J. W. (2005). The spiritual well-being questionnaire: Testing for model applicability, measurement and structural equivalencies and latent mean differences across gender. *Personality and Individual Differences, 39*, 1383–1393.

Hill, P. C. (2013). Measurement assessment and issues in the psychology of religion and spirituality. In R. F. Paloutzian & C. L. Park (Eds.), *Handbook of the psychology of religion and spirituality* (2nd ed., pp. 48–74). New York, NY: Guilford Press.

Hill, P. C., & Hood, R. W., Jr., Eds. (1999). *Measures of religiosity.* Birmingham, AL: Religious Education Press.

Hill, P. C., & Kilian, M. K. (2004). Assessing clinically significant religious impairment in clients: Applications from measures in the psychology of religion and spirituality. *Mental Health, Religion and Culture, 6*(2), 149–160.

Hood, R. W., Jr. (2003). Spirituality and religion. In A. L. Greil & D. Bromley (Eds.), *Religion: Critical approaches to drawing boundaries between sacred and secular* (Vol. 10, pp. 241–265). Amsterdam, Netherlands: Elsevier Science.

Hungelmann, J., Kenkel-Rossi, E., Klassen, L., & Stollenwerk, R. (1996). Focus on spiritual well-being: Harmonious interconnectedness of mind-body-spirit-use of the JAREL spiritual well-being scale. *Geriatric Nursing, 17*(6), 262–266.

Kardaş, S. (2019). Erratum: Correcting the name of the spiritual well-being scale as the three-factor spiritual well-being scale. *Spiritual Psychology and Counseling, 4*(1), 85. https://doi.org/10.12738/spc.2019.4.1.0068

Kaslow, N. J., Thompson, M. P., Okun, A., et al. (2002). Risk and protective factors for suicidal behavior in abused African American women. *Journal of Consulting and Clinical Psychology, 70*, 311–319.

Kelly, E., W., Jr. (1995). *Spirituality and religion in counseling and psychotherapy: Diversity in theory and practice*. Alexandria, VA: American Counseling Association.

Kirkpatrick, L. A. (2005). *Attachment, evolution, and the psychology of religion*. New York, NY: Guilford.

Kocot, T., & Goodman, L. A. (2003). The roles of coping and social support in battered women's mental health. *Violence Against Women, 9*, 1–24.

Koenig, H. G. (2009). Research on religion, spirituality, and mental health: A review. *Canadian Journal of Psychiatry, 54*, 283–291.

Kuebler, K. K., Heidrich, D. E., & Esper, P. (2007). *Palliative and end-of-life care: Clinical practice guidelines* (2nd ed.). St. Louis, MO: Saunders Elsevier.

Kvande, M. N., Klöckner, C. A., Moksnes, U. K., & Espnes, G. A. (2015). Do optimism and pessimism mediate the relationship between religious coping and existential well-being? Examining mechanisms in a Norwegian population sample. *The International Journal for the Psychology of Religion, 25*(2), 130–151.

Landis, B. J. (1996). Uncertainty, spiritual well-being, and psychosocial adjustment to chronic illness. *Issues in Mental Health Nursing, 17*(3), 217–231.

Ledbetter, M. F., Smith, L. A., Fischer, J. D., & Vosler-Hunter, W. L. (1991). An evaluation of the research and clinical usefulness of the spiritual well-being scale. *Journal of Psychology and Theology, 19*(1), 49–55.

Ledbetter, M. F., Smith, L. A., Fischer, J. D., Vosler-Hunter, W. L., & Chew, G. P. (1991). An evaluation of the construct validity of the spiritual well-being scale: A confirmatory factor analytic approach. *Journal of Psychology and Theology, 19*(1), 94–102.

Lin, H.-R., & Bauer-Wu, S. M. (2003). Psycho-spiritual well-being in patients with advanced cancer: An integrative review of the literature. *Journal of Advanced Nursing, 44*(1), 69–80. https://doi.org/10.1046/j.1365-2648.2003.02768.x

Malinakova, K., Kopcakova, J., Kolarcik, P., Geckova, A. M., Solcova, I. P., Husek, V., & Tavel, P. (2017). The spiritual well-being scale: Psychometric evaluation of the shortened version in

czech adolescents. *Journal of Religion and Health, 56*(2), 697–705. https://doi.org/10.1007/s10943-016-0318-4

Marques, L. F., Sarriera, C., & Dell'aglio, D. D. (2009). Adaptation and validation of spiritual well-being scale. *Avaliação Psicológica, 8*(2), 179–186.

Maslow, A. (1954). *Motivation and personality*. New York, NY: Harper.

Masters, K. S., & Hooker, S. A. (2013). Religion, spirituality, and health. In R. F. Paloutzian & C. L. Park (Eds.), *Handbook of the psychology of religion and spirituality* (2nd ed.). New York, NY: Guilford Press.

Meadows, L. A., Kaslow, N. J., Thompson, M. P., & Jurkovic, G. J. (2005). Protective factors against suicide attempt risk among African American women experiencing intimate partner violence. *American Journal of Community Psychology, 36*, 109–121.

Meezenbroek, E. D., Garssen, B., van den Berg, M., van Dierendonck, D., Visser, A., & Schaufeli, W. B. (2012). Measuring spirituality as a universal human experience: A review of spirituality questionnaires. *Journal of Religion and Health, 51*(2), 336–354. https://doi.org/10.1007/s10943-010-9376-1

Mela, M. A., Marcoux, E., Baetz, M., Griffin, R., Angelski, C., & Deqiang, G. (2008). The effect of religiosity and spirituality on psychological well-being among forensic psychiatric patients in Canada. *Mental Health, Religion and Culture, 11*(5), 517–532.

Mitchell, M. D., Hargrove, G. L., Collins, M. H., Thomson, M. P., Reddick, T. L., & Kaslow, N. J. (2006). Coping variables that mediate the relation between intimate partner violence and mental health outcomes among low-income, African American women. *Journal of Clinical Psychology, 62*(12), 1503–1520.

Moberg, D. O. (1979). The development of social indicators of spiritual well-being for quality of life research. In D. O. Moberg (Ed.), *Spiritual well-being: Sociological perspectives*. Washington, D.C.: University Press of America.

Musa, A. S. (2015). Spiritual beliefs and practices, religiosity, and spiritual well-being among Jordanian Arab Muslim University students in Jordan. *Journal of Spirituality in Mental Health, 17*, 34–49. https://doi.org/10.1080/19349637.2014.957609

Musa, A. S. (2016). Factor structure of the spiritual well-being scale: Cross-cultural comparisons between Jordanian Arab and Malaysian Muslim University students in Jordan. *Journal of Transcultural Nursing, 27*(2), 117–125. https://doi.org/10.1177/1043659614537305

Musa, A. S. (2017). Spiritual care intervention and spiritual well-being: Jordanian Muslim Nurses' perspectives. *Journal of Holistic Nursing, 35*(1), 53–61. https://doi.org/10.1177/0898010116644388

Musa, A. S., & Pevalin, D. J. (2012). An Arabic version of the spiritual well-being scale. *The International Journal for the Psychology of Religion, 22*(2), 119–134. https://doi.org/10.1080/10508619.2011.638592

Musa, A. S., & Pevalin, D. J. (2014). Psychometric evaluation of the Arabic version of the Spiritual Well-Being Scale on a sample of Jordanian Arab Christians. *Journal of Psychology and Theology, 42*, 293–301.

Musa, A. S., Pevalin, D. J., & Al Khalaileh, M. A. (2017). Spiritual well-being, depression, and stress among hemodialysis patients in Jordan. *Journal of Holistic Nursing, 36*(4), 354–365.

Musa, A. S., Pevalin, D. J., & Shahin, F. I. (2016). Impact of spiritual well-being, spiritual perspective, and religiosity on the self-rated health of Jordanian Arab Christians. *Journal of Transcutlural Nursing, 27*(6), 550–557. https://doi.org/10.1177/1043659615587590

Myers, D., & Diener, E. (1995). Who is happy? *Psychological Science, 6*, 10–19.

Paloutzian, R. F. (2006). Psychology, the human sciences, and religion. In P. Clayton & Z. Simpson (Eds.), *The Oxford handbook of religion and science* (pp. 237–252). Oxford, UK: Oxford University Press.

Paloutzian, R. F. (2016). The spiritual well-being scale: Portuguese translation and SWBS use. *Horizonte – Journal of Theology and Religious Studies, 14*(41), 76–86.

Paloutzian, R. F. (2017a). *Invitation to the psychology of religion* (3rd ed.). New York, NY: Guilford.

Paloutzian, R. F. (2017b). Psychology of religion in global perspective: Logic, approach, concepts. *The International Journal for the Psychology of Religion, 27*(1), 1–13. https://doi.org/10.1080/10508619.2017.1241529

Paloutzian, R. F., Bufford, R. K., & Wildman, A. J. (2012). Spiritual well-being scale: Mental and physical health relationships. In M. Cobb, C. Puchalski, & B. Rumbold (Eds.), *Oxford textbook of spirituality in healthcare* (pp. 353–358). Oxford: Oxford University Press.

Paloutzian, R. F., & Ellison, C. W. (1979). *Spiritual well-being, loneliness, and perceived quality of life*. Symposium presented at the annual meeting of the American Psychological Association, New York, September 1979.

Paloutzian, R. F., & Ellison, C. W. (1982). Loneliness, spiritual well-being and the quality of life. In L. A. Peplau & D. Perlman (Eds.), *Loneliness: A sourcebook of current theory, research and therapy* (pp. 224–237). New York, NY: Wiley-Interscience.

Paloutzian, R. F., & Mukai, K. J. (2017). Believing, remembering, and imagining: The roots and fruits of meanings made and remade. In H.-F. Angel, L. Oviedo, R. F. Paloutzian, A. L. C. Runihov, & R. J. Seitz (Eds.), *Processes of believing: The acquisition, maintenance, and change in creditions* (pp. 39–49). Heidelberg, Germany: Springer.

Paloutzian, R. F., & Park, C. L. (Eds.). (2005). *Handbook of the psychology of religion and spirituality*. New York, NY: Guilford.

Paloutzian, R. F., & Park, C. L. (Eds.). (2013a). *Handbook of the psychology of religion and spirituality* (2nd ed.). New York, NY: Guilford.

Paloutzian, R. F., & Park, C. L. (2013b). Recent progress and core issues in the science of the psychology of religion and spirituality. In R. F. Paloutzian & C. L. Park (Eds.), *Handbook of the psychology of religion and spirituality* (2nd ed., pp. 3–22). New York, NY: Guilford Press.

Paloutzian, R. F., & Park, C. L. (2014). Religiousness and spirituality: The psychology of multilevel meaning making behavior. *Religion, Brain, and Behavior, 4*, 49–61.

Paloutzian, R. F., & Park, C. L. (2021). The psychology of religion and spirituality: How big the tent? *Psychology of Religion and Spirituality, 12*, http://dx.doi.org/10.1037/rel0000218

Paranjape, A., & Kaslow, N. (2010). Family violence exposure and health outcomes among older African American women: Does spirituality and social support play a protective role? *Journal of Women's Health, 19*, 1899–1904.

Pargament, K. I. (2007). *Spiritually integrated psychotherapy: Understanding and addressing the sacred*. New York, NY: The Guilford Press.

Pargament, K. I. (2013). Searching for the sacred: Toward a nonreductionistic theory of spirituality. In K. I. Pargament, J. J. Exline, & J. W. Jones (Eds.), *APA handbook of psychology, religion, and spirituality: Research and theory* (Vol. 1, pp. 257–273). Washington, DC: American Psychological Association.

Pargament, K. I., Mahoney, A., Exline, J. J., Jones, J. W., & Shafranske, E. P. (2013). Envisioning an integrative paradigm for the psychology of religion and spirituality. In K. I. Pargament, J. J. Exline, & J. W. Jones (Eds.), *APA handbook of psychology, religion, and spirituality: Research and theory* (Vol. 1, pp. 3–19). Washington, DC: American Psychological Association.

Park, C. L. (2010). Making sense of the meaning literature: an integrative review of meaning making and its effects on adjustment to stressful life events. *Psychological Bulletin, 136*(2), 257–301.

Park, C. L. (2013). Religion and meaning. In R. F. Paloutzian & C. L. Park (Eds.), *Handbook of the psychology of religion and spirituality* (2nd ed.). New York: Guilford Press.

Peterman, A. H., Fitchett, G., Brady, M. J., Hernandez, L., & Cella, D. (2002). Measuring spiritual well-being in people with cancer: the functional assessment of chronic illness therapy – spiritual well-being scale (FACIT-Sp). *Annals of Behavioral Medicine, 24*, 49–58.

Phillips, K. D., Mock, K. S., Bopp, C. M., Dudgeon, W. A., & Hand, G. A. (2006). Spiritual well-being, sleep disturbance, and mental and physical health status in HIV-infected individuals. *Issues in Mental Health Nursing, 27*(2), 125–139.

Piedmont, R. L. (2001). Spiritual transcendence and the scientific study of spirituality. *Journal of Rehabilitation, 67*, 4–14.

Piedmont, R. L., & Wilkins, T. A. (2013). The role of personality in understanding religious and spiritual constructs. In R. F. Paloutzian & C. L. Park (Eds.), *Handbook of the psychology of religion and spirituality* (2nd ed., pp. 292–331). New York: Guilford Press.

Putri, I. P. (2016). *The relationship between spiritual well-being with depression levels of the elderly in sasana tresna werdha ciracas*. Thesis. Depok: Faculty of Nursing Studies Extension Study Program, Universitas Indonesia.

Putri, I. P., & Rekawati, E. (2017). Spiritual well-being as a factor that affecting the depression in the elderly. *UI Proceedings of Health and Medicine, 2*, 146.

Ross, L. (1995). The spiritual dimension: Its importance to patients' health, wellbeing and quality of life and its implications for nursing practice. *International Journal of Nursing Studies, 32*(5), 457–468.

Scott, E. L., Agresti, A. A., & Fitchett, G. (1998). Factor analysis of the spiritual well-being scale and its clinical utility with psychiatric inpatients. *Journal for the Scientific Study of Religion, 37*, 314–321.

Spilka, B. (1993). *Spirituality: Problems and directions in operationalizing a fuzzy concept*. Paper presented at the annual meeting of the American Psychological Association, August, Toronto, Canada.

Streib, H., & Hood, R. W., Jr. (Eds.). (2016). *Semantics and psychology of spirituality: A cross-cultural analysis*. Heidelberg, Germany: Springer International Publishing.

Taliaferro, L. A., Rienzo, B. A., Pigg, R. M., Jr., Miller, M. D., & Dodd, V. J. (2009). Spiritual well-being and suicidal ideation among college students. *Journal of American College Health, 58*(1), 83–90.

Tang, W., & Kao, C. (2017). Psychometric testing of the spiritual well-being scale–mandarin version in Taiwanese cancer patients. *Palliative & Supportive Care, 15*(3), 336–347. https://doi.org/10.1017/S147895151600081X

Tanyi, R. A., & Werner, J. S. (2007). Spirituality in African American and Caucasian women with end-stage renal disease on hemodialysis treatment. *Health Care for Women International, 28*(2), 141–154.

Taves, A. (2020). Psychology of religion approaches to the study of religious experience. In: P. Moser & C. Meister (Eds.), *The Cambridge companion to religious experience* (pp. 25–54). Cambridge, UK: Cambridge University Press.

Topper, C. (2003). *Spirituality in pastoral counseling and the community helping professions*. New York, NY: Haworth.

Tsuang, M. T., Williams, W. M., Simpson, J. C., & Lyons, M. J. (2002). Pilot study of spirituality and mental health in twins. *American Journal of Psychiatry, 159*(3), 486–488.

Unterrainer, H. F. (2017). Functional and dysfunctional religious/spiritual beliefs in psychotic disorders. In H.-F. Angel, L. Oviedo, R. F. Paloutzian, A. L. C. Runihov, & R. J. Seitz (Eds.), *Processes of believing: The acquisition, maintenance, and change in creditions* (pp. 167–180). Heidelberg, Germany: Springer.

Unterrainer, H. F., Ladenhauf, K. H., Moazedi, M. L., Wallner-Liebmann, S. J., & Fink, A. (2010). Dimensions of religious/spiritual well-being and their relation to personality and psychological wellbeing. *Personality and Individual Differences, 49*(3), 192–197. https://doi.org/10.1016/j.paid.2010.03.032

Unterrainer, H. F., Nelson, O., Collicutt, J., & Fink, A. (2012). The English version of the multidimensional inventory for religious/spiritual well-being (MI-RSWB-E): First results from British college students. *Religion, 3*(3), 588–599.

Vella-Brodrick, D. A., & Allen, F. C. L. (1995). Development and psychometric validation of the mental, physical, and spiritual well-being scale. *Psychological Reports, 77*(2), 659–674.

Westera, D. A. (2017). *Spirituality in nursing practice: The basics and beyond*. New York, NY: Springer.

Wolf, M. G., Ihm, E., Maul, A., & Taves, A. (2021). Survey item validation. In: S. Engler & M. Stausberg (Eds.) *The Routledge handbook on methods in religious studies, 2nd ed.* New York, NY: Routledge.

You, S., & Yoo, J. E. (2015). Evaluation of the spiritual well-being scale in a sample of Korean adults. *Journal of Religion and Health, 55*(4), 1289–1299.

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