

Assessing Spiritual Health via Four Domains of Spiritual Wellbeing: The SH4DI

John W. Fisher,¹ The Revd Canon Professor Leslie J. Francis,^{2,4}
and Peter Johnson³

This study argues for the assessment of spiritual health in terms of four domains of wellbeing concerned with self, community, environment, and God. This view of spiritual health is supported by data from 311 teachers in the UK. The Spiritual Health in Four Domains Index (SH4DI) developed from these data both provides an overall index of spiritual health and distinguishes among six different spiritual health perspectives represented by personalists, communalists, environmentalists, religionists, existentialists, and globalists.

INTRODUCTION

The concept of “spiritual health” is doubly problematic in view of the way in which the two terms “spiritual” and “health” have themselves undergone considerable development and revision in recent years. On the one hand, classical definitions of spirituality tended to concentrate on the religious, ecclesiastical, or matters concerned with the soul. Current studies in spirituality adopt much wider definitions, integrating all aspects of human life and experiences (Schneiders, 1986, p. 267; Muldoon & King, 1995, p. 335). On the other hand, there has been a similar widening in understanding of what counts as health. There has been a shift in emphasis in medicine introducing greater concern for the whole person, rather

¹John W. Fisher, Ph.D., Research Project Officer School of Nursing, University of Ballarat, Australia.

²Leslie J. Francis, Ph.D., Sc.D., Director of the Welsh National Centre for Religious Education and Professor of Practical Theology, University of Wales, Bangor, Wales, UK.

³Peter Johnson, Research Associate, Welsh National Centre for Religious Education, University of Wales, Bangor, Wales, UK.

⁴Address correspondence to Leslie J. Francis, Welsh National Centre for Religious Education, University of Wales, Bangor, Normal Site, Bangor, LL57 2PX, Wales, UK.

than just the treatment of disease. This is not surprising as the words “health” and “healing” derive from the same root as the word “wholeness.” According to Coward and Reed (1996, p. 278), “*Healing* is defined as a sense of wellbeing that is derived from an intensified awareness of wholeness and integration among all dimensions of one’s being,” which includes the spiritual elements of life.

Several attempts have been made in recent years to link the two concepts of spiritual and health, most generally within the idea of “spiritual wellbeing.” Ellison (1983, p. 332) suggested that spiritual wellbeing “arises from an underlying state of spiritual health and is an expression of it, much like the colour of one’s complexion and pulse rate are expressions of good (physical) health.” Fehring, Miller, and Shaw (1997, p. 664) agreed that “spiritual wellbeing is an indication of individuals’ quality of life in the spiritual dimension or simply an indication of their spiritual health.”

Advancing the Four Domains

One of the earliest attempts at identifying the components of a wide definition of spiritual health was that proposed by the National Interfaith Coalition on Aging (1975), which suggested that “Spiritual wellbeing is the affirmation of life in a relationship with God, self, community and environment that nurtures and celebrates wholeness” (see Ellison, 1983, p. 331). The four sets of relationships identified by the National Interfaith Coalition on Aging, of a person with self, others, the environment, and with God (or Transcendent Other), are also variously mentioned in contemporary discussions of spiritual health. For example, Hateley (1983) wrote about relation to self, integration, and self-esteem; moral development, empathy in the community, and religion; mystery of creation; and relationship with God. Young (1984) mentioned the inter-relatedness of body, mind, and spirit within the context of inner peace; relations with and love of others; relation with nature; and God as the focus of belief. Goodloe and Arreola (1992) spoke of meaning and purpose with self-transcendence; social and spiritual action with others; oneness with nature; and disembodied spirits, abstract and personal relations with God. According to Hood-Morris (1996, p. 440), “the spiritual component includes transcendent and existential features pertaining to an individual’s relationship with the self, others, and a higher being . . . coupled with interaction with one’s environment.”

Working with these four sets of relationships, Fisher (1998) analysed the responses from interviews with 98 teachers in a range of state, Catholic, and other non-government schools near Melbourne, Australia. On the basis of these analyses, Fisher proposed that spiritual health is a fundamental dimension of people’s overall health and wellbeing, permeating and integrating all the other dimensions of health (i.e., the physical, mental, emotional, social, and vocational). In addition, Fisher

(1998, p. 191) argues that spiritual health is a dynamic state of being, shown by the extent to which people live in harmony within relationships in the following domains of spiritual wellbeing:

1. Personal domain (wherein one intra-relates with oneself with regards to *meaning, purpose and values* in life. The human spirit creates *self-awareness*, relating to self-esteem and identity).
2. Communal domain (as expressed in the quality and *depth of inter-personal relationships*, between self and others, relating to *morality and culture*. This includes love, justice, hope, and faith in humanity).
3. Environmental domain (past *care and nurture* for the physical and biological, to a sense of awe and wonder; for some, the notion of unity or *connectedness with the environment*).
4. Transcendental domain (*Relationship* of self with some-thing or some-One beyond the human level, a *Transcendent Other* (i.e., ultimate concern, cosmic force, transcendent reality, or God). This involves *faith* toward, adoration and worship of, the source of Mystery of the universe.

The model of spiritual health presented here proposes two interrelated aspects of *knowledge* and *inspiration* for each of the four domains of spiritual wellbeing. Knowledge provides the framework, whereas inspiration involves “essence” and “motivation” (Carr, 1995, p. 89) for the development of spiritual wellbeing in each domain. The quality of relationship in each domain constitutes a person’s *spiritual wellbeing* in that domain. An individual’s *spiritual health*, his or her state of being, is seen to be indicated by the combined effect of spiritual wellbeing in each of the domains embraced by the individual. The four domains are not isolated, but are interrelated. Therefore, it is assumed that spiritual health is enhanced by developing positive relationships in each domain and increased by embracing more domains.

The notion of progressive synergism was proposed to help explain the relationship among the domains. For example, the communal domain is seen to build on the personal domain as well as building it up. In other words, the meaning, purpose, and values developed through *self-awareness*, are precursors to, yet enhanced by, the development of morality and culture through *in-depth inter-personal relationships*. Similarly, *connectedness with nature* should build on, and build up, self-awareness and in-depth inter-personal relationships, with faith embracing the other three relationships and being fostered by them (Fisher, 1998, p. 192).

While Fisher (1998) argues that spiritual health is enhanced by developing all four domains, he also recognises that many individuals give priority to one domain over the others. It is such individuals who enable us to see more clearly the unique qualities associated with each domain. The list of ideal types given below, therefore,

is an attempt at describing the unique characteristics of the people embracing each of the domains *as* spiritual wellbeing.

Ideal Types

Personalists are people embracing the personal domain *as* spiritual wellbeing. Personalists are individuals who believe their spiritual wellbeing is brought about entirely from within their own resources (or being), that is, that their human spirit provides the motivation to seek meaning, purpose, and values in life. They feel wholly self-sufficient, thus self-centred, regarding the development of their personal spiritual wellbeing, even though they might acknowledge a need for interpersonal relationships for other dimensions of their wellbeing, such as social, emotional, or vocational.

Communalists are people embracing the communal domain *as* spiritual wellbeing. Communalists recognise the need to have harmony in the personal domain, to have stated meaning, purpose, and values clarified and lived out. As well as this basic facet of spiritual wellbeing, communalists acknowledge a need for quality and depth in inter-personal relationships that transcend morality and culture. They recognise that the whole is much greater than the sum of the parts. They believe that when people interrelate at depth, a significant impact occurs on their spiritual wellbeing. Burke (1993, p. 35) reported that research is showing the importance of connectedness of people to others for spiritual and emotional wellbeing.

Environmentalists are people embracing the environmental domain *as* spiritual wellbeing. Environmentalists have an appreciation of the knowledge and inspirational aspects of the personal and communal domains, together with, at least, a sense of awe and wonder about the environment. They go beyond responsible management of the physical, eco-political, and social aspects of the environment to a sense of connectedness of the individual or group with it. They are so in tune with nature that their relationship with it adds meaning to the other domains. Worldviews of many indigenous people would fit in this category (Hammond, 1991; Regnier, 1994, p. 133).

Religionists are people embracing the transcendental domain *as* spiritual wellbeing. They have a primary focus on their relationship with God, even though they recognise the importance of relationships with self, others, and the environment in the development of spiritual health. Growth in this domain requires the experience, exercise, or both of a faith dimension expressed through communication with some-thing, or some-one, beyond the human level. Marfleet (1992, p. 25) proposed that "our spiritual nature is actualised [when] our psycho-spiritual being [comes] into harmony with God." When individuals have connected with the ultimate source of being in the universe, it should have a profound effect on their sense of identity and destiny, their relations with others, and their relation with the environment (Robinson, 1994, p. 3; Jennings, 1997, p. 7).

Critique of Existing Spiritual Health Measures

Several attempts have been made at providing measures of spiritual health. None of the existing instruments, however, provide an adequate operationalisation of the definition of spiritual health as embracing the four domains identified by Fisher (1998). For example, Ellison (1983) produced a Spiritual Well-Being Scale (SWBS) made up of two dimensions, Existential Well-Being (EWB) and Religious Well-Being (RWB), each of which were measured by answers to ten questions. In the SWBS both dimensions involve transcendence, or a stepping back from and moving beyond what is. The two dimensions, although partially distinctive, also affect each other. So, there would be some statistical overlap between them. EWB's two subsets, life direction and life satisfaction, were measures of meaning, purpose, and values in life, namely those concerns that would fit within the personal domain only of the definition of spiritual wellbeing proposed by Fisher (1998). Relationships with others and with the environment were not considered by Ellison. The RWB scale was restricted to theocentric religions as it included the word "God" in all the ten items. The RWB scale would equate with relationships with the transcendent other in the transcendental domain in Fisher's model. Ellison's Spiritual Well-Being Scale has been used fairly extensively in empirical research, and has been reviewed by Ellison and Smith (1991) and by Ledbetter, Smith, Fischer, Vosler-Hunter, and Chew (1991). Tjeltveit, Fiordalisi, and Smith (1996) have recently used the SWBS in an investigation of mental health values and religiousness.

Chapman (1987, p. 14) expressed concern that people might consider "optimal spiritual health" an end point rather than a process in enhancing quality of life. He contended that "the 'journey like' characteristic of spiritual health is a difficult perception to grasp in Western society where a results-oriented basis dominates our values systems." Nevertheless Chapman mentioned several techniques for assessing spiritual wellbeing, none of which were adequate for a balanced study of the four domains of spiritual wellbeing proposed herein.

Elkins, Hedstrom, Hughes, Leaf, and Saunders (1988) developed the Spiritual Orientation Inventory. This measure of humanistic spirituality consisted of 85 questions in nine subscales, which clustered around two factors, the experiential dimension and the value dimension (Tloczynski, Knoll, & Fitch, 1997, p. 210). These questions essentially relate to personal and communal aspects of spiritual health, with fleeting references to the environment and a deliberate exclusion of religion and any mention of a Transcendent Other.

Kuhn's Spiritual Inventory (1988) (reported in McKee & Chappel, 1992, p. 206) is made up of 25 questions focusing on relations with self, others, and the Transcendent, but not environment.

Glik (1990) "developed a 19-item Index of Spiritual Orientation, based on Sorokin's (1947) theory of cultural value systems." This scale had three distinct factors which corresponded conceptually to "Ideational beliefs" (nine items),

“Salience of religion” (six items), and “Mysticism” (four items). The items included relationships with self, environment, and God, and some aspects of religion, but not interpersonal relationships. This index, which was developed as an alternative to the Allport and Ross (1967) Religious Orientation Scale, would be better seen as a religiosity measure, rather than an index of spirituality.

Cross (1994, p. 269) reported on the Problem Knowledge Coupler (PKC) Wellness Coupler, a computer-driven questionnaire, which contained an unspecified number of questions related to spiritual wellness, out of the 268 questions in the total questionnaire. The spiritual wellness item clusters included beliefs, purpose in life, and death/suicide urges, which can be classified in the personal domain of spiritual wellbeing.

Vella-Brodrick and Allen (1995) developed the Mental, Physical and Spiritual Well-being (MPS) Scale. The spiritual part of the MPS had two dimensions—existential and religious. Of the ten spiritual questions in the MPS, four related to existential wellbeing, one was specifically religious, and five could be interpreted from either an existential or religious perspective. The 10 questions covered some aspects of the personal, communal and religious domains, but none related to the environmental domain.

“The JAREL Spiritual Well-Being Scale was developed as an assessment tool to provide a way of establishing a nursing diagnosis of spirituality” in older adults (Hungelmann, Kenkel-Rossi, Klassen, & Stollenwerk, 1996, p. 262). It consists of 21 questions: 11 focused on self, 4 on others, 5 on the Transcendent and 1 which does not appear to fit any spiritual domain (“I prefer that others make decisions for me”). Although the “model of spiritual wellbeing, reflecting harmonious interconnectedness of the major themes of time and relationships” contains a reference to “Nature,” the JAREL Scale contains no reference to the environment.

Hall and Edwards (1996) Spiritual Assessment Inventory is entirely focused on relationship with God, investigating both the awareness and the quality of this relationship. As such, it excludes many aspects of a person’s relationship with himself or herself and may totally exclude others and the environment.

Adams, Bezner, and Steinhardt (1997) designed the Perceived Wellness Survey, which contained a spiritual wellness dimension measured by six items: three relating to meaning and three to purpose in life. These six items are limited to the personal domain, not the broader relationships to be found in the communal, environmental, and religious domains of spiritual wellbeing proposed above.

Skevington, MacArthur, and Somerset (1997) developed some items for the World Health Organisation Quality Of Life (WHOQOL) instrument. From 33 facets of quality of life, five domains were proposed for the WHOQOL. Four of these domains contained items related to self, purpose, community, and environment. Rankings showed that happiness was the most important aspect of quality of life, religion least important, yet highly valued by a sub-section. Free listing of concerns yielded comments on the need for loving relationships and specific

environmental concerns. Their study contains some aspects of the personal, communal, and environmental domains of spiritual wellbeing proposed in this paper, but not the transcendental domain.

Ersek, Ferrell, Dow, and Melancon (1997, p. 334) used quantitative and qualitative data to elaborate the four domains of Ferrell's QOL model: physical, psychological, social, and spiritual wellbeing. The quantitative studies of the Spiritual Well-Being subscale focused on items related to self. The qualitative analysis highlighted items related to self, others, and God. It was very interesting that the environment did not feature as a category in the qualitative analysis when one of the quotes from a respondent was "I see flowers, blue sky, deep green grass, children, beauty, and I 'feel' them so much greater now." The omission of the environment as a category of quality of life (related to spiritual wellbeing) in the light of such obvious presence indicates the action of the researcher's world-view as a filter in reporting "reality" as perceived by the respondents.

According to Cohen, Mount, Bruera, Provost, Rowe, and Tong (1997, p. 4), most quality of life instruments exclude the existential domain. However, their McGill Quality of Life Questionnaire (MQOL) contains 6 (out of a total of 16) items which relate to existential questions with a focus on self; that is, fitting only the personal domain of spiritual wellbeing. Although Turpie, Strang, Darzins, and Guyatt (1997, p. 533) insisted that "health is a state of wellbeing which includes the domains of social, *spiritual* [emphasis added], psychological and physical function, each of these domains must be evaluated when we are measuring the health of older adults," they failed to provide any details as to how spiritual wellbeing might be evaluated.

None of the above attempts at measuring spiritual wellbeing had a good balance of the four domains of spiritual wellbeing reported above. Overall, there was heavy emphasis (i.e., a high proportion of items) on personal aspects, a lesser amount on communal, some on the religious (God), and a paucity on the environmental domain of spiritual wellbeing.

Against this background, the aim of the present study was to develop an index of spiritual health which provides an independent assessment of the four domains of spiritual wellbeing as well as an overall score. The first step in this process was to explore whether the theoretical model of spiritual health maps on to the way in which adults currently construe spirituality.

METHOD

Instrument

A list comprising 150 potential components of spirituality was generated from a search of classical and contemporary literature. The list included examples

illustrating each of the four theoretically derived domains. For example, the personal domain was illustrated by items concerned with celebrating personal existence, the communal domain by items concerned with morality, culture and relationships, the environmental domain by items concerned with the natural world, and the transcendental domain by items concerned with God and faith communities. Respondents were told that "the questionnaire explores your views on the term *spiritual*" and then were asked to assess each item against the question "How much is this a component of spirituality?" using a five-point scale: *very little* (1), *little* (2), *medium* (3) *much* (4) and *very much* (5).

Sample

The instrument was completed by 73 male and 238 female primary school teachers in the south west of England. Of the total respondents, 9% were between the ages of 21 and 30, 19% between 31 and 40, 50% were between 41 and 50, 22% between 51 and 60, and 1% were over the age of 60 years. In addition 21% were single and 79% married, 76% described themselves as Christian and 24% claimed no religious affiliation, 39% were weekly church-goers, 45% attended church less often than once a week, and 16% never attended church.

Data Analysis

The data were analysed by the SPSS statistical package (SPSS Inc, 1988), using the correlation, reliability, and factor routines.

RESULTS

Exploratory correlational and factor analyses were employed to identify the best sets of six items each which most adequately reflected the four theoretically derived domains of spiritual wellbeing. Tables I–IV present the items identified to reflect the four domains of personal wellbeing, communal wellbeing, environmental wellbeing, and transcendental wellbeing, together with the item rest of test correlations and the alpha coefficients (Cronbach, 1951). These data demonstrate

Table I. Subscale of Personal Wellbeing

	<i>r</i>	%
Celebrating significant moments	0.60	57
Zest for life	0.65	65
The place of obedience in living	0.54	55
Valuing personal instincts	0.64	50
Awareness of life's mysteries	0.54	60
Appreciating life as it happens	0.69	70
Alpha	0.84	

Table II. Subscale of Communal Wellbeing

	<i>r</i>	%
Justice	0.51	63
Honesty	0.55	80
Experiencing drama	0.58	33
Experiencing art	0.60	41
Trust between individuals	0.47	75
Forgiveness between individuals	0.50	82
Alpha	0.78	

Table III. Subscale of Environmental Wellbeing

	<i>r</i>	%
Appreciating the natural environment	0.54	75
Moments of solitude	0.41	75
Appreciating beauty	0.54	78
Having responsibilities	0.51	51
Scientific understanding of the universe	0.49	27
Admiring something	0.41	26
Alpha	0.74	

Table IV. Subscale of Transcendental Wellbeing

	<i>r</i>	%
Religious belief	0.74	64
Belonging to a faith community	0.65	51
Perception of living as a response to God	0.78	67
Personal relationship with God	0.77	69
Reverence to God	0.86	69
Admiring God	0.80	64
Alpha	0.92	

that within each domain each of the six items contributes to a homogenous and unidimensional scale.

Tables I–IV also present the proportions of the respondents who rated each item as being *much* or *very much* a component of spirituality. These demonstrate that there is agreement among a majority of the respondents for including aspects of all four dimensions of wellbeing within their understanding of spirituality. For example, around two-thirds of the respondents identify two of the aspects of personal wellbeing as key components of spirituality, namely zest for life (65%) and appreciating life as it happens (70%). Over two-thirds of the respondents identify three of the aspects of communal wellbeing as key components of spirituality, namely trust between individuals (75%), honesty (80%), and forgiveness between individuals (82%). Over two-thirds of the respondents identify three of the aspects

Table V. Scale of Spiritual Health

	<i>r</i>	Factor loading
Celebrating significant moments	0.64	0.70
Zest for life	0.60	0.71
The place of obedience in living	0.63	0.67
Valuing personal instincts	0.52	0.63
Awareness of life's mysteries	0.53	0.62
Appreciating life as it happens	0.61	0.72
Justice	0.54	0.65
Honesty	0.52	0.62
Experiencing drama	0.52	0.62
Experiencing art	0.53	0.65
Trust between individuals	0.49	0.55
Forgiveness between individuals	0.48	0.54
Appreciating the natural environment	0.57	0.65
Moments of solitude	0.53	0.57
Appreciating beauty	0.56	0.67
Having responsibilities	0.54	0.65
Scientific understanding of the universe	0.49	0.56
Admiring something	0.43	0.51
Religious belief	0.46	0.40
Belonging to a faith community	0.41	0.36
Perception of living as a response to God	0.44	0.37
Personal relationship with God	0.45	0.38
Reverence to God	0.43	0.35
Admiring God	0.40	0.32
Alpha/% variance	0.91	33%

of environmental wellbeing as key components of spirituality, namely appreciating the natural environment (75%), moments of solitude (75%), and appreciating beauty (78%). Over two-thirds of the respondents identify three of the aspects of transcendental wellbeing as key components of spirituality, namely perception of living as a response to God (67%), personal relationship with God (69%), and reverence to God (69%).

While the four domains of spiritual wellbeing are conceptually distinct, within a predominantly Christian culture it is to be anticipated that all four domains cohere to generate a cumulate global index of spiritual health. Table V, therefore, explores the structure of all 24 items in terms both of the item rest of scale correlations and the loadings on the first factor identified by principal component analysis. These data demonstrate that the four domains cohere to generate a satisfactory overall index of spiritual health.

CONCLUSION

This paper has advanced a model of spiritual health involving four domains of spiritual wellbeing, namely, personal wellbeing, communal wellbeing, environmental wellbeing, and transcendental wellbeing. This model has received general

empirical support from a survey conducted among 311 teachers regarding their understanding of spirituality in the contemporary world. On the basis of data provided from this survey an instrument has been proposed to assess spiritual health via these four domains of wellbeing, namely the Spiritual Health in Four Domains Index (SH4DI). Two main research possibilities are suggested by this newly developed index of spiritual health.

First, the data demonstrate that the four domains of spiritual wellbeing cohere to generate a satisfactory overall index of spiritual health. Individuals who record high scores on this overall index may be said to enjoy a higher level of spiritual health than individuals who record low scores on this overall index.

Second, the data also demonstrate that additional information about an individual's spiritual health may be generated by considering the four domains of spiritual wellbeing separately. Individuals who record higher than average scores on the personal subscale of spiritual wellbeing, but lower scores on the other three subscales, would conform to the ideal type of the *Personalist*. Individuals who record higher than average scores on the communal subscale of spiritual wellbeing, but lower scores on the other three subscales, would conform to the ideal type of the *Communalist*. Individuals who record higher than average scores on the environmental subscale of spiritual wellbeing, but lower scores on the other three subscales, would conform to the ideal type of the *Environmentalist*. Individuals who record higher than average scores on the transcendental subscale of spiritual wellbeing, but lower scores on the other three subscales, would conform to the ideal type of the *Religionist*. These four ideal types have been fully characterised in the introduction to this paper.

Individuals who record higher than average scores on the three subscales of spiritual wellbeing in the personal, communal, and environmental domains, but lower than average scores on the religious subscale of spiritual wellbeing, can be characterised as *Existentialists*. Existentialists combine high appreciation of the domains of spiritual wellbeing, which value human experience concerned with the self, with others and with the environment, but they are not concerned with the Transcendent Other or with God variously conceived. Individuals who record higher than average scores on all four subscales of spiritual wellbeing in the personal, communal, environmental, and transcendental domains can be characterised as *Globalists*. Globalists combine high appreciation of the three existentialist domains of spiritual wellbeing with a high appreciation of the Transcendent Other or of God variously conceived.

As well as providing an overall index of spiritual health, the Spiritual Health in Four Domains Index (SH4DI) enables the spiritual health of individuals to be profiled in greater depth, distinguishing among the perspectives of personalists, communalists, environmentalists, religionists, existentialists, and globalists.

Further research is now needed in two specific ways in order to test and to develop further the SH4DI. First, the present study requires replication both among other samples in the UK and within other cultural contexts in order to test the

generalisability of the way in which spirituality is conceptualised in contemporary society. Second, the instrument needs to be employed alongside established indices of health, wellbeing, spirituality, and other individual differences in order to test the construct validity and application of the overall scale and of the various subscales.

REFERENCES

- Adams, T., Bezner, J., & Steinhardt, M. (1997). The conceptualization and measurement of perceived wellness: Integrating balance across and within dimensions. *American Journal of Health Promotion, 11*(3), 208–218.
- Allport, G. W., & Ross, J. M. (1967). Personal religious orientation and prejudice. *Journal of Personality and Social Psychology, 5*, 432–443.
- Burke, B. (1993). Wellness in the healing ministry. *Health Progress, 74*(7), 34–37.
- Carr, D. (1995). Towards a distinctive conception of spiritual education. *Oxford Review of Education, 21*(1), 83–98.
- Chapman, L. (1987). Developing a useful perspective on spiritual health: Love, joy, peace and fulfilment. *American Journal of Health Promotion, 2*(2), 12–17.
- Cohen, S., Mount, B., Bruera, E., Provost, M., Rowe, J., & Tong, K. (1997). Validity of the McGill Quality of Life Questionnaire in the palliative care setting: A multi-centre Canadian study demonstrating the importance of the existential domain. *Palliative Medicine, 11*, 3–20.
- Coward, D. D., & Reed, P. G. (1996). Self-transcendence: A resource for healing at the end of life. *Issues in Mental Health Nursing, 17*(3), 275–288.
- Cronbach, L. J. (1951). Coefficient alpha and the internal structure of tests. *Psychometrika, 16*, 297–334.
- Cross, H. D. (1994). An adolescent health and lifestyle guidance system. *Adolescence, 29*(114), 267–277.
- Elkins, D., Hedstrom, L., Hughes, L., Leaf, J., & Saunders, C. (1988). Toward a humanistic-phenomenological spirituality. *Journal of Humanistic Psychology, 28*(4), 5–18.
- Ellison, C. (1983). Spiritual well-being: Conceptualization and measurement. *Journal of Psychology and Theology, 11*(4), 330–340.
- Ellison, C., & Smith, J. (1991). Toward an integrative measure of health and well-being. *Journal of Psychology and Theology, 19*(1), 35–48.
- Ersek, M., Ferrell, B., Dow, K., & Melancon, C. (1997). Quality of life in women with ovarian cancer. *Western Journal of Nursing Research, 19*(3), 334–350.
- Fehring, R., Miller, J., & Shaw, C. (1997). Spiritual well-being, religiosity, hope, depression, and other mood states in elderly people coping with cancer. *Oncology Nursing Forum, 24*(4), 663–671.
- Fisher, J. W. (1998). Spiritual health: Its nature, and place in the school curriculum. Unpublished doctoral dissertation, The University of Melbourne.
- Glik, D. C. (1990). Participation in spiritual healing, religiosity, and mental health. *Sociological Inquiry, 60*(2), 158–176.
- Goodloe, R., & Arreola, P. (1992). Spiritual health: Out of the closet. *Health Education, 23*(4), 221–226.
- Hall, T. W., & Edwards, K. J. (1996). The initial development and factor analysis of the Spiritual Assessment Inventory. *Journal of Psychology and Theology, 24*(3), 233–246.
- Hammond, C. (Ed.) (1991). *Creation spirituality and the dreamtime*. NSW, Australia: E.J. Dwyer.
- Hateley, B. J. (1983). *Spiritual well-being through life histories*. Paper presented at the November conference of the Scientific Meeting of the Gerontological Society, San Francisco, CA.
- Hood-Morris, L. E. (1996). A spiritual well-being model: Use with older women who experience depression. *Issues in Mental health Nursing, 17*, 439–455.
- 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.
- Jennings, P. (1997). *What is happening in RE? A study of teachers' responses to government communications*. Paper presented in June at the Fourth Annual Conference on "Education, Spirituality and the Whole Child," Roehampton Institute, London.

- Kuhn, C. (1988). A spiritual inventory of the medically ill patient. *Psychiatric Medicine*, 6, 87–89.
- Ledbetter, M., Smith, L., Fischer, J., Vosler-Hunter, W., & Chew, G. (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.
- McKee, D. D., & Chappel, J. N. (1992). Spirituality and medical practice. *Journal of Family Practice*, 35(2), 201–8.
- Marfleet, A. (1992). Whose spirituality? *Spectrum*, 24(1), 21–27.
- Muldoon, M., & King, N. (1995). Spirituality, health care, and bioethics. *Journal of Religion and Health*, 34(4), 329–349.
- National Interfaith Coalition on Aging (1975). *Spiritual Wellbeing: A definition*. Athens, Georgia, NICA.
- Regnier, R. (1994). The sacred circle: A process pedagogy of healing. *Interchange*, 25(2), 129–144.
- Robinson, A. (1994). Spirituality and risk: Toward an understanding. *Holistic Nursing Practice*, 8(2), 1–7.
- Schneiders, S. (1986). Theology and spirituality: Strangers, rivals, or partners. *Horizons*, 13(2), 257–264.
- Skevington, S., MacArthur, P., and Somerset, M. (1997). Developing items for the WHOQOL: An investigation of contemporary beliefs about quality of life related to health in Britain. *British Journal of Health Psychology*, 2(1), 55–72.
- Sorokin, P. (1947). *Society, Culture and Personality*. New York: Harper & Row.
- SPSS Inc (1988). *SPSSX User's Guide*. New York: McGraw-Hill.
- Tjeltveit, A., Fiordalisi, A., & Smith, C. (1996). Relationships among mental health values and various dimensions of religiousness. *Journal of Social and Clinical Psychology*, 15(3), 364–377.
- Tloczynski, J., Knoll, C., & Fitch, A. (1997). The relationship among spirituality, religious ideology, and personality. *Journal of Psychology and Theology*, 25(2), 208–213.
- Turpie, I., Strang, D., Darzins, P., & Guyatt, G. (1997). Health status assessment of the elderly. *Pharmacoeconomics*, 12(5), 533–546.
- Vella-Brodrick, D., & Allen, F. (1995). Development and psychometric validation of the Mental, Physical, and Spiritual Well-Being Scale. *Psychological Reports*, 77, 659–674.
- Young, E. (1984). Spiritual health: An essential element in optimum health. *Journal of American College Health*, 32, 273–276.

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