

Manual for the Spiritual Well-Being Scale

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Introduction

A long-standing human concern is the assessment of the quality of peoples' lives. During the past 40 years, techniques to measure quality of life (QOL) have evolved and become more sophisticated. Early measures focused on QOL as understood in a physical sense. This included tangible or countable goods, events, or services. Examples of such measures included crime rate, standard of living, income level, or frequency of visits to a physician.

An outgrowth of this QOL movement was the development of measures of the quality-of-life experience. The emphasis here is on the assessment of the quality of the subjective experience of life, rather than on tangible or countable goods or events per se. Such measures are based on the premise that a person's quality of life also involves his or her experience of it (Campbell, 1976). Measures of well-being and loneliness evolved out of this line of work (Diener, 1984).

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Scale Development

The Spiritual Well-Being Scale (SWBS) was developed as a general indicator of the subjective state of well-being. It provides an overall measure of the perceived spiritual quality of life, as understood in two senses - a religious sense and an existential sense (Moberg, 1979; Moberg & Brusek, 1978). These two meanings of "spiritual well-being" reflect people's usage of such language. That is, when people talk about their spirituality, they ordinarily mean either (a) their relationship with God or what they understand to be their spiritual being, or (b) their sense of satisfaction with life or purpose in life. This is important because the majority of people indicate some kind of belief in God, as indicated by consistent Gallup poll data, and yet there is also a nonreligious meaning to spirituality. Because of this, the SWBS is nonsectarian and composed of two subscales: the Religious Well-Being Scale (RWBS) and the Existential Well-Being Scale (EWBS).

The SWBS is a general indicator of perceived well-being, and may be used for the assessment of both individuals and groups. In addition to SWBS total scores providing an overall measure of one's SWB, the RWB subscale provides a self-assessment of one's well-being in a religious sense, while the EWB subscale gives a self-assessment of one's sense of life purpose and life satisfaction. Because it is nonsectarian, it can be used with people from a wide range of beliefs and backgrounds. For extensive reviews and evaluation of research with the SWBS from 1982 to the present, see Paloutzian, Bufford, and Wildman (2012) and Paloutzian et al. (2021).

Research

Since its first publication in 1982, the SWBS has received over 1000 citations, been used in over 300 articles and chapters and many conference presentations; countless requests to use the SWBS in research have been received by the authors. This has included research and evaluation in master's theses and doctoral dissertations, clinical work, nursing, congregational assessment, and health care. RWB, EWB, and SWB have been shown to be related to a variety of physical, psychological, religious, and relational variables. Some of this early research is summarized by Ellison and Smith (1991) and Ellison (1983). See the *Journal of Psychology and Theology*, Volume 19, Number 1 (Spring 1991), and the primary references and bibliography below for additional research and references. More recent research with the SWBS in healthcare fields is reviewed in Paloutzian, Bufford, and Wildman (2012); research with 10 of its many translations is presented in Paloutzian et al. (2021). A large research bibliography of SWBS research is also available gratis at <https://www.westmont.edu/psychology/raymond-paloutzian-spiritual-wellbeing-scale>

Reliability

The RWBS, EWBS, and SWBS have good reliability. For the RWBS, test-retest reliability coefficients across four studies, with 1-10 weeks between testings, are .96, .99, .96, and .88. For the EWBS, the coefficients are .86, .98, .98, and .73. For total SWBS, the coefficients are .93, .99, .99, and .82.

The index of internal consistency, coefficient alpha, also shows high reliability. Across 7 samples, the internal consistency coefficients ranged from .82 to .94 (RWB), .78 to .86 (EWB), and .89 to .94 (SWB) (Bufford, Paloutzian, & Ellison, 1991).

Validity

The SWBS has good face validity as is evident by the content of the items. Research has shown that the items cluster as expected, into the RWB and EWB subscales. Research has also shown that the SWBS is a good general indicator of well-being, and is especially sensitive to lack of well-being. SWB, RWB, and EWB are correlated positively with a positive self-concept, sense of purpose in life, physical health, and emotional adjustment. They are negatively correlated with ill health, emotional maladjustment, and lack of purpose in life (Bufford, Paloutzian, & Ellison, 1991). See Paloutzian et al., (2012, 2021) for more extensive and up-to-date information.

Applications

Clinical Practice

The SWBS is useful for evaluation of the well-being of clinical patients and counseling clients in both individual and group settings. For example, given the high proportion of people who profess some form of religious belief or commitment, the practitioner often sees clients with religious beliefs. The need for professionals to address those religious issues that may be involved in their clients' disorders, or draw upon the clients' spiritual resources as a reservoir of strength, are now well documented in mainline professional circles (Bergin, 1980, 1991). Therefore, practitioners may use the SWBS in order to assess the spiritual dimension of their clients' health. Normative data presented below include relatively low scores for clinical and counseling populations, and the SWBS is especially sensitive in the low range (Ledbetter, Smith, Vosler-Hunter, & Fisher, 1991). This makes the SWBS useful for those whose primary task is to assess and correct dysfunctionality.

Health Care

The SWBS is useful in hospitals, nursing care facilities, rehabilitation centers, and other agencies concerned with patient and resident care. For example, SWB scores provide a general global measure of the patient's perceived health and well-being, as is evident by the relation between SWB scores and adjustment to physical illness and being a counseling patient (Bufford, Paloutzian & Ellison, 1991; Ellison & Smith, 1991) and its relationship to many health variables (Paloutzian, Bufford, & Wildman, 2012). The measure would be useful for assessing patient well-being following surgery or disease, in the face of terminal illness, or while making progress in a rehabilitation program. Finally, it may be useful to assess SWB among health care providers in order to match them with the health care recipients for whom they might be most effective.

Outcome Evaluation

The SWBS may be used in institutional settings when a measure of well-being is needed for patients in aggregate. Facilities that have developed group programs to increase patient well-being can use the SWBS to monitor the group performance over time, and therefore evaluate the effectiveness of the treatment program.

Congregational Assessment

The SWBS can be used in congregational settings in order to assess the religious and existential well-being of the entire church body, other spirituality-oriented groups, or practitioners of various faiths. It can also be used to monitor well-being among special subgroups of the congregation, and to assess any increases or decreases in well-being over time due to the implementation of church programs, rituals, discussion groups, self-help practices, or other activities. Because the scale is nonsectarian, it can be used with diverse populations.

Using the Spiritual Well-Being Scale

Administration

The SWBS is 20-item paper-pencil instrument; it can also be easily administered on a computer website. It takes 10-15 minutes to complete. The standard method is for the scale to be self-administered. It may be administered orally if that is desirable.

Each item is answered on a 6-point Likert scale. The endpoints of the scale are anchored with the phrases "Strongly Agree" and "Strongly Disagree," with appropriate gradations in between. Ten of the statements assess RWB and contain the word "God." Ten of the statements assess EWB and have no religious connotation; these statements ask about such things as life satisfaction, purpose, and direction. Approximately half of the items are worded in the negative direction in order to control for any possible response bias.

Scoring

There are three primary scores you can obtain from the Spiritual Well-Being Scale: Spiritual Well-Being, Religious Well-Being, and Existential Well-Being.

To Obtain the Overall Spiritual Well-Being Score:

The Spiritual Well-Being score is a measure of perceived overall well-being. Each SWBS item is scored from 1 to 6, with a higher number representing greater well-being. Negatively worded items are reverse scored.

The *positively worded items* are numbered 3, 4, 7, 8, 10, 11, 14, 15, 17, 19, and 20. For these items, an answer of "Strongly Agree" is given a score of 6, "Moderately Agree" is scored 5, "Agree" is scored 4, "Disagree" is scored 3, "Moderately Disagree" is scored 2, and "Strongly Disagree" is scored 1.

The *negatively worded items* are numbered 1, 2, 5, 6, 9, 12, 13, 16, and 18. For these items, an answer of "Strongly Agree" is given a score of 1, "Moderately Agree" is scored 2, "Agree" is scored 3, "Disagree" is scored 4, "Moderately Disagree" is scored 5, and "Strongly Disagree" is scored 6.

Total the scores for the positively and negatively worded items and this will give the total score for spiritual well-being (SWB):

A score in the range of 20 – 40 reflects a sense of low overall spiritual well-being.
 A score in the range of 41 – 99 reflects a sense of moderate spiritual well-being. A score in the range of 100 – 120 reflects a sense of high spiritual well-being.

To Obtain the Religious Well-Being Score:

The Religious Well-Being Score is a measure of how one views their relationship with God. It reflects one's sense of satisfaction and positive connection with God.

The *odd numbered items* 1, 3, 5, 7, 9, 11, 13, 15, 17, and 19 give the score for religious well-being. Using the values of 1 to 6 that the respondent gave these items, add the total for religious well-being (RWB).

A score in the range of 10 – 20 reflects a sense of unsatisfactory relationship with God.
 A score in the range of 21 – 49 reflect a moderate sense of religious well-being.
 A score in the range of 50 – 60 reflects a positive view of one's relationship with God.

To Obtain the Existential Well-Being Score:

The Existential Well-Being score measures one's level of life satisfaction and life purpose.

The *even numbered items* 2, 4, 6, 8, 10, 12, 14, 16, 18, and 20 give the score for existential well-being. Using the values of 1 to 6 that the respondent gave these items, add the total for existential well-being (EWB).

A score in the range of 10 – 20 suggests a low satisfaction with one's life and possible lack of clarity about one's purpose in life.
 A score in the range of 21 – 49 suggests a moderate level of life satisfaction and purpose.
 A score in the range of 50 – 60 suggests a high level of life satisfaction with one's life and a clear sense of purpose.

Examining Individual Items:

Another way to use the Scale is to look for extreme scores which indicate low spiritual well-being. For example, if one answers “Strongly Agree” with statement number 6, “I feel unsettled about my future,” this may be a possible indicator of low existential well-being that a person may find beneficial to reflect upon.

Answers to these individual items may help a person pinpoint some sources of lower well-being.

Norms

During the first decade following the publication of the SWBS, several studies were done to yield baseline data on the SWBS for various samples. Some of these data are reported by Bufford, Paloutzian and Ellison (1991). A portion of the data are summarized in this manual. Samples on which these data are based include pastors and seminary students, church samples from several denominations, self-defined "ethical" and "born-again" believers, college students, nursing students, counseling patients (outpatient, sexually abused, eating disorders), religious and nonreligious sociopathic convicts, medical patients, and caregivers for the terminally ill.

Table 1 presents the sample sizes, means, standard deviations, and where available the medians for RWB, EWB, and SWB. Scores on the SWBS do not seem to be appreciably affected by the age and sex of subject. Therefore, it is not necessary for Table 1 to report separate norms for males and females.

Users of the SWBS may find both the SWB total score and the scores for RWB, EWB, and single items useful. RWB, EWB, and SWB totals can be compared against the data in Table 1 or other published findings. Group means and medians on these measures can be used to test hypotheses or assess treatment or program effectiveness. Practitioners working with individuals may use a patient's response to a specific item to probe the disorder and possible treatment. Specialized institutions may develop their own norms, unique to their special populations and settings.

Comparative Data

A great deal of research has been done since the early studies summarized above. They contain much in the way of interpretive information and comparative assessments for various groups and populations. The samples come from many countries with diverse populations and in many languages, with research participants of all ages and education levels, and with varied health status. The data reveal both broadly consistent patterns and trends in SWB, EWB, and RWB for various groups that reflect their general orientations as well as ethnic and racial groups, traumas experienced, medical and mental health conditions, and other comparative information. See Paloutzian, Bufford, and Wildman (2012) for an extensive review of the health-related research, and Paloutzian et al. (2021) for comparative research with the SWBS in translation.

Table 1. Descriptive Statistics for RWB, EWB, & SWB in Various Samples. *

Sample	N	RWB			EWB			SWB		
		M1	SD	Mdn	M1	SD	Mdn	M2	SD	Mdn
Religious Groups										
Alliance	330	53.58	6.23	55.0	49.42	7.38	51.0	103.00	12.30	105.0
Assembly of God	41	56.73	5.42		53.15	6.78		109.88	11.58	
United Methodist	32	49.64	7.43		49.47	7.29		99.09	13.48	
Born again	143	55.64	5.87		52.58	6.31		108.13	11.08	
Ethical Christian	33	46.76	8.30		46.67	7.78		93.42	14.63	
Conservative Baptist	285	54.77	6.14	58.0	51.19	7.33	53.0	105.93	12.59	110.0
Unitarians	45	34.10	13.03		48.71	7.57		82.81	15.02	
Evangelical seminary students	55	54.75	5.92		51.25	5.88		106.00	10.29	
College Students										
Evangelical	50	53.70	6.32		49.54	5.50		104.26	9.46	
Ethical Christian	50	43.88	9.47		47.45	6.70		91.61	13.24	
Non-Christian	17	29.65	15.94		41.55	9.40		70.47	17.89	
Nursing	197	48.90	7.20		46.10	10.69		95.00	15.19	
Counselees										
Outpatient Counselees	72	47.36	8.94	48.0	39.49	10.54	40.0	86.54	17.79	85.0
Sexually abused outpatients	50	46.46	11.48	48.0	39.26	10.58	42.5	85.82	19.61	90.0
Outpatient eating disorders	25	38.92	11.60	41.0	40.44	8.68	41.0	79.44	16.46	77.0
Inpatient eating disorders	35	41.71	9.52	40.0	35.77	8.21	35.0	77.77	15.06	75.0
Combined patients Others	182	44.87	10.58	46.0	38.84	9.95	39.0	83.68	17.91	83.0
Christian sociopathic convicts	27	51.10	10.40		50.10	10.40		105.50	13.15	
Non-relig. Sociopathic Convicts	25	35.60	9.20		40.70	9.20		76.30	16.30	
Caregivers	64	48.00	11.03		46.34	8.21		93.91	17.68	
Medical outpatients	56	51.50	9.67		48.50	8.38		99.89	16.01	

* Adapted from Bufford, Paloutzian, & Ellison (1991). Used by permission. More data are available on additional samples. See the references and bibliography for the resources for this research. *Note 1*: Samples with N > 25 are significantly different if means differ by 3 or more points. *Note 2*: Samples with N > 25 are significantly different if means differ by 5 or more points.

SWBS Translations

In recent years a large body of research has begun to develop using the SWBS in many languages and countries. The scale has been translated into no less than 20 languages as of this writing, and others are in progress. They vary in the degree to which they are able to capture the exact meanings in the items of the original English SWBS. This is an expected occurrence in translating psychometric scales from one language to another. Key to the process of translating a psychological scale is that the goal is not merely to translate only words in an exact way, but to translate the meanings of the items as a whole. In the ideal case (which may not ever happen except in theory), an identical numerical score for the total SWBS, EWBS, and RWBS in both the original and translated languages would reflect the exact same psychological meaning. This would allow for genuine cross-cultural comparisons of data among various populations that can be very difficult to compare. Accomplishing this as much as realistically possible may require occasional departure from the mere substitution of each word in one language for its equivalent in the other, as that may not suffice to transfer the psychological meaning of the items into the target language.

The translations generally show data patterns similar to the original SWBS (e.g., with SWBS generally coherent as a whole, and with two sub-factors corresponding to the EWBS and the RWBS). However, in a few instances, in which religious thinking and speaking is guided more by strict cultural expectations than by the intellectual freedom or encouragement to ask all questions, research participants have found it difficult to conceptualize, and therefore answer, some of the negatively worded items on the RWBS. In other cases, in which a culture was largely secular, some participants may find it difficult to answer items on the RWBS simply because some of its language does not convey a clear meaning to them. In these cases, the participants can complete only the EWBS and comparisons can be made between groups on it. Or alternatively, some of the explicitly religious language in the RWBS (e.g., “God”) has occasionally been changed to “God or higher power” or to “higher power”. Such changes have generally worked satisfactorily for those who needed to make them. See Paloutzian et al. (2021) for a comprehensive evaluation on 10 translations of the SWBS, and tips on things to do and not do.

Research Directions

Additional research that focuses on the relationship between the SWBS and a variety of religious and secular groups and belief systems would be valuable. Assessing the effects of various life circumstances, personality dimensions, and cross-cultural differences on SWB scores has yet to be done. Also, longitudinal studies remain to be conducted, as well as the assessment of SWB in children, studying the time course of SWB across the life-span, and developing a children's or other alternate versions of the SWBS.

Additional research exploring the degree to which the SWBS predicts physical and psychological health is also needed. See Paloutzian et al. (2010) for a full elaboration on translations of the SWBS.

Use of the SWBS is granted with the request that users make their findings available to the scale authors. It is the authors' intention to continue scale development and an increased data base for its interpretation. It is through such cooperation with users of the instrument that this can be accomplished.

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See also the following two bibliographies:

1. Comprehensive SWBS Research Bibliography.
2. SWBS: Selective Bibliography 1979-2005.

(Available gratis by download at <https://www.westmont.edu/psychology/raymond-paloutzian-spiritual-wellbeing-scale>.)

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