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The Spiritual Well-Being Scale: Portuguese Translation and Suggestions for Use

A Escala de Bem-Estar Espiritual: Tradução para o português e sugestões de uso

Raymond F. Paloutzian*

Abstract

In recent years the study of the relationships between religion and health has expanded to include the study of the relationships between spirituality and health. "Spirituality" is typically thought of as the more inclusive of the two terms. Meanwhile, the concept of spiritual well-being (SWB) has been invoked to reflect someone's self-perception of well-being in terms that the person understands "spiritual" to mean – whether religious or existential in connotation. Thus, spirituality and SWB should not be confused with each other. Measures of each construct differ in psychological dimensions they are trying to tap and in the kind of assessments they are intended to yield. This paper explains each construct, presents the Portuguese translation of the SWBS, and notes suggestions for its use.

Keywords: Spiritual Well-Being; Spiritual Well-Being Scale; Spirituality; Spirituality and Health; Religion and Health

Resumo

Recentemente, o estudo das relações entre religião e saúde tem se expandido para incluir o estudo das relações entre espiritualidade e saúde. "Espiritualidade" é normalmente considerado como sendo, entre os dois, o termo mais inclusivo. Entrementes, o conceito de bem-estar espiritual (SWB – *spiritual well-being*) tem sido invocado para refletir a auto-percepção de bem-estar em termos do que a própria pessoa entende como sendo o sentido de "espiritual" – quer seja com uma conotação religiosa ou existencial. Assim, espiritualidade e bem-estar espiritual não devem ser confundidos um com o outro. Medidas de cada constructo diferem nas dimensões psicológicas que tais termos estão tentando cobrir e no tipo de avaliações que se destinam a produzir. Este texto explica cada constructo e apresenta a tradução para o português da SWBS e faz sugestões de uso.

Palavras-chave: Bem-estar espiritual; Escala de Bem-estar espiritual; espiritualidade; espiritualidade e saúde; religião e saúde.

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* Professor Emeritus of Psychology at Westmont College in Santa Barbara, California, USA. Editor of The International Journal for the Psychology of Religion. Ph.D.: Social Psychology at Claremont Graduate School; M.A. 1972 - Experimental Psychology, Claremont Graduate School; B.A. (1970) - Psychology, California State University, Los Angeles, (1968). Country of Origin: United States of America. E-mail: paloutz@westmont.edu

Introduction

Beginning in the last one-third of the 20th century and continuing to the present, research in the psychology of religion has seen the concept of spirituality come into common use in addition to the concept of religion (PALOUTZIAN, 2016; STREIB & HOOD, 2015). Some of this trend seems evident in Brazil (ESPERANDIO & MARQUES, 2015). For the past two decades articles, books, grant proposals, and discussions at professional meetings have often invoked the terminology of "religion and spirituality" in addition to sometimes using each concept separately. In addition, books and health associations were created based on the notion of complementary and alternative medicine, which tend to easily accommodate various spiritualities and their practices (COBB, PUCHALSKI, & RUMBOLD, 2012). Reasons for this trend have been elaborated elsewhere (PALOUTZIAN, 2006, 2016; PALOUTZIAN & PARK, 2013, 2014). Briefly, however, it became clear that for many people there was a spiritual dimension to their lives that was not captured by the traditional religious faiths. Something new was needed.

The new spiritual paths were instead often more individual, less formal, less doctrinaire, less bounded by a tradition, flexible in the practices deemed permissible, and occasionally more adventurous. They could be other-worldly or this-worldly-only, and could be molded to fit individual inclinations. The temper of the times fostered the idea that, psychologically speaking, "the quality of life lies in the experience of life" (CAMPBELL, 1976, p. 118). Researchers then began to develop measures to assess the subjective quality of life experience.

1 Spirituality and Spiritual Well-Being

The Spiritual Well-Being Scale (SWBS)[1] was developed during this transitional and experimental time as one among many manifestations of the increased interest in spirituality (BÜSSING, 2012). Paloutzian and Ellison (1982) reasoned that because spirituality was becoming important to people, it may provide a sense of well-being that is good, healthy, and that people want and need. It seemed that people needed something that would transcend the tendency to be overly focused on oneself (ELLISON, 1983). However, we knew from the literature and from in-depth interviews that "spirituality" meant different things to different people. The meanings clustered into two camps – one anchored in traditional religious terms and one anchored in a-religious, existential terms. This finding lead to the development of the SWBS, its two subscales measuring religious well-being (RWB) and existential well-being (EWB), and a great deal of subsequent research on their relationship to physical and mental health variables (PALOUTZIAN, BUFFORD, & WILDMAN, 2012).

A fundamentally important first step was to distinguish between spirituality and SWB. Measures of spirituality are typically designed to assess how spiritual someone is or how much spirituality someone has achieved, or how much motivation toward connecting with something beyond themselves is a basis for their life (PIEDMONT, 2001; PIEDMONT & WILKINS, 2013). Someone who scores high on a spirituality measure is typically understood either to have attained a higher degree of (or sense of) connection with that which lies beyond them, or to have a higher degree of motivation for attaining such a state. Neither of these notions constitutes well-being in the psychological sense connoted and assessed by the SWBS. The literatures on spirituality and SWBS make this distinction very clear.

[1] SWBS © 1982 Craig W. Ellison & Raymond F. Paloutzian. All rights reserved.

Nevertheless, a researcher has sometimes used the SWBS when actually intending to measure spirituality (KOENIG, 2009; KOENIG, KING, & CARSON, 2012), an error I always advise against. This is because the SWBS is an outcome assessment of perceived well-being in the two senses in which they tend to think reflects what "spiritual" means to them (RWB and EWB). It is not a measure of how spiritual someone is or is motivated to be.

2 The Spiritual Well-Being Scale

Craig Ellison and I hardly thought about what use might be made of the SWBS following its publication. To our surprise, however, we began to receive many requests to use it, especially from health related fields such as nursing (PALOUTZIAN, 2002). Since its first publication the SWBS has been much used as a tool in research and practice in the healthcare fields. As of the publication of the comprehensive review by Paloutzian, Bufford, and Wildman (2012), the scale had been used in in over 300 published articles and chapters, 190 doctoral dissertations and masters theses, 35 posters and presentations, and 50 unpublished papers. It has also been reprinted in no less than 4 books on palliative care and counseling (DOW, 2006; KUEBLER, HEIDRICH, & ESPER, 2007; KELLY, 1995; TOPPER, 2003).

The Subscales and SWBS Use. The RWB and EWB subscales of the SWBS each contain 10 items with approximately half of the items reverse-worded in order to control for response set bias. An SWB total score is obtained by summing the scores for all 20 items. Of course, the total SWB score is a global assessment; it can mask more precise psychological issues because it combines one's perception of religious and existential well-being into a single index. Because of this, I always advise researchers to analyze their data by the SWB and EWB subscale scores after performing an overall analysis on SWBS total scores (BUFFORD, PALOUTZIAN, & ELLISON, 1991).

I also advise counselors to pay close attention to the pattern of the two subscale scores when using the SWBS with clients. I make this recommendation because the RWB and EWB scores do not necessarily behave the same way. It is entirely possible for someone to score in a non-uniform way on these two subscales, so that the obtained pattern of high and low scores and their relationships may suggest something psychologically interesting, and perhaps something of personal or clinical relevance.

When examined independently, the two subscales tend to be moderately correlated; the psychological dimensions assessed by them overlap somewhat but are more independent than not. Thus, someone can score high or low on either subscale, so that there are four combinations of scoring patterns (high high, high low, low high, low low) on the combined two dimensions. The combined pattern of these scores may help clinicians and counselors to most effectively manage the recovery of a client from suffering, since scores on the subscales can be differentially associated with measures of, e.g., depression and anxiety (see Paloutzian, Bufford, & Wildman, 2012, for extensive review). Thus they may help predict how well one responds to different health-promoting efforts.

The following points maybe useful for clinical and counseling psychologists and psychiatrists to take into account when using the SWBS in context of helping patients/clients. First, the SWBS seems useful mostly to help treat clients whose suffering includes absence of meaning in some form -- religious or existential. It may not be useful for treating people suffering from other symptoms or problems. Second, the client's SWBS scores can be used in at least two ways. They can be compared with the data published from other populations. This helps the professional see the "SWBS profile" of this client, compare it with the profile of others with the same and different problems, and thus assess the severity of the patients suffering. Third, when comparing the patient's RWB and EWB subscale scores with each, their high-low pattern may suggest whether the client's suffering involves primarily religious issues, existential/purpose-in-life issues, or both. For

example, if a patient is personally deeply religious and scores in the low range on RWB but not EWB, this may suggest trouble in the patient's religious life. On the other hand, if the patient is nonreligious, analogous attention can be paid to the EWB score and its items and implications. Fourth, the scoring pattern and the patient's answers to specific SWBS items can be used to explore issues of concern via talk therapy, so that the most effective psychotherapeutic strategy can be used. Fifth, in clinical work it is well known that the so-called "common colds" of psychological difficulties – depression and anxiety – are inversely correlated with SWBS scores (Bufford et al., 1991; Paloutzian et al., 2012). Thus, SWBS scores may serve as a rough "pointer" that signals to the professional when issues involving depression or anxiety need to be explored.

Statistical properties. The reliability and validity statistics of the SWBS and its two subscales have been examined several times. The results typically show coefficient alpha reliabilities in the .7-.9 range (satisfactory to good), similar to those found in the original research by Paloutzian and Ellison with standard college student populations (also see Genia, 2001, as a typical example). The same general pattern of results tends to be found with normal adult populations. Similarly, both the original English and non-English versions of the scale tend to show a similar pattern and factor structure (BRUCE, 1997; MARQUES, SARRIERA, & DELL'AGLIO, 2009; MUSA & PEVALIN, 2012).

Factor Structures. Factor analyses of SWBS datasets typically emerge with a factor structure similar to that obtained during the initial development of the scale. They most often yield one "vertical" or religious factor that contains the scale items that included the word "God," and one "horizontal" or existential factor that include the scale items that do not contain the word "God."

There are important exceptions, however. These exceptions can be important for gaining insight into the psychological nature of the sample being studied. For example, although the studies by Paloutzian and Ellison (1982), Genia

(2001), Marques, Sarriera, & Dell'Aglio (2009), and Musa and Pavelin, (2012) yielded fairly similar factor structures (with the two primary factors and the existential factor occasionally being comprised of two very modest sub-factors), the study by Scott, Agresti, and Fitchett (1998) yielded three factors comprised of completely different sets of items. Also, the labels used for the factors in most research (vertical or religious; horizontal or existential) made no sense for the factors obtained in the Scott et al. study. Their factors had to be given different names because their interpretation and meaning did not match those found in most research. Why?

The circumstantial reason for these differences is due to the nature of the sample studied. Most of the research has been done on general student or adult populations. Those studies tend to yield similar factor structures. However, the subjects in the Scott et al. study were hospitalized psychiatric inpatients. This is an important difference. It means that the very meaning of the items that make up the SWBS, which make straight-forward, ordinary sense in normal populations, cannot be assumed to mean the same thing when answered by psychiatric inpatients. Because the items convey different meanings to them, the factors from their dataset emerge differently and therefore have to be subject to a different interpretation.

An important lesson from such differences is that the statistical properties that emerge, such as factor structures, are not properties of a scale; they are properties of a data set. A scale may be well crafted or not, but in no case does the scale itself have factors or reliabilities. Those are properties of the data sets generated by the use of the scale. Therefore, when a scale is given to samples of different kinds, any differences that emerge in the reliabilities and factors may be helpful in efforts to understand those from whom that data sets come. A difference may contain important clues to the psychological nature of the samples being studied. Not all populations are the same.

3 Translations

The SWBS has been translated into several languages. The list includes but is not limited to Arabic, Cebuano, Chinese, Czech, English (retrospective child version), Korean, Malaysian, Norwegian, Portuguese, Spanish, Tagalog, Turkish, and Vietnamese. All but two of these translations have been empirically tested. In addition, Cotton et al. (2005) developed a short English version of the SWBS appropriate for use with adolescents. Of particular relevance to this publication is the translation into Portuguese by Luciana Marques (MARQUES, SARRIERA, & DELL'AGLIO, 2009) presented in Table 1.

It is well done and shows statistical properties and factors analogous to the original English scale. It is being used in subsequent research.

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 whose use and results are of good quality for research purposes.

1. The first method makes use of what is called 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 versionis considered satisfactory; if not, then the procedure is repeated until satisfactory results are obtained.

2. A second method is to have the translation made by a committee of qualified people, all of whom are competent in both languages.

Table 1. - Escala de Bem-estar Espiritual

Para cada uma das afirmações seguintes, faça um X na opção que melhor indica o quanto você concorda ou discorda da afirmação, enquanto descrição de sua experiência pessoal						
CT = concordo totalmente			DC = discordo mais que concordo			
CP = concordo parcialmente			DP = discordo parcialmente			
Cd = concordo mais que discordo			DT = discordo totalmente			
Descrição da experiência pessoal	**CT**	**CP**	**Cd**	**Dc**	**DP**	**DT**
1. Não encontro muita satisfação na oração pessoal com Deus.						
2. Não sei quem sou, de onde vim ou para onde vou						
3. Creio que Deus me ama e se preocupa comigo.						
4. Sinto que a vida é uma experiência						
5. Acredito que Deus é impessoal e não se interessa por minhas situações						
6. Sinto-me inquieto quanto ao meu futuro.						
7. Tenho uma relação pessoal significativa com Deus.						
8. Sinto-me bastante realizado e satisfeito com a vida.						
9. Não recebo muita força pessoal e apoio de meu Deus.						
10. Tenho uma sensação de bem-estar à respeito do rumo que minha vida está						
11. Acredito que Deus se preocupa com meus problemas.						
12. Não aprecio muito a vida.						
13. Não tenho uma relação pessoal satisfatória com Deus.						
14. Sinto-me bem acerca de meu futuro.						
15. Meu relacionamento com Deus ajuda-me a não me sentir sozinho.						
16. Sinto que a vida está cheia de conflito e infelicidade.						
17. Sinto-me plenamente realizado quando estou em íntima comunhão com Deus.						
18. A vida não tem muito sentido.						
19. Minha relação com Deus contribui para minha sensação de bem-estar.						
20. Acredito que existe algum verdadeiro propósito para minha						

Fonte: ELLISON, 1983, p. 330-340

Note: The original English language Escala de Bem-estar (EBE) (SWB Scale) is in ELLISON, 1983, p. 330-340.

3. A third method is to have the translation done by a committee of qualified people, but they begin by first translating the scale individually. Then they meet, and all committee members share all of the translations. Then they talk through each item in detail and come to agreement about the precise wording in each one. The final product is then given to another person, not part of the translating team, who evaluates it, makes any recommendations for changes, and it then goes back to the committee for final composition. The translated scales produced by procedures number 2 and 3 above can also be subject to the back-translation procedures.

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 at translation with slight modification of words or phrases may work. These things are found out by testing the translated instrument in its cross-cultural context.

Conclusion

It is important to remember that the SWBS is a psychological scale, not a theological scale. It does not and cannot measure the theologically defined "Truth" of anyone's spiritual well-being in whatever way God or a spiritual being might see it. But it can provide a rough index of someone's psychological sense of SWB in terms meaningful to them. It seems to be useable in cultures in which the language and religious/spiritual sensibilities are analogous to those in the culture in which the original was developed.

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