

Published as

UNDERSTANDING AND ASSESSING SPIRITUAL HEALTH

Chapter 4 (pp.69-88) in M.deSouza et al. (eds)

*International handbook of education for spirituality, care and well-being.*

International handbooks of religion and Education 3, DOI 10.1007/978, Springer

Science+Business Media B.V. 2009.

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Abstract

Attempts at defining spirituality vacillate between the human and the divine. However, many studies show relationships between spirituality or religion and health. An extensive literature search and a study of almost 100 educators in four different types of schools led to a model in which spiritual health is understood to be a, if not the, fundamental dimension of health, permeating and integrating the other dimensions of health (physical, mental, emotional, social, vocational). The quality of relationships experienced between each person and themselves, others, the environment and God indicate their state of spiritual health in each of these four domains. This model provided the basis for various assessments of spiritual health/well-being among school and university students and staff in Australia and the United Kingdom. The Spiritual Health in Four Domains Index, Spiritual Health And Life-Orientation Measure, Feeling Good Living Life and Quality Of Influences Survey were developed for these and other studies in spiritual health.

## UNDERSTANDING AND ASSESSING SPIRITUAL HEALTH

### Brief Introduction

There is a growing consensus that human spirituality is a real phenomenon, not just a figment of the imagination (Seaward, 2001; Moberg, 2002). Accurate assessment is needed to extend knowledge about spiritual wellness, to help diagnose spiritual ailments, so that appropriate spiritual care might be provided to restore spiritual health (Moberg). This action is not only needed for individuals, but the whole world, for the survival of the human race (Seaward 2001).

Attempts at defining spirituality vacillate between the human and the divine (see Spilka, 1993, cited in Hill et al., 2000). Many people claim that ‘spirituality’ and ‘well-being’ are both multifaceted constructs that are elusive in nature (e.g., de Chavez 2005; Buck 2006; McSherry & Cash, 2004). This has not prevented people from trying to define spirituality and well-being and their interrelationship in the form of spiritual well-being (SWB).

This chapter provides a brief look at the nature of spirituality and health, then a definition and model of spiritual health and well-being. A presentation follows of a number of instruments for measuring aspects of spiritual health/well-being, that have been developed from this model, with comment on other recent research on spirituality of youth. The final section provides some reflections on this research in SWB for pastoral care in schools.

### Nature of Spirituality

The nature of spirituality has been debated for centuries. The literature reveals the difficulty writers have in defining the concept (Chiu et al., 2004; Diaz, 1993; Goodloe & Arreola, 1992; Seaward, 2001). Muldoon and King claim:

Spirituality can mean many things in popular usage, and is often understood differently by different people. While retaining a certain ambiguity, its current range of application extends from traditional institutional religion to occult practices. In general, the term appears to denote approaches to discovering, experiencing, and living out the implications of an authentic human life (1995, p.330).

There are 24 separate meanings for the word 'spirit' listed in the *Oxford English Dictionary* (Brown, 1993). The general meaning underlying all the uses is that of an animating or vital principle which gives life, transcending the material and mechanical. It refers to the essential nature of human beings, strength of purpose, perception, mental powers, frame of mind. "'Spiritual' may refer to higher moral qualities, with some religious connotations and higher faculties of mind" (Hill, 1989, p.170).

An extensive survey of the literature reveals several points of agreement, as well as divergent opinions, that are worth noting.

### *Spirituality is Innate*

There is considerable support for spirituality being posited at the heart of human experience (McCarroll, O'Connor & Meakes, 2005), and being experienced by everyone (Nolan and Crawford, 1997). Oldnall not only believes that "each individual has spiritual needs" (1996, p. 139), he goes a step further, claiming that "human spirituality in a very real sense...unifies the whole person" (ibid., p.140). This view is supported by Leetun, in whose opinion spirituality "is the dimension that permeates, deepens, shapes, and unifies all of life" (1996, p. 60). Spirituality can be seen as a vital component of human functioning.

### *Spirituality is Emotive*

The notion of spirituality is emotive (Jose & Taylor, 1986). It touches people's hearts because it deals with the very essence of being. It is important for people in positions of influence to remember that they cannot be neutral, or value free, but must try to be objective in examining the concepts of spirituality and spiritual health, especially as they relate to young people (Warren, 1988).

### *Spirituality and Religion*

Opinions vary on the nature of any relationship between spirituality and religion. Some people equate spirituality with religious activity, or use the words interchangeably (Piedmont, 2001; Gorsuch & Walker, 2006), whereas others believe this assumption is not valid (Banks, Poehler & Russell, 1984; Scott, 2006). Hill et al. discuss commonalities between spirituality and religion as well as differences (2000). Scott reports three polarizations between views held by behavioural scientists, differentiating spirituality and religion (Zinnbauer, Pargament & Scott, 1999). Hill et al. (2000) argue that spirituality is subsumed by religion, but some see religion as one dimension of spirituality (Nolan & Crawford, 1997). Rather simplistically speaking, religion focuses on ideology and rules (of faith and belief systems) (Horsburgh, 1997), whereas spirituality focuses on experience and relationships which go beyond religion (Lukoff, Lu & Turner, 1992).

Koenig, McCullough and Larson (2001) include “a relationship to the sacred *or* transcendent” [my italics](p.18) in their definition of spirituality. Taking this broader view, Seaward asserts that spirituality involves “connection to a divine source whatever we call it” (2001, p.77). But, spirituality does not have to include “God-talk” according to Jose & Taylor (1986).

Abraham Maslow, reputed by many to be the father of humanistic psychology, and John Dewey, a founder of the philosophical school of Pragmatism, both consider spirituality to be part of a person's being, therefore, prior to and different from religiosity (Fahlberg & Fahlberg, 1991). A number of authors have followed this humanistic line of thinking bringing attempts at defining secular spirituality as a spirituality without any need for a religious/God component (Harvey, 1996; Newby, 1996). Smith (2000) and Wright (2000) are among many Christian writers who raise arguments against removing religion and God from discussions of spirituality.

This kaleidoscope of viewpoints illustrates how people's worldviews and beliefs can influence their understanding of spirituality, a key feature in the model of spiritual health presented later in this chapter.

### *Spirituality is Subjective*

Spirituality has been seen as personal, or subjective, lacking much of the objective nature considered necessary for its investigation via the scientific method (Chapman, 1987). But, science can neither affirm nor deny metaphysical issues, such as spirituality, any more than it can aesthetics. Diaz (1993, p. 325) is concerned that proponents of *scientism*, those who exalt the scientific method to the unholy status of "science = truth", tend to dismiss spirituality, because it cannot be studied through current scientific methodology. "If we can accept concepts such as self-worth, self-esteem, and self-actualization, then it should be legitimate to explore...spirituality, for these concepts are equally as intangible as spirituality" (Jose & Taylor, 1986, p.18).

If one says that the use of the five physical senses and the empirical way of knowing is the only true science, then much of logic, mathematics, reason and psychology have no place in science. To focus too much on the sensory realm, and, from a spiritual perspective,

to reduce a person to mere matter is a classic example of mistaking substance for essence (Fahlberg & Fahlberg, 1991).

To balance an over-emphasis on the subjectivity of spirituality, Thatcher (1991, p.23) argues that there is a “crippling price to pay for misidentification of spirituality as inwardness,” and we need to go beyond the inner search to fully understand spirituality.

### *Spirituality is Dynamic*

According to Priestley (1985, p 114), “The spirit is dynamic. It must be felt before it can be conceptualised.” Terms like ‘spiritual growth’ and ‘development’ are used to express the vibrant nature of spirituality (Chapman, 1987). A person’s spiritual health can be perceived to be high or low. If it is static, there is neither growth or development, nor spiritual life. The spiritual quest is like being on a journey: If you think you've arrived, you haven't yet begun, or, you are dead.

### *Understanding Spirituality*

Koenig et al. (2001, p.19) describe five types of spirituality in the United States (US), although these could just as easily be grouped into the three categories described by Spilka as “God-oriented, worldly-oriented with an idolatrous stress on ecology or nature, or humanistic, stressing human potential or achievement” (cited in Moberg, 2002, p.49).

Palmer attempts an integration of the above divergent views, by describing spiritually as ‘the ancient and abiding human quest for connectedness with something larger and more trustworthy than our egos – with our own souls, with one another, with the worlds of history and nature, with the invisible winds of the spirit, with the mystery of being alive.’ (Palmer, 1999, p.6). Palmer’s definition has many similarities to my functional definition:

‘Spirituality is concerned with a person’s awareness of the existence and experience of inner feelings and beliefs, that give purpose, meaning and value to life. Spirituality helps individuals to live at peace with themselves, to love (God and)\* their neighbour, and to live in harmony with the environment. For some, spirituality involves an encounter with God, or transcendent reality, which can occur in or out of the context of organised religion, whereas for others, it involves no experience or belief in the supernatural. (NB \* These words were placed in parentheses as they will be meaningless to those people who do not relate with God.)’ (Fisher, 1998, p.190)

### Dimensions of Health

A comment on the nature of health is warranted before investigating the relationship between spirituality and health. Even in Greek times, educators considered the total health of each individual as having a sound spiritual base (Brown, 1978). Thus, “for Hippocrates, it is nature which heals, that is to say the vital force - *pneuma* (or spirit) - which God gives to man” (from Adams, 1939); while ‘healing’ may be defined as “a sense of well-being that is derived from an intensified awareness of wholeness and integration among all dimensions of one’s being” (Coward & Reed, 1996, p.278), which includes the spiritual elements of life.

Writers suggest that there are six separate, but interrelated, dimensions that comprise human health (Hawks, 2004; Seaward, 2001). Health involves much more than *physical* fitness and absence of disease; it includes the *mental* and *emotional* aspects of knowing and feeling; the *social* dimension that comes through human interaction; the *vocational* domain; and, at the heart, or, very essence of being, the *spiritual* dimension. To Eberst, it is the spiritual dimension which seems to have greatest impact on overall personal health (1984).

## Spiritual Health and Well-Being

Ellison (1983, p.332) suggests that spiritual well-being “arises from an underlying state of spiritual health and is an expression of it, much like the color of one’s complexion and pulse rate are expressions of good [physical] health.” Fehring, Miller & Shaw (1997, p.664) support this view by adding, “spiritual well-being is an indication of individuals’ quality of life in the spiritual dimension or simply an indication of their spiritual health.”

Four main themes appear in the framework definition proposed by the National Interfaith Coalition on Aging (NICA), in Washington DC, that spiritual well-being is “the affirmation of life in a relationship with *God, self, community* and *environment* that nurtures and celebrates wholeness” (NICA, 1975. Italics added).

An extensive review of literature reveals these four sets of relationships are variously mentioned when discussing spiritual well-being (references across the last three decades include Benson, 2004; Burkhardt, 1989; Como 2007; Ellison, 1983; Martsolf & Mickley, 1998; Ross 2006). These relationships can be developed into four corresponding domains of human existence, for the enhancement of spiritual health:

relation with self, in the *Personal* domain

relation with others, in the *Communal* domain

relation with the environment, in the *Environmental* domain, and

relation with transcendent Other, in the *Transcendental* domain.

Detailed descriptions of these four domains of spiritual health were developed from interviews with 98 educators from 22 secondary schools (State, Catholic and Independent) in Victoria, Australia. Up to five senior staff were interviewed in each school to elicit their views on the nature of spiritual health and its place in the school curriculum. Surveys were



also collected from 23 Australian experts (Fisher, 1998). The following definition was derived, in which spiritual health is described as:

a, if not *the*, fundamental dimension of people's overall health and well-being, permeating and integrating all the other dimensions of health (i.e., physical, mental, emotional, social and vocational). 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 well-being:

*Personal* domain – wherein one intra-relates with oneself with regards to meaning, purpose and values in life. Self-awareness is the driving force or transcendent aspect of the human spirit in its search for identity and self-worth.

*Communal* domain – as shown in the quality and depth of interpersonal relationships, between self and others, relating to morality, culture and religion. These are expressed in love, forgiveness, trust, hope and faith in humanity.

*Environmental* domain – beyond care and nurture for the physical and biological, to a sense of awe and wonder; for some, the notion of unity with the environment.

*Transcendental* domain – relationship of self with some-thing or some-One beyond the human level (ie, ultimate concern, cosmic force, transcendent reality or God). This involves faith towards, adoration and worship of, the source of Mystery of the universe (from Fisher, 1998, p.191).

This definition outlines the inter-connective and dynamic nature of spiritual health, in which internal harmony depends on intentional self-development, coming from congruence between expressed and experienced meaning, purpose and values in life at the Personal level. This often eventuates from personal challenges, which go beyond contemplative meditation, leading to a state of bliss, perceived by some as internal harmony.

Morality, culture and religion are included in the Communal domain of spiritual health, in accord with Tillich's view that the three interpenetrate one another, constituting a unity of the spirit, but "while each element is distinguishable, they are not separable" (1967, p.95). Tillich adds that separation of religion from morality and culture yields what is generally called 'secular' (ibid., p.97).

In this work, religion (with small 'r') is construed as essentially a human, social activity with a focus on ideology and rules (of faith and belief systems), as distinct from a relationship with a Transcendent Other, such as that envisioned in the Transcendental domain of spiritual health.

### A Model of Spiritual Health

The following figure depicts the dynamic interrelationships between the component parts of the definition of spiritual health given above. Here, each DOMAIN of spiritual health is comprised of two aspects - knowledge and inspiration. **Knowledge** (written in **bold** type under the heading for each DOMAIN) provides the cognitive framework that helps interpret the *inspirational* or transcendent aspect (in *italics* in the centre of each domain), which is the essence and motivation of each domain of SH. Here we see the metaphorical 'head' and 'heart' working together, striving for harmony. Once achieved, this harmony is reflected in the expressions of well-being, written in Arial type at the bottom of each cell.

In this model, people's worldviews are seen to filter the knowledge aspects, while their beliefs filter the inspirational aspects. A key feature of this model is the partially distinct nature of, yet interrelation between, the 'knowledge' and 'inspirational' aspects of each of the four domains of spiritual well-being.

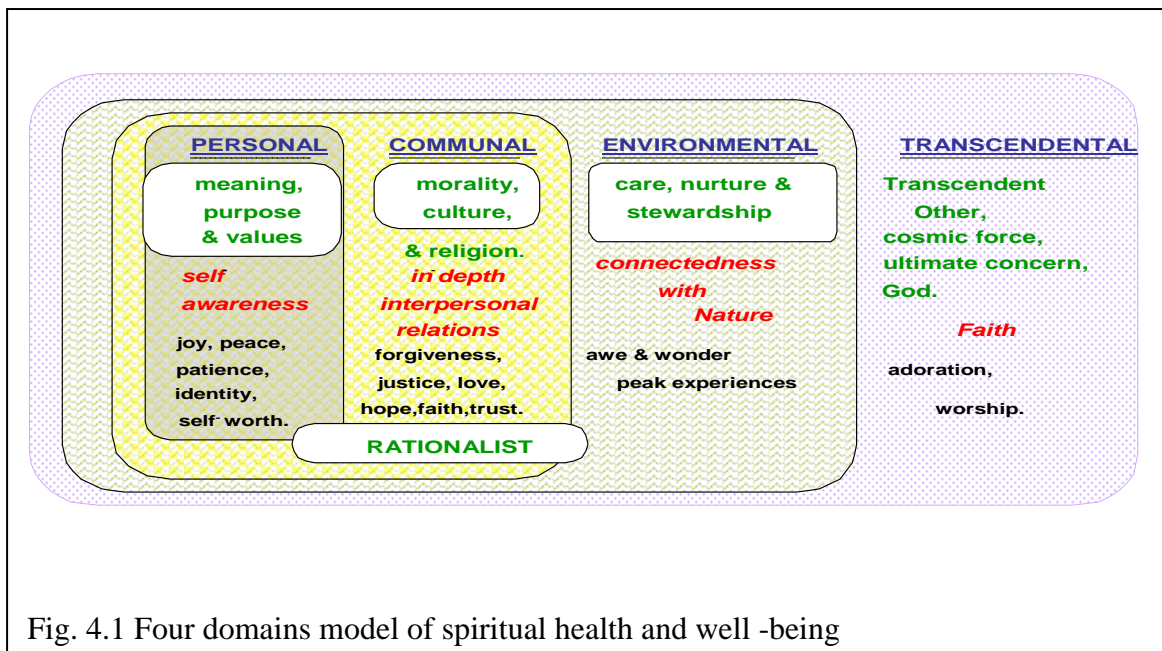


Fig. 4.1 Four domains model of spiritual health and well -being

The quality, or rightness of relationship, in each of the four domains constitutes a person's *spiritual well-being* in that domain. An individual's *spiritual health* is indicated by the combined effect of spiritual well-being in each of the domains embraced by the individual. Spiritual health is thus enhanced by developing positive relationships in each domain, and can be increased by embracing more domains.

The notion of *progressive synergism* is proposed here to help explain the interrelationship between the domains of spiritual well-being. As the levels of spiritual well-being in the domains are combined, the result is more than the sum of the quality of relationships in the individual domains. Progressive synergism implies that the more embracing domains of spiritual well-being not only build on, but also build up, the ones they include. The figure depicts the progressive synergistic relationship between the four domains of spiritual well-being.

When relationships are not right, or are absent, we lack wholeness, or health; spiritual dis-ease can grip our hearts. The quality of relationships in each of the domains will vary over time, or even be non-existent, depending on circumstances, effort, the personal worldview and beliefs of the person. Not many people hold the view that they are sole contributors to their own spiritual health (relationship in the Personal domain only); most at

least include relationships with others in their world-view of spiritual well-being. The notion of progressive synergism states that development of the Personal relationships (related to meaning, purpose and values for life) is precursor to, but also enhanced by, the development of the Communal relationships (of morality, culture and religion).

Ideally, unity with the environment builds on, and builds up, the Personal and Communal relationships. Cultural differences apply here: Many people from western societies do not hold the same view of environment as other people groups, for example Australian Aboriginals and New Zealand Maoris. Westerners are more likely to have some awareness of environmental concerns rather than the deep connection or a sense of wonder and oneness that is evidenced in some non-Western cultures.

The figure also shows the relationship of a person with a Transcendent Other as embracing relationships in the other three domains. For example, a strong faith in God should enhance all the other relationships for SWB. “As persons go out from or beyond themselves, the spiritual dimension of their lives is deepened, they become more truly themselves and they grow in likeness to God” (Macquarrie, cited in Best, 1996, p.126).

In this figure, the so-called Rationalists are willing to embrace the knowledge aspects of ‘spiritual’ well-being, but not the inspirational aspects (shown in balloon boxes). These people would be atheistic or agnostic.

As spiritual health is a dynamic entity, it is through the challenges of life, that the veracity and viability of a person’s worldview and beliefs will be tested, together with the quality of relationships in the domains of SWB considered important. Spiritual health will flourish or flail. If we had a way of assessing the current state of spiritual health, as friend, counselor, parent, or teacher, we would have a basis from which to help nurture relationships appropriately, to enhance our own, and others’, spiritual well-being.

## Assessing Spiritual Health and Well-Being

Many attempts at assessing spirituality and SH/WB are reported in the literature (e.g., Egbert, Mickley & Coeling, 2004; Hill & Pargament, 2003; King & Crowther, 2004; Koenig et al., 2001; MacDonald. & Friedman, 2002; Moberg, 2002). A major difficulty in trying to make sense of this plethora of research is that the conceptual bases upon which the research is founded vary markedly between studies (Berry, 2005). Much of the research confounds spirituality and religion. Although there are commonalities between these two constructs, they are not synonymous (see arguments above).

All measurement devices are built on a values base (generally the researcher's), and most instruments present norms for populations studied. Norms vary so much between groups that what appears to be positive for SWB in one group might have negative implications in another (Moberg, 2002). That's not all. Each group believes that its own criteria for 'true' spirituality is better than everyone else's and should possibly be the normative base for all humanity (ibid.). Moberg does not agree that, because all people are spiritual, it is possible to use identical procedures to evaluate SWB of diverse populations, especially religious and minority groups (ibid.). He adds that investigating spirituality is complicated because any measure cannot be perfect, and it only reflects the phenomenon or its consequences, because it cannot be measured directly.

Most measures are self-reports, but they might not reflect reality, because "*feeling well* is not necessarily *being well*" (ibid., p55). It is essential to check the validity of any instrument used. Does it "genuinely measure spirituality or its components?" (ibid., p56). The power of a questionnaire depends on its theoretical base and the rigour with which it is developed and tested (Gray, 2006).

Nearly all available religiosity/spirituality measures ask people for a single response about 'lived experience' on a series of questions (Ross, 2006). In the best instruments, these questions are built on theoretical frameworks of relationships between spirituality and health that are considered important by the developers of the scales. The 'scores' thus obtained are arbitrary indicators of spiritual health or well-being, especially if they only have a handful of items (Boero et al., 2005). The notion of a group norm of spiritual health is also problematic. People's spiritual health depends on their world-view and beliefs as well as lived experience (Fisher, 1999; Hill et al., 2000), so development of a single measure, which purports to be an objective standard by which to compare people, challenges the multifaceted nature of spiritual health.

Up to 1998, some qualitative studies had been undertaken with school-age children (Coles, 1990; Hay & Nye, 1998), but I could not find any record of quantitative studies of spirituality and/or SWB with school children. Subsequent to my work described here, at least two other studies have used my model of SH to critique their surveys of adolescents (Francis & Robbins, 2005; Hughes, 2007) but neither of these reported on validity to show if their items cohered in the factors presented in my model. None of the other recent studies of youth spirituality have included the balance across the four domains of SH in my model.

Dowling, Gestsdottir, Anderson, von Eye, Almerigi & Lerner (2004) employed 7 items that would fit in Communal SWB, as well as 11 others in a religiosity scale. Engebretson (2006) used nearly equal numbers of questions that would fit Personal, Communal and mixed Transcendental/religiosity domains, but no formal statistics. The studies by Harris et al. (2007) and the Australian, Generation Y Study (Mason et al., 2007) almost exclusively used questions about religion and relation with God, conflating spirituality with religion. Tirri, Nokelainen, & Ubani (2006) reported validity analyses, which rated as 'fair' for the Spiritual Sensitivity Scale, with its 11 items in four sub-scales. Very few

SH/WB measures include many items on the environment, with the exception of Hood's Mysticism Scale (1975), which was developed using university students.

Two recent studies with adolescents in the US (reported in Wong, Rew & Slaikau, 2006) used the Spiritual Well-Being Survey (Ellison, 1983). The SWBS is a commonly used instrument in the US, comprising two 10-item measures, one for Existential Well-Being, the other for Religious Well-Being. This scale was considered too God-oriented for use with increasingly secular Australians, although it was used to validate SHALOM during its development (see next section).

Overall, I found nearly 100 quantitative measures of spirituality and/or Spiritual Health/Well-Being (SH/WB) in available literature published between 1967 and early 2008. Many more religiosity measures have been reported (Hill & Hood, 1999; Koenig et al., 2001). Application of my model of SH led to the following measures related to SH/WB, which add to this growing collection.

### Instruments for Assessing SH/WB

#### *Spiritual Health in Four Domains Index (SH4DI)*

The Spiritual Health in Four Domains Index (SH4DI) was developed by overlaying my model on a selection from 150 items used to study spirituality among 311 primary teachers in the UK (Fisher, Francis & Johnson, 2000). Exploratory factor analyses were used to establish four factors in the SH4DI, each comprised of 6 items, with response sets on a 5-point Likert scale. Another study of mainly pastoral carers (in 1998) in a variety of Victorian schools led to a refinement of the SH4DI, by introducing two levels of response for each item (Fisher 2001). This study contained 8 items representing each of the four domains with 5-point Likert scales (ranging from 'very high' to 'very low').

*Spiritual Health And Life-Orientation Measure (SHALOM)*

The title SHALOM was chosen to represent the very essence of SWB. The Hebrew word Shalom means “completeness, wholeness, health, peace, welfare, safety, soundness, tranquility, prosperity, fullness, rest, harmony, the absence of agitation or discord.” (Strong’s Concordance – Ref. 7965, 1979). The acronym SHALOM reveals its two components – **Spiritual Health** measure (SHM) **And Life-Orientation Measure** (LOM). The LOM elicits the ‘ideals’ people have for SH in four sets of relationships with self, others, environment and/or God. The SHM asks people to reflect on ‘lived experience/how they feel each item reflects their personal experience most of the time.’

SHALOM was developed in the belief that an instrument based on input from 850 secondary school students with diverse cultural and religious backgrounds should have appropriate language and conceptual clarity for studies of SWB within general populations and individuals, from teens to the twilight years (Fisher, 1999). An initial selection of 60 items derived from my model of spiritual health was reduced to the 20-item SHALOM using exploratory factor analysis. The 5 items in each of four *domains* of SH were scored using Likert scale responses from 1= very low to 5= very high:

*Personal*  
sense of identity  
self-awareness  
joy in life  
inner peace  
meaning in life

*Communal*  
love of other people  
forgiveness toward others  
trust between individuals  
respect for others  
kindness toward other people

*Environmental*  
connection with nature  
awe at a breathtaking view  
oneness with nature  
harmony with the environment  
sense of ‘magic’ in the environment

*Transcendental*  
personal relationship with the Divine/God  
worship of the Creator  
oneness with God  
peace with God  
prayer life

Fig. 4.2 Twenty items comprising the four domains of SHALOM



Subsequent confirmatory factor analyses were performed on SHALOM using data from 4462 nurses and carers, university students and staff, school students and teachers, employees in a manufacturing plant and church-attendees. SHALOM showed good reliability (Cronbach's alpha, composite reliability and variance extracted) as well as (construct, concurrent, discriminant, predictive) validity (Gomez & Fisher, 2003). Factorial independence from personality shown by SHALOM indicates that it does more than just 'religify' existing personality constructs (Van Wicklin, cited in Piedmont, 2001, p.4). The stringent process applied to the development of SHALOM yielded salient features of each of the domains to make the overall instrument a balanced, sensitive, flexible tool for assessing spiritual health of individuals and groups.

With only 20 items, SHALOM cannot be considered an exhaustive measure of SH. If carers and clients had time, as well as a confidential relationship, it would be possible to use suitable qualitative procedures to mine the depths of people's SH (e.g., Burkhardt & Nagai-Jacobson, 1994). Rather than taking hours, in 5-10 minutes plus 5 minutes scoring time, SHALOM provides an effective means of indicating key aspects of these four domains of SH.

Each person's beliefs and world-view impact their understanding and commitment to the importance of each of these four domains for spiritual health. It is, therefore, important to gain some idea of a person's world-view before attempting to 'measure' their SH. In SHALOM, each person is compared with themselves as their standard. No arbitrary group norms are employed to compare or rank people. The difference between their 'ideals' and how they feel/'lived experience' gives an indication of their SH in each of the four domains. For example, if people do not think relating with the environment is important for SH, when they score 'low' on the 'lived experience' category, this is in harmony with their 'ideals' in this domain of SH, thus not an immediate cause for concern.

Some people believe that a wholesome relationship with oneself is all that is necessary for SH (MacLaren, 2004). Other people believe that you can only truly be yourself in relation with others (Thatcher, 1991). People are beginning to note the importance of relating with the environment for sustenance and the well-being of humanity. Relating with a Transcendent Other/God is not restricted to religious practice. Some studies have introduced terms such as 'higher power' to replace 'God' in attempts to be more politically-correct and/or less offensive to non-theists (Hungelmann, Kenkel-Rossi, Klassen & Stollenwerk, 1985). In the development of SHALOM, terms such as 'godlike force' and 'supernatural power' were trialed but found wanting as they were not meaningful to teenagers (and therefore a range of adults?). Whether theistic, or not, nearly all people have a concept of 'God.' As they compare their ideals with their lived experience, it is up to each person to define their own meaning for each notion under investigation. For example, many different religions and denominations exist because of people's differing views. A brief question about religion is asked in the demographic section of my surveys, along with gender and age, but religion *per se* is not included in SHALOM.

### *Feeling Good, Living Life*

Following the success of SHALOM with secondary school students, in 2000, I developed Feeling Good, Living Life (FG/LL), by surveying 1080 primary school students (aged 5-12 years) in State, Catholic, other Christian and Independent schools in Victoria and Western Australia (Fisher 2004). This 16-item measure elicits students' ideals (Feeling Good) and lived experiences (Living Life) in four domains of SWB, reflecting relationships with self, family (their most significant 'others'), the environment, and God. A 5-point Likert scale is used to answer questions about how good each of the following makes pupils feel:

<i>Self</i>	<i>Family</i>
feel happy	know family love you
hear people say you are good	love your family
think life is fun	know you belong to a family
know people like you	spend time with family
<i>Environment</i>	<i>God</i>
look at stars & moon	know your God is a friend
go for walk in park	talk with your God
spend time in garden	know your God cares for you
watch sunset or sunrise	think about your God

Fig. 4.3 Sixteen items comprising the four domains of Feeling Good, Living Life

### *Quality Of Life Influences Survey*

In 2002-3, the Quality Of Life Influences Survey (QOLIS) was developed by considering how much each of the following helped students relate with self, others, nature and God, four areas which reflect their SWB. Responses on a 4-point Likert scale (0=never, 1=sometimes, 2=often, 3=always) were gathered from 372 upper primary (aged 10-12) and 1002 secondary school students (aged 12-18) in Catholic, other Christian and Independent schools in Victoria, Australia. Twenty-two influencers were nominated from four *groups*, based on my pastoral involvement with young people over several decades (Fisher, 2006):

<i>Home</i>	<i>School</i>	<i>Community</i>	<i>Church</i>
mother	teacher	female friend	Sunday/Sabbath school teacher
father	RE teacher	male friend	youth leader
sister	principal	sport coach	religious leader (pastor/priest/rabbi)
brother	counsellor	doctor	God
self	welfare staff	counselor	
grand-parent	office staff	musician	

Fig. 4.4 Twenty-two influencers in four groups of the Quality Of Life Influences Survey(QOLIS)

### Reflections on Research in SWB for Pastoral Care in Schools

Assessing a person's state of spiritual health is one matter; using the information to help improve quality of life is another. In schools, hospices and hospitals, most staff do not have time for in-depth communication with individuals to ascertain their deepest needs,

which impact their spiritual well-being. So, how can people be encouraged to share of themselves in a way in which concerned carers can obtain and use the information to help enhance quality of life in the spiritual dimension?

With over 20 students in a class or many hundred in a school, how can a teacher or counselor effectively and efficiently identify students who may be experiencing spiritual disease or distress? It would take hours, if not months or years to interview each student individually. Education policy documents indicate that staff are responsible to care for the whole child, so after some time, we could expect that they might have an inkling about the SWB of each student, as well as their physical, mental, social, emotional (and vocational) well-being (e.g., Adelaide Declaration, MCEETYA, 1999). How much time this would take depends on the degree of student-teacher contact in class, extra-curricular activities and in the school yard, as well as the staff members' affinity for relating with students.

Deeply disturbed students are often visible through attention-seeking behaviour. However, some can and do withdraw behind a mask of extraversion or quietness. SHALOM and other measures presented here can and have been used to identify students of concern with regards to SWB.

### *Vignettes from development of instruments*

Whilst developing SHALOM, I undertook consultancies with selected classes of students in a variety of schools to help test the validity of this instrument. I wanted to know how the findings compared with views of experienced school staff. I had a gut feeling, call it intuition, that the difference between stated ideals and lived experiences in four domains of SWB would relate to behaviour. I could not find anyone else who had reported this type of survey method. As I was doing a consultancy with principals, students were asked to record a code on their surveys, which could be identified by principals. After analysis, detailed

reports were written on approximately ten percent of participants in each school. In two schools, principals and welfare staff thought the findings from SHALOM added weight to concerns they had about all students identified.

#### *Year 9 Surrogate Mum –Improved Maths and General Well-being*

During the development SHALOM, a teacher in a secondary school was drawn to the results from a Year 9 girl, who was having trouble keeping up with Maths in class as well as homework. Let's call her Jan. Jan was one of three girls in a lower ability class, with a cohort of boisterous boys. Jan showed low scores on her ideal states and even lower scores on how she felt (lived experience) for the Personal and Communal domains of SWB. Through my work with university students it has since been shown that these results correlate with depression (Gomez & Fisher, 2003).

The teacher did not reveal that the principal had told him of her results on SHALOM. He approached Jan quietly and asked, 'How are things going?' Her response was to break into tears and inform the teacher that her Mum was in hospital, Dad was working night shift and she was responsible for looking after her two little brothers, and the housekeeping, cooking, etc. Jan had not told anyone at school about her situation. The teacher immediately offered lunchtime classes for Jan and any other interested students who wished to attend. A small group responded to this offer. Within two weeks, Jan's demeanour had improved as had her Maths. She was happier now that she had support from school, which was also coming from her pastoral carer, who had been informed with Jan's permission.

#### *Hollow Leader – Family Façade*

A Year 9 girl in another school scored highly on ideals for Personal and Communal SWB, but considerably lower on how she felt. In my written report to the principal, I

expressed concern about this girl (let's call her Cathy) and others. The results suggested to me that Cathy was an outgoing person, who was feeling very empty inside. To me, she was calling out for help. Cathy had not scored very highly on either the Environmental or Transcendental domains (both ideal and lived experience categories), so she did not have either of these two aspects of life to support her spiritual well-being.

During a meeting with this school's Principal to discuss results, he questioned the accuracy of my interpretation of data for Cathy, but not other students 'of concern.' From his point of view, Cathy was fine. She was one of the school leaders. The Principal knew the family, who appeared to be supportive of her, so, 'No worries.' I had suggested the possibility of a simple, subtle approach such as the one I had used with Jan. But, no follow-up action was taken with Cathy because the Principal thought he knew the family.

When I had coffee with this Principal a couple of years after this event, he recalled Cathy and my comments. Her family had broken up less than six months after she had completed SHALOM and she was quite distraught at that time. What appeared on the surface to be 'Happy families' was in fact a façade. SHALOM had the sensitivity to pick up Cathy's inner state of being, her potential hurt in the heart, without apparently causing any emotional distress, as completing SHALOM did not precipitate any adverse reaction in Cathy. Cathy had this state of being, but we do not know how effectively concerned counseling might have brought it to the fore, to help her prepare for the family break-up.

These examples show how SHALOM can be used to provide insight into over-compensating extroverts as well as those who are very quiet.

### *Whole School Environmental Education Program*

Teachers in a Christian school were not happy that their students had scored 'low' on the Environmental domain of SHALOM. They instigated an environmental awareness

program, based on texts such as, “The Earth is the Lord’s and the fullness thereof” (Psalm 24:1). The course went beyond stewardship for nature to an appreciation of Creation by the Creator and man’s [sic] place in it. A post-test six months later using SHALOM, showed high levels of correlation with pre-test results, indicating stability of students’ views, on the Personal, Communal and Transcendental domains, but significant ‘improvement’ on the Environmental domain scores – the desired result.

### *General Comments on my SWB Research*

#### *Four Domains*

My recent studies have shown that nearly all people are prepared to accept that relating with themselves and others has the capacity to influence spiritual well-being. These relationships can be positive or negative and quite often it is in dark times that people are thrown onto their inner strength to find answers to meaning, purpose, etc in life, i.e., personal and communal spiritual pursuits (often referred to as existential (Ellison, 1983), humanistic (Spilka, in Moberg, 2002), or non-theistic (Haber, Jacob & Spangler, 2007)).

Fewer people think about how relating with the environment can enhance spiritual well-being. To some, even suggesting this sounds ‘New Age’, and some practices are. But, many have ‘peak experiences’ in special places or events, that transcend emotional enjoyment, and enhance spiritual well-being.

A marked divergence of views emerges when looking at relating with a Transcendent Other, often referred to as God, for spiritual well-being. Some people blame God for the hurt they experience from other people, many of whom are religious. So, in an attempt to minimise this hurt by removing the cause, they deny God’s existence even though attributing blame in that quarter. Others believe that humans have the power to understand and solve all challenges by exercising power of the mind, so eliminating the necessity to introduce the

notion of a transcendent Other. We are still waiting to clearly define what the ‘mind’ is, as well as ‘transcendent realities.’

The 1990s were labeled the ‘Decade of the Brain’ by US Congress. Some hypotheses, conjecture and cautious interpretations of empirical studies suggest that regions of the brain might hold keys to understanding how our spirits relate with self-transcendence and how the brain might have evolved to locate a god-factor. None of this work is definitive and it is all highly influenced by the researchers’ world-views. But, it is fascinating reading (e.g., *The God Gene* by Dean Hamer, 2004 and *The Spiritual Brain* by M. Beauregard & D.O’Leary, 2007).

### *Spiritual Dissonance*

Spiritual dissonance is described in my work as a significant difference between the ideal and lived experiences in any of the four domains of spiritual well-being. In my studies, the level of dissonance for secondary school students is close to eight percent in the Personal, Communal and Environmental domains and over 20 percent in the Transcendental domain, with significant variation between school types (Fisher, 2006). Of at least equal, or maybe, greater concern is the finding that similar percentages of teachers show dissonance between their ideals and lived experiences (12% Personal, 10% Communal, 5% Environmental, 17% Transcendental) (work in progress). Teachers’ lived experiences are major predictors of how much help they provide to students in schools for SWB (Fisher, 2007) so this finding has implications for the workplace.



## Conclusion

Young people need help to guide them in their search for meaning, purpose and values in life from a personal perspective. And, from a communal perspective, their quest for in-depth relationships with others will build on their personal search, by clarifying and embracing aspects of morality, culture (and religion, among those for whom it is important). This human journey is set in an environment that is teetering on the brink of regression, facing major physical challenges, in terms of energy, finance, global warming, pollution and water shortage, apart from the threat of terrorism and tension between religious groups threatening World peace in hot spots around the globe. How much time they take to embrace the mystical aspects of environmental well-being may well be a moot point. On top of all this, is the perennial question about the existence, or otherwise, of a Divine Creator/Transcendent Other/God or Ultimate Concern who/that has the potential for an over-arching influence on the quality of relationships and development in the other three (Personal, Communal and Environmental) domains of spiritual health.

These quests never end. They are an integral part of life, of being human. Very few people stand alone in life's quest. Parents, educators, youth workers and counselors have the immense privilege of spending quality time with young people as they develop and grow.

This chapter has shown ways in which we can reach into the heart of young people (and ourselves) to catch a glimpse of ideals and reported lived experiences, which reflect spiritual health. As we stand with each other, in and through education, beyond the confines of subject matter and religious persuasion, and are prepared to spend time and be sensitive, we will hopefully nurture our own and each other's spirits in ways that will sustain us in, and for, life.

## References

- Adams, F. (1939). *The genuine works of Hippocrates*, [trans. from the Greek, p. 299 (Aphorisms, I.1)]. London: Bailliere, Tindall & Cox.
- Banks, R., Poehler, D., & Russell, R. (1984). Spirit and human-spiritual interaction as a factor in health and health education. *Health Education*, 15(5), 16-19.
- Beauregard, M. & O'Leary, D. (2007). *The spiritual brain: A neuroscientist's case for the existence of soul*. New York: Harper Collins.
- Benson, P.L. (2004). Emerging themes in research on adolescent spiritual and religious development. *Applied Developmental Science*, 8(1), 47-50.
- Berry, D. (2005). Methodological pitfalls in the study of religiosity and spirituality. *Western Journal of Nursing Research*, 27(5), 628-647.
- Best, R. (Ed.) (1996). *Education, spirituality and the whole child*. London: Cassell.
- Boero, M., Caviglia, M., Monteverdi, R., Braidà, V., Fabello, M, & Zorzella, L. (2005). Spirituality of health workers: a descriptive study. *International Journal of Nursing Studies*, 42, 915-921.
- Brown, I. (1978). Exploring the spiritual dimension of school health education. *The Eta Sigma Gamman*, 10(1), 12-16.
- Brown, L. (Ed.) (1993). *Oxford English dictionary*. Oxford: Clarendon Press.
- Buck, H.G. (2006). Spirituality: Concept analysis and model development. *Holistic Nursing Practice*, 20(6), 288-292.
- Burkhardt, M.A. (1989). Spirituality: An analysis of the concept. *Holistic Nursing Practice*, 3(3), 69-77.
- Burkhardt, M.A. & Nagai-Jacobson, M.G. (1994). Reawakening spirit in clinical practice. *Journal of Holistic Nursing*, 12(1), 9-21.
- Chapman, L. (1987). Developing a useful perspective on spiritual health: Wellbeing, spiritual

- potential and the search for meaning. *American Journal of Health Promotion*, 1(3), 31-39.
- Chiu,L., Emblen, J.D., Van Hofwegen, Sawatzky, R. & Meyerhoff, H. (2004). An integrative review of the concept of spirituality in the health sciences. *Western Journal of Nursing Research*, 26(4), 405-428.
- Coles, R. (1990). *The spiritual life of children*. Boston: Houghton Mifflin Co.
- Como, J.M. (2007). A literature review related to spiritual health and health outcomes. *Holistic Nursing Practice*, 21(5), 224-236.
- 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.
- de Chavez, A.C., Backett-Milburn, K., Parry, O. & Platt, S. (2005). Understanding and researching wellbeing: Its usage in different disciplines and potential for health research and health promotion. *Health Education Journal*, 64(1), 70-87.
- Diaz, D.P. (1993). Foundations for spirituality: Establishing the viability of spirituality within the health disciplines. *Journal of Health Education*, 24(6), 324-326.
- Dowling, E.M., Gestsdottir, S., Anderson, P.M., von Eye, A., Almerigi, J. & Lerner, R.M. (2004). Structural relations among spirituality, religiosity, and thriving in adolescence. *Applied Developmental Science*, 8(1), 7-16.
- Eberst, R.M. (1984). Defining health: A multidimensional model. *The Journal of School Health*, 54(3), 99-104.
- Egbert, N., Mickley, J. & Coeling, H. (2004). A review and application of social scientific measures of religiosity and spirituality: Assessing a missing component in health communication research. *Health Communication*, 16(1), 7-27.
- 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.
- Engebretson, K. (2006). God's got your back: teenage boys talk about God. *International Journal of Children's Spirituality*, 11(3), 329-345.
- Fahlberg, L.L., & Fahlberg, L.A. (1991). Exploring spirituality and consciousness with an expanded science: Beyond the ego with empiricism, phenomenology, and contemplation. *American Journal of Health Promotion*, 5(4), 273-281.
- 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*. PhD thesis, University of Melbourne (<http://eprints.unimelb.edu.au/archive/00002994/>)
- Fisher, J.W. (1999). Helps to fostering students' spiritual health. *International Journal of Children's Spirituality*, 4(1), 29-49.
- Fisher, J.W. (2001). Comparing levels of spiritual well-being in State, Catholic and Independent schools in Victoria, Australia. *Journal of Beliefs and Values*, 22(1), 113-119.
- Fisher, J.W. (2004) Feeling Good, Living Life: a spiritual health measure for young children. *Journal of Beliefs & Values*, 25(3), 307-315.
- Fisher, J.W. (2006). Using secondary students' views about influences on their spiritual well-being to inform pastoral care. *International Journal of Children's Spirituality*. 11(3), 347-356.
- Fisher, J.W. (2007) It's time to wake up and stem the decline in spiritual well-being in Victorian schools. *International Journal of Children's Spirituality*, 12(2), 165-177.
- Fisher, J.W., Francis, L.J. & Johnson, P. (2000) Assessing spiritual health via four domains

- of well-being: the SH4DI. *Pastoral Psychology*, 49(2), 133-145.
- Francis, L.J. & Robbins, M. (2005). *Urban hope and spiritual health: The adolescent voice*. Peterborough, UK: Epworth.
- 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(8), 1975-1991.
- Goodloe, R., & Arreola, P. (1992). Spiritual health: Out of the closet. *Health Education*, 23(4), 221-226.
- Gorsuch, R.L. & Walker, D. (2006). Measurement and research design in studying spiritual development. In E.C. Roehlkepartain, P.E. King, L.M. Wagener & P.L. Benson, (eds.), *Handbook of spiritual development in childhood and adolescence* (pp.92-103). Thousand Oaks, CA: Sage Publications.
- Gray, J. (2006). Measuring spirituality: Conceptual and methodological considerations. *The Journal of Theory Construction & Testing*, 10(2), 58-64.
- Haber, J.R., Jacob, T. & Spangler, D.J.C. (2007). Dimensions of religion/spirituality and relevance to health research. *The International Journal for the Psychology of Religion*, 17(4), 265-288.
- Hamer, D. (2004). *The God gene: How faith is hardwired into our genes*. New York: Doubleday.
- Harris, S.K., Sherritt, L.R., Holder, D.W., Kulig, J., Shrier, L.A. & Knight, J.R. (2007). Reliability and validity of the brief Multidimensional Measure of Religiousness/Spirituality among adolescents. *Journal of Religion and Health*, pp1-20, Retrieved January 25, 2008, from Springer Link as DOI 10.1007/s10943-007-9154-x.
- Harvey, C.L. (1996, June). *The role of the soul*. A paper presented at “Whose Values?”, the

- Third Annual Conference on “Education, Spirituality and the Whole Child”,  
Roehampton Institute, London.
- Hawks, S. (2004). Spiritual wellness, holistic health, and the practice of health education.  
*American Journal of Health Education*, 35(1), 11-16.
- Hay, D. & Nye, R. (1998). *The spirit of the child*. London: Fount.
- Hill, B.V. (1989). “Spiritual development” in the Education Reform Act: A source of  
acrimony, apathy or accord? *British Journal of Educational Studies*, 37(2), 169-182.
- Hill, P.C. & Hood, R.W. (eds.) (1999). *Measures of religiosity*. Birmingham, Alabama:  
Religious Education Press.
- Hill, P.C., Pargament, K.I., Hood, R.W., McCullough, J.P., Swyers, D.B., Larson, D.B. &  
Zinnbauer, B.J. (2000). Conceptualizing religion and spirituality: Points of  
commonality, points of departure. *Journal for the Theory of Social Behaviour*, 30(1),  
51-77.
- Hill, P.C. & Pargament, K.I. (2003). Advances in the conceptualization and measurement of  
religion and spirituality. *American Psychologist*, 58(1), 64-74.
- Hood, R.W. (1975). The construction and preliminary validation of a measure of reported  
mystical experience. *Journal for the Scientific Study of Religion*, 14, 29-41.
- Horsburgh, M. (1997). Towards an inclusive spirituality: Wholeness, interdependence and  
waiting. *Disability and Rehabilitation*, 19(10), 398-406.
- Hughes, P. (2007) *Putting life together*. Melbourne: CRA/Fairfield Press.
- Hungelmann, J., Kenkel-Rossi, E., Klassen, L. & Stollenwerk, R. (1985). Spiritual well-  
being in older adults: Harmonious inter-connectedness. *Journal of Religion and  
Health*, 24(2), 147-153.
- Jose, N., & Taylor, E. (1986). Spiritual health: A look at barriers to its inclusion in the health  
education curriculum. *The Eta Sigma Gamman*, 18(2), 16-19.

- King, J.E. & Crowther, M.R. (2004). The measurement of religiosity and spirituality. *Journal of Organizational Change*, 17(1), 83-101.
- Koenig, H.G., McCullough, M.E. & Larson, D.B. (2001). *Handbook of religion and health*. Oxford: Oxford University Press.
- Leetun, M.C. (1996). Wellness spirituality in the older adult. Assessment and intervention protocol. *Nurse Practitioner*, 21(8), 65-70.
- Lukoff, D., Lu, F., Turner, R. (1992). Toward a more culturally sensitive DSM-IV. Psychoreligious and psychospiritual problems. *The Journal of Nervous and Mental Disease*, 180(11), 673-682.
- MacDonald, D.A. & Friedman, H.L. (2002). Assessment of humanistic, transpersonal, and spiritual constructs: State of the science. *Journal of Humanistic Psychology*, 42(4), 102-125.
- MacLaren, J. (2004). A kaleidoscope of understandings: Spiritual nursing in a multi-faith society. *Journal of Advanced Nursing*, 45(5), 457-464.
- Martsof, D.S. & Mickley, J.R. (1998). The concept of spirituality in nursing theories: differing world-views and extent of focus. *Journal of Advanced Nursing*, 27, 294-303.
- Mason, M., Singleton, A. & Webber, R. (2007) *The spirit of generation Y*. Melbourne: John Garratt.
- McCarroll, P., O'Connor, T.StJ. & Meakes, E. (2005). Assessing plurality in spirituality definitions. In A. Meier, T.StJ. O'Connor & P.L. VanKatwyk (eds.), *Spirituality and health: Multidisciplinary explorations* (pp. 43-61). Waterloo, ON, Can.: Wilfrid Laurier University Press.
- McSherry, W. & Cash, K. (2004). The language of spirituality: Nn emerging taxonomy. *International Journal of Nursing Studies*, 41, 151-161.
- Ministerial Council on Education, Employment, Training and Youth Affairs. (1999, April

- 22-3). *The Adelaide declaration on national goals for schooling in the twenty-first century*. Adelaide: MCEETYA.
- Moberg, D.O. (2002). Assessing and measuring spirituality: Confronting dilemmas of universal and particular evaluative criteria. *Journal of Adult Development*, 9(1), 47-60.
- 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 well-being: A definition*. Athens, Ga.: Author.
- Newby, M. (1996). Towards a secular concept of spiritual maturity. In R.Best (Ed.) *Education, Spirituality and the Whole Child*. (pp.99-107). London: Cassell.
- Nolan, P. & Crawford, P. (1997). Towards a rhetoric of spirituality in mental health care. *Journal of Advanced Nursing*, 26, 289-294.
- Oldnall, A. (1996). A critical analysis of nursing: Meeting the spiritual needs of patients. *Journal of Advanced Nursing*, 23, 138-144.
- Palmer, P.J. (1999) Evoking the spirit in public education. *Educational Leadership*, 6(4), 6-11.
- Piedmont, R.L. (2001). Spiritual transcendence and the scientific study of spirituality. *Journal of Rehabilitation*, 67(1), 4-14.
- Priestley, J.G. (1985). Towards finding the hidden curriculum: A consideration of the spiritual dimension of experience in curriculum planning. *British Journal of Religious Education*, 7(3), 112-119.
- Ross, L. (2006). Spiritual care in nursing: an overview of the research to date. *Journal of Clinical Nursing*, 15, 852-862.
- Scott, D.G. (2006). Spirituality and identity within/without religion. In de Souza, M.,



- Durka, G., Engebretson, K., Jackson, R. & McGrady, A., *International handbook of the religious, moral and spiritual dimensions in education* (pp.1111-1125). Dordrecht, The Netherlands: Springer.
- Seaward, B.L. (2001). *Health of the human spirit: Spiritual dimensions for personal health*. Boston: Allyn and Bacon.
- Smith, D. (2000). Secularism, religion and spiritual development. *Journal of Beliefs & Values*, 21(1), 27-38.
- Strong, J. (1979). *Strong's Exhaustive Concordance of the Bible*. Nashville, Tennessee: Thomas Nelson Publishers.
- Thatcher, A. (1991). A critique of inwardness in religious education. *British Journal of Religious Education*, 14(1), 22-27.
- Tillich, P.(1967). *Systematic Theology, Volume III: Life and the Spirit History and the Kingdom of God*. Chicago: University of Chicago Press.
- Tirri, K., Nokelainen, P. & Ubani, M. (2006). Conceptual definition and empirical validation of the Spiritual Sensitivity Scale. *Journal of Empirical Theology*, 19(1), 37-62.
- Warren, M. (1988). Catechesis and spirituality. *Religious Education*, 83(1), 116-133.
- Wong, Y.J., Rew, L.R. & Slaikeu, K.D. (2006). A systematic review of recent research on adolescent religiosity/spirituality and mental health. *Issues in Mental Health Nursing*, 27, 161-183.
- Wright, A. (2000). *Spirituality & Education*. Florence, KY, USA: Taylor & Francis.
- Zinnbauer, B.J., Pargament, K.I. & Scott, A.B. (1999). The Emerging meanings of religiousness and spirituality: Problems and prospects. *Journal of Personality*, 67(6), 889-919.