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An Exploratory Examination of Spiritual Well-Being, Religiosity, and Drug Use Among Incarcerated Men

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An Exploratory Examination of Spiritual Well-Being, Religiosity, and Drug Use Among Incarcerated Men

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ABSTRACT. This study examines the relationships among spirituality, religiosity, and drug use among incarcerated males. Data were collected from 661 male prison inmates from four Kentucky State Correctional facilities. Spiritual well-being was measured using a modified version of the Spiritual Well-Being Scale (SWBS), and religiosity was measured by worship attendance in the year prior to incarceration. In general, spirituality and religiosity were found to be negatively related to alcohol and drug use, and differed across several individual characteristics that were included in the analysis. Given the relationship between spiritual well-being and religiosity to individual characteristics, such as age and race reported in this study, it is suggested that individual characteristics be considered when examining spirituality and drug use patterns.

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KEYWORDS. Spirituality, religiosity, drug use, prisoners, individual characteristics

INTRODUCTION

Spirituality and religiosity have received increased attention in the treatment literature in the past few years. These constructs merit understanding by drug and alcohol researchers and practitioners because anecdotal information indicates that they can be important for recovery from alcohol and drug dependence. Spirituality is typically conceptualized as a private, individual-level construct that is composed of an individual's perceptions, beliefs, and feelings about a higher power, universal spirit, or ultimate purpose (Green, Fullilove, & Fullilove, 1998; Watkins, 1997). Religiosity, on the other hand, is often operationalized as public behaviors such as affiliation with a particular religious organization and/or attending religious services (Cochran, Beeghley, & Boch, 1998; Gorsuch, 1995).

In addition to anecdotal evidence linking spirituality and religiosity with recovery, theoretical propositions indicate that the belief in a higher power and connectedness to someone or to something "greater than oneself" can have a negative impact on initiation into substance use. For example, it has been shown that associations with people involved in the church make conformity to non-substance abusing norms more likely, possibly related to the lack of reinforcement of drug-using behaviors (Bahr, Hawks, & Wang, 1993; Cochran, Beeghley, & Boch, 1998; Gorsuch, 1995). Likewise, Alexander, Robinson, and Rainforth (1994) suggested that "deficits or imbalances" in life (spirit, mind, body, social behavior, and environment) increase risks for engaging in addictive behaviors to fulfill unmet needs. Thus, a diminished sense of spirituality and inner fulfillment may serve as risk factors for initiating drug and alcohol use.

Given the differences in drug and/or alcohol use initiation by those who are reported to be more spiritual or more religious, it is expected that there would be an inverse relationship among spirituality, religiosity, and

substance use involvement. However, knowledge related to spirituality and religiosity among substance abusers is based on case studies (Kutz & Ketchum, 1992) and small convenience samples from treatment programs (Watkins, 1997) or Alcoholics Anonymous (Carroll, 1993; Mathew, Mathew, Wilson, & Georgi, 1995). When considered together, these studies suggest that increased spirituality and/or religiosity can delay initiation of drug and alcohol use in adolescence, that current drug and alcohol use have an inverse relationship with spirituality, and that recovery can be enhanced by having a deeper sense of spirituality. However, with the limited amount of empirical research available on diverse samples of substance abusers, additional exploratory research of spirituality/religiosity and substance use is needed (Miller, 1998).

One of the problems in defining and measuring spirituality is the lack of consensus about the dimensions that comprise this construct (Batson & Ventis, 1982; Gorsuch, 1984). More comprehensive measures of spirituality appear to incorporate both the connection to a higher power as well as a “sense of purpose and meaning” in life experiences. These subscales are represented in the Spiritual Well-Being Scale (SWBS), which consists of 20 items with Likert scale response categories ranging from strongly agree to strongly disagree (Ellison, 1983; Paloutzian & Ellison, 1982). There is, however, both theoretical and empirical support for the independent nature of spirituality and religiosity. That is, an individual may attend religious services regularly and yet consider belief in a higher power as unimportant. Alternatively, an individual may consider his or her relationship with a higher power to be very important but rarely participate in any public expression of that belief.

These distinctions between private spirituality and public religiosity may have particular relevance for addiction research. For example, qualitative reports from addicts in recovery suggest that strict religious organizations that denounce drug-using behavior may drive an addict away from affiliation with such organizations and the accompanying public expression of religious beliefs. Yet, when the addict reaches the decision in his/her life to abandon a drug using lifestyle, the personal, private commitment to a higher power is likely to enhance recovery as well as connectedness to other clients in groups such as AA or NA. If both public and private aspects of spirituality and religiosity moderate the intensity, duration, or frequency of drug use initiation, recovery, and/or relapse, it important that this be examined with an eye to enhancing substance abuse treatment.

This study examines the relationship among spirituality, religiosity, and substance abuse among incarcerated males, a population virtually

ignored in previous studies. Specifically, this study addresses the following objectives: (1) to conduct a factor analysis of a modified version of the Spiritual Well-Being Scale to determine its utility among incarcerated drug users; (2) to examine which individual characteristics are related to spirituality and religiosity; and (3) to better understand how spirituality and religiosity may relate to drug use patterns among incarcerated males. It is anticipated that as in other studies the modified SWBS will yield consistent findings among this population, that individual characteristics may relate differently to spirituality, and that those who consider themselves to be more spiritual will report decreased substance use patterns.

METHOD

Subjects

Data were collected from 661 males from four Kentucky State Correctional facilities. Three of these were medium-security prisons and one was minimum-security. Participants were selected for the study three months prior to their seeing the parole board between January, 1998 and October, 1999. For our study design, it was important to recruit participants nearing the end of their sentence to increase the opportunity for conducting a one-year post-release interview. Participants were eligible for the study if they: (1) had used drugs at least 3-5 times per week during the year prior to incarceration; (2) had not had any current or past violent charges such as rape or homicide; (3) had been scheduled to see the parole board within the next three months; and (4) had an interest in participating in the study.

The demographics for these 661 males are shown in Table 1. They were about 31 years old, were slightly more likely to be white, likely to be from an urban area, mostly single, and about half had a high school diploma or equivalent.

Procedure

This analysis is part of a larger project focusing on health service utilization among incarcerated substance abusers funded by the National Institutes of Health. Potential participants from the general prison population were identified from lists of inmates scheduled to go before the parole board within the subsequent 3 months. The lists were generated monthly

TABLE 1. Demographics (N = 661 Males)

Average Age	31.4 years, Range 18-65 years
Ethnicity	52.8% White, 47.2% Non-White
Place of Residence	38.1% Rural (> 50,000), 59.2% Urban (50,000 +)
Marital Status	54.8% Single, 17.5% Married
Education	51% High School diploma or GED
Currently Serving for a (could be more than one category)	49.5% Property Crime, 35.9% Drug Crime, 68.4% Other
Number of adult incarcerations	5.0, Range 1-150 times

from each institution. All inmates on these lists were sent letters informing them of the purpose of the study and a time for a general screening. Group screenings were administered to determine individual eligibility, to answer questions about the study, and to obtain agreement to participate in the study. Screenings consisted of a four-page questionnaire to ascertain eligibility and interest and took approximately ten minutes to complete.

Of those screened across all four institutions (N = 1382), 688 were ineligible for participation because they did not meet all of the study eligibility requirements. The remaining participants were selected for interview. Four hundred and forty-one inmates from the general population and 220 from the substance abuse treatment program were interviewed (95% of those eligible). The remaining 33 subjects refused to participate and were not asked for reasons why they did so. The refusal rate for participating was very low (~5%), possibly due to the monetary compensation of \$50 for participation.

Within two weeks following the screening, eligible participants were interviewed face-to-face in a private office within the institution. Security measures were taken to protect the interviewers, but correctional officers were not present during the interview. Enrollment in the project was voluntary, and confidentiality was strictly maintained. The interview lasted approximately two hours and covered the domains of health, health service utilization, drug use, mental health, HIV risk behavior, violence, and spirituality. Following completion of the interview, study participants were given the option to take an HIV test using the ORASURE® saliva test method. If they agreed, they were provided pre-test and post-test counseling using the Centers for Disease Control and Prevention protocol. All subjects were paid for their participation.

Measures

Spiritual Well-Being. The Spiritual Well-Being Scale–SWBS–(Ellison, 1983; Paloutzian & Ellison, 1982) was adapted and included into the baseline interview for this study. The SWBS has been used with different populations and has good reliability and validity (Buford, Paloutzian, & Ellison, 1991). It also offers a two-fold definition of spirituality that builds upon work done by Moberg (1979) and incorporates measures of religious well-being¹ and existential well-being.² Since the scale has been criticized in the past for possible religious denominational biases and for ceiling effects (Ledbetter, Smith, Vosler-Hunter, & Fischer, 1991; Scott, Agresti, & Firchett, 1998), it was modified for this study by rewording some of the items and adding four new items. Based on extensive pilot work with both clients in recovery and with substance abuse therapists, changes included replacing references to “God” with “a higher power.” Also, items that began with more abstract statements such as “I feel” or “I believe” (i.e., #4, “I feel that life is a positive experience”) were changed to concrete statements (“Life is a positive experience”). Wording for item #2 was simplified from “I don’t know who I am, where I came from or where I’m going” to “I understand my place in the world.” Four items were added to the scale including: (1) “I believe there is a higher power”; (2) “Being connected to other people helps me feel like I belong”; (3) “I feel truly connected to something or someone other than myself;” and (4) “I am satisfied with the relationships I have with other people.” Response format for the modified scale was similar to the original scale’s 6-point Likert scale and ranged from 1–“Strongly Disagree” to 6–“Strongly Agree.” The modified version of the Spiritual Well-being Scale is shown in the Appendix.

Religiosity was defined as the number of times an individual attended a religious service (regardless of faith or denomination) in the year preceding the current incarceration episode. This index is commonly cited in the literature for religiosity (Johnson, Larson, Li, & Jang, 2000) and has been reported to be inversely related to drug and alcohol use (Booth & Martin, 1998; Koenig, 1994).

Individual characteristics. Based on previous reports in the literature, several characteristics appear to be associated with spirituality, including age (Koenig, 1995; Sloan, Bagiella, & Powell, 1999), race/ethnicity (Haight, 1998; Johnson et al., 2000) and treatment exposure (Li, Feifer, & Strohm, 2000). Place of residence was also examined because differences in religious expressions and commitments have been observed in rural and urban areas (Burkhardt, 1989). This study, therefore,

used each of these individual characteristics as potential correlates with spirituality. The specific measures included in our analyses were: age (at interview), race (white vs. non-white), and place of residence prior to prison (rural = < 50,000 population vs. urban = 50,000+ population), and previous treatment history (ever having been in a drug or alcohol program vs. no previous treatment history).

Substance use was assessed using an ordinal scale adapted for use with the substance abuse module of the Addiction Severity Index (ASI). Specifically, participants indicated how often they had used each of seven substances in the year prior to their current incarceration using a scale where: 1 = “less than once a month,” 2 = “once or twice a month never in large amounts,” 3 = “once or twice a month sometimes in large amounts,” 4 = “3-5 times per week sometimes in large amounts,” 5 = “3-5 times per week usually in large amounts,” 6 = “almost everyday never in large amounts,” 7 = “almost everyday sometimes in large amounts,” 8 = “almost everyday usually in large amounts.”

Analytic Strategy

To meet the first objective of the study, we conducted a factor analysis of the modified version of the Spiritual Well-Being Scale. Secondly, we computed a series of correlations among spiritual well-being, religiosity, and individual characteristics to help us understand what factors were associated with internal and external expressions of one’s beliefs about a “higher power.” Finally, we examined the simple relationships between spiritual well-being and religiosity with the pattern of use of alcohol, marijuana, cocaine, sedatives, amphetamines, opiates, and multiple substance use in the 12 months preceding incarceration.

RESULTS

Factor Analysis

Because the original SWBS was modified and had never been used with incarcerated substance abusers, an exploratory factor analysis was carried out using principle components analysis and varimax rotation. This analysis yielded four factors with eigenvalues greater than 1 (i.e., the sum of the squared loadings representing the amount of variance the factor explains), which collectively accounted for 58.97% of the variance. Upon closer examination of the factors, two factors and their

items were eliminated because of their relatively small eigenvalues and lack of explanatory value. The first eliminated factor had two items with an eigenvalue of 1.28 and accounted for 5.32% of the variance. The second eliminated factor had only one item and an eigenvalue of 1.25 which accounted for 5.20% of the variance.

To be consistent with the original scale, the remaining two factors were labeled as “religious well-being” and “existential well-being” (see Table 2). These two components comprise the measure of “spiritual well-being” in this analysis. Therefore, “spiritual well-being” will be defined as the collective measure of religious well-being and existential well-being. Religious well-being had an eigenvalue of 7.51 (accounting for 31.31% of the variance), and it was interpreted as a person’s belief in and relationship with a higher power. Existential well-being had an eigenvalue of 4.11 (accounting for 17.13% of the variance and included items that addressed one’s beliefs about purpose in life and life satisfaction. However, the factor analysis indicated that there were additional items that did not fit with these subscales, which is consistent with findings reported in Scott, Agresti, and Fitchett (1998).

Correlations

Spiritual well-being, religiosity and individual characteristics. The relationship of spiritual well-being with the other predictors was examined (see Table 3).

Religious well-being positively correlated with age ($r = .11, p < .01$), ethnicity ($r = .35, p < .001$), place of residence ($r = .08, p < .05$), religiosity ($r = .28, p < .001$), and existential well-being ($r = .45, p < .001$).

Existential well-being positively correlated with ethnicity ($r = .17, p < .001$) and religiosity ($r = .14, p < .001$).

Religiosity was positively correlated with age ($r = .10, p < .01$) and ethnicity ($r = .19, p < .001$).

Spiritual well-being, religiosity, and drug use. In general, the higher the level of reported spiritual well-being and religiosity, the lower the level of drug use (see Table 4).

Religious well-being. Religious well-being was negatively correlated with the use of alcohol ($r = -.12, p < .01$), marijuana ($r = -.09, p < .05$), sedatives ($r = -.16, p < .01$), amphetamines ($r = -.21, p < .01$), and multiple substances ($r = -.13, p < .01$). Religious well-being and opiate use shared a marginal negative correlation ($r = -.12, p < .10$). On the other

TABLE 2. Factor Structure, Item-to-Total Correlations, and Descriptive Statistics for the Modified Spiritual Well-Being Scale (SWBS)

Scale/Items	Mean	SD	Factor Loading	Item-to-total <i>r</i>
Religious Well-Being (coefficient alpha = .94)				
A higher power loves me	5.08	1.29	.87	.80
Higher power contributes to my sense of well-being	4.51	1.46	.87	.86
Feel most fulfilled when feel close to a higher power	4.39	1.47	.85	.83
A higher power cares about my problems	4.63	1.45	.84	.83
Do not feel lonely because of a higher power	4.45	1.50	.83	.83
Have a meaningful relationship with a higher power	4.31	1.52	.81	.81
Do not get much support from a higher power (R)	4.33	1.51	.78	.74
Believe there is a higher power	5.36	1.11	.74	.65
No satisfying relationship with a higher power (R)	4.27	1.60	.73	.73
Higher power is impersonal and not interested in me (R)	4.68	1.42	.67	.61
Do not find much satisfaction in private prayer (R)	4.58	1.54	.64	.58
Feel connected to something or some other	4.74	1.36	.54	.55
Existential Well-Being (coefficient alpha = .82)				
Feel good about my future	4.54	1.32	.73	.64
Sense of well-being about direction life is headed	4.39	1.39	.72	.61
Satisfied with life	3.93	1.58	.66	.60
Satisfied with the relationships with others	4.55	1.24	.61	.44
Understand my place in the world	4.19	1.52	.55	.47
Life is a positive experience	4.49	1.45	.55	.48
Unsettled about my future (R)	3.59	1.66	.53	.49
Don't enjoy much about life (R)	4.87	1.19	.53	.52
Believe there is some real purpose for my life	5.26	0.90	.51	.47

Note. (R) = reflected item. Scale adapted from Paloutzian and Ellison (1982).

TABLE 3. Correlations Between Religious Well-Being, Existential Well-Being, Religiosity, and Individual Characteristics

	Religious Well-Being	Existential Well-Being	Religiosity
Religious Well-Being	1.00		
Existential Well-Being	.45***	1.00	
Religiosity	.28***	.14***	1.00
Age	.11**	.01	.10**
Ethnicity	.35***	.17***	.19***
Place of Residence	.08*	.02	.01
Treatment History	.06	.01	.02

Note. * $p < .05$, ** $p < .01$, *** $p < .001$. Ethnicity (0 = white, 1 = non-white); Place of Residence (0 = rural, 1 = urban); Treatment History (0 = none, 1 = some).

TABLE 4. Correlations Between Religious Well-Being, Existential Well-Being, Religiosity, and Drug Use in the Year Before Incarceration

	Religious Well-Being	Existential Well-Being	Religiosity
Alcohol	-.12**	-.09*	-.08*
Marijuana	-.09*	-.02	-.11**
Cocaine	.16**	.03	.02
Sedatives	-.16**	-.16**	-.08
Amphetamines	-.21**	-.20**	-.19**
Opiates	-.12**	-.11**	-.10
Multiple Substances	-.13**	-.08*	-.10*

Note. * $p < .05$, ** $p < .01$

hand, religious well-being and cocaine use shared a significant positive correlation ($r = .16, p < .01$).

Existential well-being. Existential well-being was negatively correlated with the use of alcohol ($r = -.09, p < .05$), sedatives ($r = -.16, p < .01$), amphetamines ($r = -.20, p < .01$), and multiple substances ($r = -.08, p < .05$). Existential well-being and opiate use shared a marginal negative correlation ($r = -.11, p < .10$).

Religiosity. Religiosity was negatively correlated with the use of alcohol ($r = -.08, p < .05$), marijuana ($r = -.11, p < .01$), amphetamines ($r = -.19, p < .01$), and multiple substances ($r = -.10, p < .05$).

DISCUSSION

Findings from the modified version of the Spiritual Well-being Scale were similar to those found in other studies using the original scale (Ledbetter et al., 1991; Scott, Agresti, & Fitchett, 1998). The factor analysis identified two distinct subscales, with some items similar to those in the original subscales of religious well-being and existential well-being. The subscales had high reliability and were moderately correlated with each other indicating that they measure two distinct constructs. This study took criticisms of the scale into consideration by making modifications. The modifications specifically included changing references to “God” to “higher power,” which is believed to be more consistent with language used in treatment groups and self-help groups such as AA and NA. Despite these modifications, the original scale measures held together in the factor analysis rather consistently, indicating that this scale could be a useful clinical tool for assessment of spiritual well-being among incarcerated male drug users.

While the relationship between spirituality and drug use has been discussed in the research literature, few studies have examined the role of individual characteristics. Findings from this study indicate that both religious well-being (defined as the relationship with a higher power) and religiosity (measure of church attendance) were positively correlated with being older and being non-white. These findings are consistent with limited literature that indicates that spirituality may be expressed differently by age and race (Haight, 1998; Johnson et al., 2000; Koenig, 1995; Sloan, Bagiella, & Powell, 1999). For example, one study suggests that, “Spirituality, along with African American history and communal values, is an indispensable tool for resisting and overcoming slavery to drugs and genocide” (Morrell, 1996). A separate study reported that African Americans rated spiritual factors as a more important part of the etiology and treatment of mental health problems than did whites (Millet, Sullivan, Schwebel, & Myers, 1996). Given the findings on the relationship among spiritual well-being, existential well-being, and religiosity to individual characteristics such as age and race reported, it is extremely important that these variables be taken into consideration when examining the impact of spirituality on drug use and recovery.

Another objective of this study was to examine the relationships among spiritual well-being, religiosity, and drug use. Generally, religious well-being, existential well-being, and religiosity were negatively related to drug use patterns. This paper adds to the empirical literature which indicates that spirituality has rarely been assessed by the two different dimensions of religiosity and drug use patterns. While the effect sizes for the correlations of spirituality and drug use could be considered small by standard comparisons (Cohen, 1988), differences were observed between the different dimensions of spirituality and individual patterns of drug use. For example, increased religiosity and the two dimensions of spiritual well-being were related to decreased use of alcohol, amphetamines, and multiple substance use. Decreased marijuana use was also related to religious well-being and religiosity, indicating that the participants who reported more connectedness to a higher power and/or a religious affiliation reported decreased patterns of marijuana use in the year prior to incarceration.

Other findings such as the positive relationship between cocaine use and religious well-being are more difficult to interpret. These findings raise interesting questions about how the associations among spiritual well-being, religiosity, and drug use patterns emerge differently for specific drugs. Studies have shown that expressions of religiosity, such as church attendance, are negatively associated with deviant behavior like crime, drug use, and drug selling among young African-American males (Johnson et al., 2000). In the same study, measures of private, personal attitudes toward religious importance were not associated with any of the measured deviant activities. It is therefore possible that interesting interactions might emerge when examining spirituality with potential covariates such as ethnicity. However, it is also possible that cocaine users in this study may engage in spiritual activities and consider themselves to be religious, although those activities may not be internalized in the sense that they have a strong impact on decreasing cocaine-using behavior. Clearly, the association between public vs. private expression of spirituality and drugs use warrants additional research.

Suggestions for assessing spirituality have included targeting a client's current personal development, spiritual repression vs. spiritual preoccupation, and the client's level of spiritual development (Cascio, 1998; Chandler, Holden, & Kolander, 1992). Findings from this study suggest that it may be important to assess how a client expresses his/her sense of spirituality, and that expressions of spirituality may relate to his/her behavior. Other suggestions for assessing spirituality with clients include: (1) constructing a family genogram devoted to spiritual is-

sues among the family; (2) developing a time-line to depict specific events, persons and experiences which may have influenced the client's spiritual growth, and (3) conducting detailed spiritual histories (Cascio, 1998). In addition, findings from this study imply that it is important to examine the role of culture and ethnicity, age, place of residence, as well as drugs of choice when assessing a client's spiritual commitment.

Study Limitations

This study has limitations that could potentially impact findings. Spirituality measures were conducted in prison and based on subjects' responses to questions at the time of the interview. While it is impossible to know how responses to these spirituality measures may have been different for out-of-prison participants, follow-up studies may provide interesting comparisons of the potential influences of spirituality on drug use patterns. In addition, the data reported in this study were self-reported responses to face-to-face interviews, which may have influenced responses to both drug use and spirituality questions. Another limitation might be that the sample included only males who were in different phases of recovery and had different treatment histories, factors which may impact reports of spirituality.

CONCLUSION

In summary, this study provides support to the continued need for empirical research in the area of spirituality and drug use. This analysis included a modified version of the Spiritual Well-Being scale, which indicated that a connection to a higher power and having a purpose and meaning in life are two components that contribute to the elusive definition of "spirituality." These measures of spirituality, as well as religiosity (as measured by church attendance), were compared to individual characteristics and drug use patterns with interesting findings that, to the best of our knowledge, have not been examined in previous literature. While these findings show consistency with the literature which suggests that spirituality is inversely related to drug use, interesting questions related to the role of individual characteristics and the differential role of spiritual expression and drug use call for future research with an eye to enhancing substance abuse treatment. A better understanding of how spirituality is related to the initiation of drug use, continued drug use, abstinence from drug use, and recovery phases of addiction, could lead to more efficiently incorporating spiritual components into existing treatment programs, including prison-based treatment.

NOTES

1. Religious well-being was defined in the original scale as “. . . the vertical dimension, referring to a sense of well-being in relation to God.”

2. Existential well-being was defined in the original scale as “. . . the horizontal dimension, referring to a sense of well-being based on life purpose and life satisfaction” with no reference to anything religious.

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APPENDIX A. Modified Spiritual Well-Being Scale

For each of the following statements, please indicate the extent of your agreement or disagreement as it describes your personal spiritual experience. When I refer to a "higher power," please understand that that could mean different things to different people, for example: a Christian God, forms of nature, energy . . . or other things that people may chose to believe in. When answering these questions, please refer to your own personal belief systems.

SA	Strongly Agree	D	Disagree
MA	Moderately Agree	MD	Moderately Disagree
A	Agree	SD	Strongly Disagree

1. I don't find much satisfaction in private prayer.	SA	A	MA	MD	D	SD
2. I understand my place in the world.	SA	A	MA	MD	D	SD
3. I believe there is a higher power.	SA	A	MA	MD	D	SD
4. A higher power loves me and cares about me.	SA	A	MA	MD	D	SD
5. Life is a positive experience.	SA	A	MA	MD	D	SD
6. A higher power is impersonal and not interested in my daily situations.	SA	A	MA	MD	D	SD
7. I am unsettled about my future.	SA	A	MA	MD	D	SD
8. I have a personally meaningful relationship with a higher power.	SA	A	MA	MD	D	SD
9. Being connected to other people helps me feel that I belong.	SA	A	MA	MD	D	SD
10. I am satisfied with life.	SA	A	MA	MD	D	SD
11. I don't get much personal support from a higher power.	SA	A	MA	MD	D	SD
12. I have a sense of well-being about the direction my life is headed in.	SA	A	MA	MD	D	SD
13. A higher power is concerned about my problems.	SA	A	MA	MD	D	SD
14. I don't enjoy much about life.	SA	A	MA	MD	D	SD
15. I feel truly connected to something or someone other than myself.	SA	A	MA	MD	D	SD
16. I don't have a personally satisfying relationship with a higher power.	SA	A	MA	MD	D	SD
17. I feel good about my future.	SA	A	MA	MD	D	SD
18. My relationship with a higher power helps me not to feel lonely.	SA	A	MA	MD	D	SD

- | | | | | | | |
|--|----|---|----|----|---|----|
| 19. Life is full of conflict and unhappiness. | SA | A | MA | MD | D | SD |
| 20. I am most fulfilled when I'm in close fellowship with a higher power. | SA | A | MA | MD | D | SD |
| 21. Life doesn't have much meaning. | SA | A | MA | MD | D | SD |
| 22. My relationship with a higher power contributes to my sense of well-being. | SA | A | MA | MD | D | SD |
| 23. I believe there is some real purpose for my life. | SA | A | MA | MD | D | SD |
| 24. I am satisfied with the relationships I have with others. | SA | A | MA | MD | D | SD |

