

Alcohol Problems, Alcoholism and Spirituality: An Overview of Measurement and Scales

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ABSTRACT. This paper presents a brief overview of current interest in the relationship of alcohol and other drug problems, addiction and religiousness/spirituality. Some basic issues involved in this area of assessment and scientific investigation are addressed. Brief reviews of several clinical and research instruments that may prove useful in addiction studies are presented. Providing an overview of measurement issues and potential scales for use in research related to addiction and spirituality is seen as beneficial to interested researchers and treatment providers. [Article copies available for a fee from The Haworth Document Delivery Service 1-800-HAWORTH. E-mail address: <getinfo@haworthpressinc.com> Website <<http://www.HaworthPress.com>> © 2002 by The Haworth Press, Inc. All rights reserved.]

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Spirituality is increasingly being understood as an important topic to be addressed in a variety of clinical fields. In counseling and psychotherapy, the advent of spirituality as a concern has been described as "fifth force" that is analogous to other previous movements, such as psychodynamics, behaviorism, humanism, and multiculturalism (Stanar

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Sandhu, and Painter, 2000, p. 204). Counselors and psychologists of various stripes and "schools" have made significant contributions to a deeper understanding of spirituality in recent times (Kelly, 1995; Miller, 1999; Pargament, 1997; Richards and Bergin, 1997; Shafranske, 1996; Steere, 1997). The value of considering spiritual perspectives in clinical assessment and treatment is increasingly coming to the fore (Fetzer, 1999a and b). In addition, a number of efforts are under way to explore the potential healing role of spirituality across a variety of disciplines. Studies appear with some frequency that examine the contributions of spiritual perspectives and practices in areas such as physical and mental health (Larson, Swyers, and McCullough, 1997; Levin, 1994), aging (Kimble, McFadden, Ellor, and Seeber, 1995; Koenig, 1994), and a variety of medical and psychiatric conditions (Matthews, Larson, and Barry, 1993; Matthews and Larson, 1995; Matthews and Saunders, 1997).

Spirituality can also be seen as a current "growing edge" topic in the field of addiction studies, one that complements previous "phases" of research interest, such as neurochemistry, family systems, and recovery development (Morgan and Jordan, 1999, p. 8). Active religious engagement and involvement in spiritual practice have been consistently recognized as protective factors in the prevention of substance abuse (Morgan, 2001; National Institute on Drug Abuse, 1997) and clearly related to positive health outcomes generally (Miller and Thoreson, 1999). Recent developments and publications in alcoholism and addiction research have helped to create a climate of scientific interest in examination of spiritual issues and their interrelationship with addiction and recovery (Clinebell, 1998; Gorsuch, 1995; Miller, 1997, 1998; Morgan and Jordan, 1999). The National Institute on Alcohol Abuse and Alcoholism [NIAAA] with collaborative help and financing from The John E. Fetzer Institute focused the attention of many alcohol and other drug researchers on the topic of spirituality with its recent call for proposals (RFA: AA-00-002) "designed to stimulate research on the influence of spirituality on the prevention of alcohol abuse, the development and treatment of alcohol dependence and alcoholism, and on the maintenance of long-term recovery from alcohol dependence" (NIAAA, 2000, p. 1). This RFA built upon the growing interest and work of alcohol and other drug researchers, as presented at a conference entitled *Studying Spirituality and Alcohol* held on February 1 and 2, 1999 and co-sponsored by the same agencies. Interested readers can acquire copies of the *Conference Summary* proceedings by contacting NIAAA at mgola@willco.niaaa.nih.gov or (301) 443-7043 (fax). With additional support

from The Fetzer Institute and collaboration with the University of New Mexico, William Miller and Melanie Bennett have made an important research tool available for those who might explore the relationship of spirituality and addiction. The Web-based annotated bibliography, *Spirituality and Substance Use*, is now available on-line at <http://casaa-0031.unm.edu/bib/fetzer.html>.

Those readers who are interested in the topics of alcoholism/addiction and spirituality know that there are several professional and scholarly journals that have been open historically to publishing materials in this area, such as *Journal of Studies on Alcohol*, *Journal of Substance Abuse*, *Journal of Ministry in Addiction & Recovery*, and even the *Journal of Psychoactive Drugs*. These journals have provided a wealth of knowledge and a spur to further research in this growing field of interest. *Alcoholism Treatment Quarterly* (ATQ) is one of the respected members of this select club. Since its founding in 1984, ATQ has published over 35 articles that are related to the topic and has been a valuable source of scholarship that features the writings of many who are seminal thinkers in alcoholism and spirituality (e.g., Charles Whitfield, Ernest Kurtz, John Chappel, Howard Brown, William R. Miller).

ISSUES IN ALCOHOLISM AND SPIRITUALITY

An important component in a number of the publications cited above, and crystallized in the NIAAA/Fetzer RFA, is the call for high-quality quantitative and qualitative research in alcoholism, other addictions, and spirituality (see, for example, Larson et al., 1998). Morgan has discussed many of the recent qualitative research studies elsewhere (1999; NIAAA, 1999). Some of the more helpful studies have joined qualitative and quantitative methods into useful, integrated research paradigms (e.g., Brown, 1985; Brown and Peterson, 1990, 1989; Brown, Peterson, and Cunningham, 1988 a-c). Sustained scientific study of spirituality and its interrelationships with alcohol abuse, alcoholism and other addictions is now understood as a critical endeavor in addiction studies (Larson et al., 1998).

With the advent of NIAAA's call for proposals, a number of quantitative scientific studies received heightened attention and the way was cleared for further work. This article tries to address some of the important issues involved in conducting this research, and then turns its attention to available measures and scales that may prove helpful.

Preliminary Caution

There is not sufficient space here to review the history of wariness, contention and neglect between psychology (and the social and behavioral sciences generally) and religion and spirituality. However, in very broad strokes, it may be helpful to remind ourselves that there have been two extreme "fundamentalisms" at work throughout this history. One is a religious fundamentalism that considered it nearly blasphemous to apply the methods of science to the study of religious and spiritual experience; the other, a kind of scientific fundamentalism, has declared religious and/or spiritual experience to be too ephemeral, too difficult to grasp, or even irrelevant, for investigation.

With a peculiar kind of dogmatism on both sides, each forgot an important truth. If God, a Higher Power, or some spiritual force were to act or be experienced in the lives of persons in a positive or healing way, as AA and a long line of recovering persons suggest (Morgan, 1995), then the *effects* of such action should be visible—and therefore, measurable by scientific means. Likewise, if persons seeking help for a debilitating condition such as alcoholism, regularly claim that there is healing from a "Power greater" and engaging in spiritual practices, then this is *real data* that ought to receive scientific investigation. To ignore such important information as "irrelevant" or as too difficult to explore is unscientific (to say the least)! In this regard it is interesting to note that both extremes traditionally have agreed that the difficulties inherent in defining and operationalizing spirituality render it "unexplored."

Clearly, there are difficulties in defining and operationalizing notions/concepts such as religion, religiousness, and spirituality. How might each be understood? Defined? Are there various elements within a concept or experience such as "spirituality" that might be more easily investigated, such as affiliation, humility, spiritual support, or spiritual coping? Are there interrelationships between these different elements and alcohol misuse, and how might they operate? These and other questions raise important challenges for ongoing reflection and research. Yet, it may be that there are some areas or domains of religious and spiritual experience that may be usefully investigated and measured. In fact, this approach should not be seen as unusual. Often, "assessment proceeds by defining relevant domains within the broader construct [here, spirituality] and identifying reliable ways to assess them" (Gorsuch and Miller, 1999, p. 47).

The psychology of religion has for some time known something about all this that may prove useful. Importantly, from within this area

of scholarship, a large social and behavioral science literature measuring religious and spiritual constructs does already exist and is available for use in alcoholism and addiction research (Gorsuch and Miller, 1999). Because of this, several prominent researchers have argued that investigators “should not develop new scales in the study of spirituality and/or religion until they can establish a definite need” (Hill, 1999, p. 1; see also, Gorsuch and Miller, 1999; Hill and Hood, 1999). It is important to know, they suggest, what does exist, (a) so there is not needless waste of time and resources in duplicating what already exists, (b) so that researchers may understand what may be measured, (c) so that primary attention can turn to applying spirituality research to addiction studies, and (d) so that actual high-quality studies into this critical area of human experience can be enhanced. Peter Hill (1999) says it succinctly:

While I cannot definitively say that no new measures of spirituality should be developed, I am confident in saying that existing measures have been underutilized and researchers in the study of alcohol and other addictions can likely find adequate measures for many spirituality constructs. As Miller (1998) states: ‘If the measurement of spiritual constructs has been rare in addiction research, it is not for lack of reliable instrumentation’ (p. 980). (Hill, 1999)

Assessment and Measurement

A number of potential formats now exist that may be applied by scholars and treatment providers to assess dimensions of spirituality as it relates to addiction and recovery. *Assessment* is geared toward greater understanding and improved treatment. It may be used in clinical and/or scholarly endeavors, and can take several forms. One area is clinical interviewing and formulation, using structured clinical interviews such as The Recovery Interview (RI–Morganstern, Kahler, Frey, and Labouvie, 1996), or other procedures, such as “motivational interviewing” (Miller and Rollnick, 1991). Psychometric instruments also exist for assessing spiritual and religious variables. *Measurement*, using such instruments as self-report questionnaires, surveys and scales can be used for clinical assessment and/or research. It requires “operationalizable” concepts of the phenomenon(a) to be measured and a theoretically-based relationship between the items or questions in the measure and the phenomenon being studied. Many modern researchers stress that, for purposes of as-

essment and measurement, it is best to treat spirituality as a multidimensional construct involving cognition, affect, behavior and experience (Hill, 1999). It is also important to understand that spirituality and religion, while somewhat distinct, often overlap, particularly when explored as constructs in research or applied to treatment.

A number of instruments and/or scales have been proposed in the literature as helpful for the growing field of addiction and spirituality. Below, we review several that hold promise for both researchers and clinicians.

MEASURES AND SCALES

As a way to help treatment providers and potential researchers, a number of instruments that measure dimensions of spirituality and that may be applicable in alcohol and other drug research are reviewed below. This is not an exhaustive list. Those who are interested in understanding and/or selecting various instruments for clinical assessment or research in addictions and spirituality should consult the suggestions published by Larson and his colleagues (1998), as well as the voluminous work of Hill and Hood, *Measures of Religiosity* (1999). This recent and valuable publication is the most complete inventory of many relevant and available instruments, and contains detailed overviews of each measure or scale and copies of the instruments themselves.

Several inclusion criteria were used in selecting the measures or scales listed below. First, the instruments that are reviewed have been previously chosen and/or recommended for use in addiction studies (see, for example, Hill, 1999 and Tonigan, Toscova, and Connors, 1999). A number were selected for use in the proposals submitted in response to NIAAA’s RFA, *Studying Spirituality and Alcohol* (2000). Second, the instruments/scales are conceptually sound, that is, they reliably measure concepts or issues that are clearly related to an acceptable operational definition of spirituality or to elements within a wider spiritual construct. Third, the instruments have (at least some) published data on their psychometric properties (e.g., validity, reliability) that reach acceptable levels of quality, and therefore scientific respectability. Fourth, the instruments are available for use in addiction and spirituality research.

We review eight (8) instruments below.

Brief Multidimensional Measure of Religiousness/Spirituality: 1999 (BMMR/S)

Despite the fact that dimensions of religiousness and spirituality are known to enhance well-being, reduce stress, and affect health outcomes, there has been “minimal empirical attention from social and behavioral scientists” to these topics. Consequently, there is “no widely used and validated set of standard measures” for use in investigating the interrelationships between religiousness/spirituality and health (Fetzer, 1999a, p. 2). This instrument was developed by a working group of The Fetzer Institute (1999a and b) in collaboration with The National Institute on Aging (NIA), part of the National Institutes of Health (NIH), to address this deficiency. It is a work-in-progress.

Noting the previous long history of attempts to conceptualize and measure religiousness and spirituality, the authors believed that convening the “working group” to assess the existing literature and assemble measurement scales for use in health-related research would be a contribution. Few health researchers, they believed, have the background or expertise to include religious or spiritual domains in their studies, but would nevertheless be interested in doing so.

Their research produced papers examining 12 domains of religiousness and/or spirituality that have demonstrated some relevance to health research: Daily Spiritual Experiences, Meaning, Values, Beliefs, Forgiveness, Private Religious Practices, Religious/Spiritual Coping, Religious Support, Religious/Spiritual History, Commitment, Organizational Religiousness, Religious Preference (Fetzer, 1999a and b). Research by the “working group” included reviews of the literature and examination of already existing measures and scales. Explorations regarding each of these domains yielded a varying number of potential research questions (scales). Naturally, other domains might also be explored in the future as to their theoretical or empirical characteristics and other scales might be developed.

The *Brief Multidimensional Measure of Religiousness/Spirituality: 1999 (BMMR/S)* was developed from this work. It was included in the 1997-1998 *General Social Survey (GSS)* and has been released on a limited basis to researchers.

Description: This is a 40-item instrument meant for use in clinical and scholarly research on the connections between religiousness/spirituality and health. Most questions have varying response sets, for example, (a) *many times a day to never or almost never*, (b) *strongly agree to strongly disagree*, (c) *more than once a day to never*. Several questions

ask respondents to fill in the blank (e.g., *average monthly contribution to congregation or religious causes; current religious preference*).

Reliability and Validity: Psychometric work on this instrument is ongoing. However, some basic data is available and has been favorably reviewed: “The results to date support the theoretical basis of the measure and indicate it has the appropriate reliability and validity to facilitate further research that will help us better understand the complex relationship of religion, spirituality, and health” (Fetzer, 1999b, p. 89).

Summary: Although still in the initial validation stages, this instrument is highly recommended for use by addiction researchers. It promises to be helpful in their research and its use will also help to assess the instrument’s psychometric properties and uses. Readers should note that this was the most highly referenced instrument among the 70-plus research proposals submitted to NIAAA for funding under its RFA, *Studying Spirituality and Alcohol* (February 7, 2000).

Constructed specifically to assess the mutual impact of religiousness, spirituality and health, its greatest strength is its multidimensional character. It builds on a growing consensus among interested researchers that religious/spiritual variables “cannot simply be combined into a single scale”; rather, a number of important variables and their interactions on health and well-being need to be explored (Fetzer, 1999a). Authors of the instrument also made a concerted effort to include items within the 12 scales that would be relevant to respondents who may identify as “spiritual,” but are outside a context of churches, synagogues or mosques. Hence, the instrument may have broad reach across a variety of religious traditions, extending even to non-religiously affiliated persons.

The instrument is easily administered, either alone or as part of a battery of measures. Investigators may use individual (or combination of) scales, as the purposes and goals of their research indicate, or they may use the *Brief Measure* in its entirety. It is thus highly adaptable.

Spiritual Well-Being Scale (SWBS)

This brief instrument can be used in a variety of religious, health and research contexts. It has been used in studies with nurses and counselees, with convicts and senior citizens, with persons with HIV and terminal cancer patients. It has been described as the “most researched instrument, to date, assessing spirituality” (Stanard et al., 2000) and as “one of the most widely used scales for research and clinical purposes” (Hill

and Hood, 1999). It has been used in over 700 research studies to date (Hill, 1999).

Description: This is a 20-item, self-assessment instrument that measures subjective quality of life (Ellison, 1983; Ellison and Smith, 1991; Paloutzian and Ellison, 1991). It assumes some acceptance of a God-concept as part of the definition of spiritual well-being. Scores are rendered on two dimensions; odd-numbered items assess Religious Well-Being (RWB) as it relates to the concept of God, while even-numbered items assess Existential Well-Being (EWB) or a sense of life purpose and satisfaction. There is also a total SWB score. Participant responses are recorded on a 6-point Likert scale, ranging from *strongly agree* to *strongly disagree*, with no midpoint.

Reliability and Validity: The instrument has strong face validity as well as high test-retest reliability and internal consistency (Hill and Hood, 1999). Concurrent validity has been demonstrated with the UCLA Loneliness Scale, Purpose in Life Test, and Intrinsic Religious Orientation (see Ellison, 1983). Factor analyses were also conducted in connection with the subscales (see Hill and Hood, 1999). It has been reported that the instrument may have “ceiling effects,” that is, it may not identify high scoring individuals, making it more difficult to distinguish them in religious samples.

Summary: This widely used instrument may be very helpful in addiction and recovery studies, although its reliance on a concept of God may limit its use, depending on the specific population to be studied. While its potential “ceiling effects” may limit its use with some recovering samples, its high sensitivity at the low end may make it an ideal instrument for clinical and research use with those experiencing spiritual distress or a lack of well-being.

Brown-Peterson Recovery Progress Inventory (B-PRPI)

The authors began by pursuing issues such as, “what is spiritual?,” or “spirituality,” or a “spiritual lifestyle,” as related to those in Twelve Step recovery from alcoholism. Over time these inquiries led to the creation of the B-PRPI (Brown and Peterson, 1991; personal communication, August 9, 1989).

Description: This is a 53-item instrument that provides information on recovery behaviors or practices (e.g., making amends, engaging in prayer, avoiding “people, places and things”), cognitions (e.g., admitting powerlessness, accepting “life on life’s terms”), and beliefs (in a “power greater than self”) in order to assess recovery progress. It is an

inventory of AA-related behaviors, practices, and beliefs (Tonigan, Toscova, and Connors, 1999). Following some initial demographic questions (e.g., a checklist of relevant dependency or compulsive issues; Twelve Step group attendance), the items employ a 5-point scale, ranging from 0 (*no or never*) to 4 (*yes, regularly, always, daily*). Validation studies suggest that respondents in AA and in a variety of other Twelve Step programs consistently recognize the items as “constituting twelve step spirituality” (Brown and Peterson, 1991).

Reliability and Validity: Through several validation studies and limited clinical use as part of a pre/post, multiple instrument, outpatient treatment assessment trial, the instrument is seen to have high internal reliability as well as good face, content, and construct validity. Concurrent validity was positively assessed in conjunction with several measures of psychiatric symptomatology, such as Beck Depression and Hopelessness Inventories and the Minnesota Multiphasic Personality Inventory (Brown and Peterson, 1991; Stanard et al., 2000). No test-retest data are available.

Summary: This instrument can be useful in pre/post assessments of recovery-related practices, cognitions and beliefs, as well as progress in outpatient-treatment assessments. It may also be helpful in assessing deficits in individuals’ recovery programs. For researchers, it can be a useful component in a multiple instrument study of AA and other Twelve Step program participation or recovery progress. However, this also indicates an area of limitation. While the validation studies allowed for generalization of results beyond chemical dependency groups (to include, for example, members of ACOA or Al-Anon), the instrument’s usefulness has been demonstrated only within the Twelve Step model of recovery.

Index of Core Spiritual Experiences (INSPIRIT)

This is a promising brief instrument for assessing participants’ spirituality (Stanard et al., 2000). It was developed to explore two different elements of spirituality, namely (a) personal conviction of God’s existence, based on individual evaluation of a concrete event or experience, and (b) belief in a personal relationship with God, such as “closeness to God” or God’s “dwelling within” (Hill and Hood, 1999). The intent was to use this instrument to investigate such experiences and their potential relationship with health outcomes.

Description: Using this 7-item instrument, subjects are instructed to circle the response that best describes themselves. The first 6 questions

have varying response options (e.g., *strong* or *somewhat strong*; *once per week*; *extremely close*; *often*; *tend to disagree*). Item 7 has 13 parts and asks whether the subject has “had any of these experiences and the extent to which each of them has affected your belief in God” (Kass et al., 1991). There follows a list of potential experiences, such as “A. *An experience of God’s energy or presence*” or “G. *An experience of profound inner peace.*” The range of response choices for this list is: “I had this experience and it . . . (4) Convinced me of God’s existence; (3) Strengthened belief in God; or (2) Did not strengthen belief in God. (1) I have never had this experience.” Interestingly, the 13th potential experience is simply denoted as “M. *Other.*” It is an open-ended question that allows subjects to list other spiritual experiences.

Reliability and Validity: INSPIRIT’s initial validation process utilized a unique sample of participants in a hospital-based, behavioral medicine program. Persons with a variety of diagnoses, including cancer, hypertension, and chronic pain participated. This helped to understand its utility in assessing the (positive) relationship between spiritual experiences and health outcomes (Hill and Hood, 1999). A second study tested INSPIRIT in a different health-care setting and the population had a more equal distribution of levels of education. Generalizability is still limited, however, because both populations used for validation was predominantly white (94% and 91%, respectively); minority groups were underrepresented.

Internal consistency reliability is high. Construct and convergent validity were supported, using the Religious Orientation Inventory, the Intrinsic Religious Motivation Scale (Hill and Hood, 1999). No test-retest data is available. Further investigation is needed.

Summary: Similar to AA practice, respondents are encouraged to use their own concept of “God” when taking INSPIRIT. This may help to indicate its utility for studying recovering populations which use Twelve Step programs AND may help to investigate spiritual experiences comparing Twelve Steppers and other recovering persons. This quick and helpful tool may also be useful for addiction (and other) counselors/providers, stimulating further discussion with responders about their treatment needs and goals.

Religious Background and Behavior Questionnaire (RBB)

Developed by several of the major researchers examining the interconnections of addiction and spirituality (Connors, Tonigan, and Miller, 1996), this measure was constructed for use in Project MATCH, the

multisite clinical trial of alcoholism treatments that explores significant elements of Twelve Step participation (Project MATCH, 1993, 1997). It was intended for use as a brief measure of religious practices and as a companion to measures of spirituality and purpose in life. It views religion/religiosity as a multidimensional construct that has important negative correlations with substance abuse and potential positive correlations with recovery (Connors et al., 1996).

Description: This is a 13-item questionnaire, broken into three parts. It begins with a brief, 5-point descriptor of religious stance (e.g., Atheist—“I do not believe in God”; or, Spiritual—“I believe in God, but I’m not religious”). It moves to a 6-item review of religious practices or behaviors (e.g., “attended worship service,” or “meditated”), assessed according to frequency within the *past year* such as “never,” “once a week,” “almost daily,” or “more than once a day.” Finally, the questionnaire examines the lifetime occurrence of these same six domains of religious practice. This brief instrument yields data on two factors, labeled *God Consciousness* and *Formal Practices*.

Reliability and Validity: Both the two factors and the total RBB score are reported to have “acceptable to good” internal consistency and stable construct structure (Connors et al., 1996). Test-retest reliability is exceptionally high at .94 or higher. Scores on the RBB appear to be related to attendance at religious services, meaning-seeking and purpose in life, participation in AA, and reports of whether participants had ever experienced a “spiritual awakening” as part of that participation.

Summary: This is a brief measure of religious practices that utilizes a perspective on religion as a multidimensional construct, including cognitive, behavioral, social ritualistic and other components. As a tool for assessing religious background and behavior, it is meant to complement other measures of spirituality and purpose in life. The authors suggest that, even with its psychometric strengths, it has important limitations for clinical and research use. The normative data was gathered exclusively from a population of those “seeking treatment for an alcohol use disorder” and this population was limited regarding racial-ethnic diversity (Connors et al., 1996). Caution is advised when gathering data from other groups, or when using samples from non-white populations. Investigators are also reminded that only two dimensions of what is assumed to be a multidimensional construct of religiosity is measured by this instrument. Other dimensions may need to be considered depending on the focus of a given research protocol. Nevertheless, when used as a companion instrument in alcoholism studies, this measure of religiosity may prove helpful in addiction studies.

Mathew Materialism-Spiritualism Scale (MMSS)

Originally developed in India, this scale has been proposed for wider use in substance abuse research in the U.S. (Mathew, Mathew, Wilson, and Georgi, 1995; Mathew, Georgi, Wilson, and Mathew, 1996). It attempts to measure two opposing worldviews, namely "materialism" (focus on physical processes as basis of reality) and "spiritualism" (focus on existence and influence of immaterial reality).

Description: This is a longer, 76-item instrument. It measures six areas of spirituality (subscales): Belief in God (or a higher power), Religion, Belief in the genuineness of mystic experiences, Belief in the existence of spirits and an after-life, Value of altruism and morality, and Belief in the genuineness of paranormal experiences. Thus far, it has been used with recovering members of 12-step programs and a group of control subjects.

Reliability and Validity: In the initial validation processes, test-retest reliability and internal consistency were verified. Further validation is ongoing.

Summary: The basic concept here is that spirituality is not a "monolithic entity," but rather is multidimensional (Mathew et al., 1995). It is important to note that, in its initial validations, the recovering group scored significantly higher than controls on several of the subscales (Mysticism or "genuineness of mystic experiences," and Character, or the intrinsic value of altruism, kindness, morality, etc.). The God subscale ("belief in God or a power that guides the universe") was also endorsed by a significant number of recovering respondents. Having been constructed in another culture and found to be useful in the U.S., this instrument may be very useful across a number of different cultures. More validation is needed, however. There is also reason to believe that it may be helpful in assessing elements of spirituality in substance abusing populations. Certainly, the multidimensional character of the instrument is a plus, especially when it is combined with other complementary instrumentation for clinical and research purposes.

Spiritual Health Inventory (SHI)

This self-report instrument is based on a multi-dimensional (bio-psycho-social and spiritual) view of well-being. It is intended for use with other instruments assessing complementary spiritual elements (Veach and Chappel, 1992).

Description: The SHI is an 18-item scale with responses ranging from *strongly agree* to *strongly disagree* (6 possible responses). Analysis produced scoring on four inter-related dimensions of spirituality: Personal Spiritual Experience, Spiritual Well-Being, Sense of Harmony, and Personal Helplessness (see Stanard et al., 2000).

Reliability and Validity: Good internal consistency has been reported. Moderate construct validity may be inferred from correlations with other measures of physical and mental health. However, questions remain.

Summary: The authors themselves suggest further addition of items to strengthen the subscales. They also provide caution regarding the need for validation with larger populations. However, this instrument may form a solid basis (particularly in tandem with other instruments) for use with a battery of spiritual assessment tools, both in research and in clinical assessment. Its use in further research may help to provide the further validation needed.

Spiritual Belief Scale (SBS)

Adapted from AA literature and the author's experience, this instrument attempts to measure "spiritual thinking" (that is, beliefs about addiction and the recovery process) and has been used mostly with addiction treatment providers (Schaler, 1996; Tonigan, Toscova, and Connors, 1999).

Description: This instrument includes 8 items intended to measure "spiritual thinking" related to AA concepts. It uses a 5-point Likert scale on each item, ranging from *strongly agree* to *strongly disagree*. It is scored on two dimensions, a "release-gratitude-humility" dimension (e.g., "It's only when I stop trying to play God that I can begin to learn what God wants from me") and a "tolerance" dimension (e.g., "I know that forgiving those who have hurt me is important for my spiritual health").

Reliability and Validity: Reliability appears high, that is, the questionnaire does appear to measure some spiritual concepts as understood in AA. Validity analyses suggest that "SBS scores increase with length of time in AA and that abstinence and SBS scores are positively related" (Tonigan et al., 1999, p. 125). No test-retest data are available.

Summary: This instrument may have limited utility outside of a Twelve Step context, but can be a useful complement to other instruments when used to assess spirituality (specifically, "spiritual thinking") in such a recovering population.

CONCLUSION

The topic of spirituality has received renewed attention within the treatment provider community and among alcohol and other drug researchers. This article has reviewed some of the main events and publications documenting this renewed interest. Particularly for researchers, it has described some of the issues involved in conducting investigations of spirituality and its impact on alcoholism, recovery and health outcomes more generally. Eight suggested instruments have been briefly reviewed to provide the interested researcher with a sense of available measures and scales.

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