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## DAILY SPIRITUAL EXPERIENCE QUANTITATIVE EVALUATION AND PSYCHOMETRIC PROPERTIES OF "DAILY SPIRITUAL EXPERIENCE SCALE" IN IRAN

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**Abstract:** The aim of the present study is to develop a new scale to measure the Daily Spiritual Experience Scale in male and female at college students in Iran. The main research question is whether we can explore a special structure for Daily Spiritual Experience Scale in college students. By using all of the aspects of Daily Spiritual Experience a primarily questionnaire with 53 item was developed and piloted based on a sample of 520 students. Analyzing the data extracted three factors of different aspects of Daily Spiritual Experience. Psychometric data of reliability and validity has shown significant results and is improved remarkably that this instrument can be considered as a suitable criterion for prospective work and interventions.

**Keyword:** Scale Developing, Scale validation & Daily Spiritual Experience Scale

### INTRODUCTION:

The inner experience of spiritual feelings and awareness are an integral part of the everyday religious and spiritual lives of many individuals. As far back as James's *The Varieties of Religious Experience: A Study in Human Nature* (James, 1994), there has been interest in this experience of the individual from a psychological perspective. This article presents the development of a Daily Spiritual Experiences Scale (DSES), the items of which attempt to measure everyday ordinary experience rather than particular

beliefs or behaviors; although developed for the predominately Judeo-Christian U.S. population, it is intended to transcend the boundaries of particular religions. Spirituality and religiousness have received increasing attention as potential health research variables. Frequent reference has been made to the body of data linking religious variables to mental and physical health outcomes (Koenig, 1997). The National Institute on Alcohol Abuse and Alcoholism just funded a set of seven proposals after a request for applications to solicit research examining the relationship of spirituality to alcoholism. However, the particular aspects of religiousness and spirituality that have been examined vary across studies, which has resulted in a lack of clarity regarding the construct measured and an accompanying lack of clarity as to the implications each study has for action. The results of a recent meta-analysis of studies examining the relationship between religiousness and medical outcomes (Sloan, 1999) have underscored the need for adequate measurement. Aligned with the concern that studies of this subject need more rigor and thoughtfulness, the National Institute on Aging and the Fetzer Institute cosponsored a meeting at the National Institutes of Health in March 1995, where participants examined conceptual and methodological issues at the interface of

religion, health, and aging. After the meeting, a working group received support to develop a multidimensional approach to the measurement of religious and spiritual variables that could be used in health studies. This approach was particularly helpful due to the plethora of ways that exist to measure these variables, often with little or no justification given for the particular method used. Conceptual overlap was the rule, with scales that measured religious preference (Bradley, 1990), attendance (Koenig, 1995), or intrinsic versus extrinsic religiosity (Hoge, 1972) and multidimensional sections of surveys (Idler, 1997). Also, scales either have tended to be overly based in a single religious tradition (Benson, 1993) or, in trying to avoid that approach, have examined issues such as meaning and values from an existential perspective (Schwartz, 1987). The working group identified daily spiritual experience (DSE) as one aspect of religiousness and spirituality that had never been fully addressed despite its anecdotal importance in individuals' lives and its potential connection to health.

### THEORETICAL ORIENTATION AND DEFINITION OF DSE

This scale is intended to measure a person's perception of the transcendent (God, the divine) in daily life and his or her perception of his or her interaction with or involvement of the transcendent in life. The items attempt to measure experience rather than particular beliefs or behaviors; therefore, they are intended to transcend the boundaries of any particular religion. Many characterizations of spirituality involve such an inner dimension (McGinn, 1993). Development of this measure began by the examination of what constitutes the substantive feelings and thoughts that describe the interface of faith with daily life. It appeared that here might lie some of the proximal

connections of spirituality with health. Through reflection on the aspects of the spiritual or religious perspective that weave through thought processes and feelings in daily events, an attempt was made to develop questions that would elicit those inner qualities as they express themselves at specific moments in the midst of daily life events. The intention was to determine the extent to which spiritual feelings and inner experiences might constitute an integral part of the life of the ordinary person and, ultimately, to examine the relation of these factors to health and well-being. The decision was made at the outset to use the word spiritual rather than religious in the definition of the collection of items in this measure. Although there are different understandings of the distinction between religiousness and spirituality, the following clarifying statement has been useful in a variety of medical research settings: Religiousness has specific behavioral, social, doctrinal, and denominational characteristics because it involves a system of worship and doctrine that is shared within a group. Spirituality is concerned with the transcendent, addressing ultimate questions about life's meaning, with the assumption that there is more to life than what we see or fully understand. Spirituality can call us beyond self to concern and compassion for others. While religions aim to foster and nourish the spiritual life—and spirituality is often a salient aspect of religious participation—it is possible to adopt the outward forms of religious worship and doctrine without having a strong relationship to the transcendent. (7, p. 2)

The spiritual, for the ordinary person, is most often and most easily described in language that has religious connotations. Religious language can be stated in such a way that it is more amenable to translation; for example, the word God, although not acceptable for some, can be interpreted by a person responding to a questionnaire to include various notions of the divine or a transcendent aspect of life, without losing its meaning to those for whom it has significance. In preparation for a meeting on the role of spirituality and religiousness in disability at the National Institute of Child Health and Human Development in 1994, a model was developed (Underwood, 1999) to reflect the integration of the variety of aspects of an individual's life. In addition to an integrative core, the model had four different dimensions of life: the vital (physical and emotional), the functional (intellectual and physical), the interpersonal (social and cultural), and the transcendent. The model examined how we influence others and they influence us; how we are shaped by our physical endowment, our environment; our emotional dispositions; and our orientation to the transcendent. Drawing from this model, the DSES assesses features that can affect physical and mental health, social and interpersonal interactions, and functional abilities. In turn, the physical and emotional can have effects on DSE, as do intellectual interpretations of meaning and belief, cultural environment and experiences, and interpersonal interactions. Recent developments in cognitive neuroscience have encouraged the adoption of such an integrative model. For example, the issue of an integrative core is compatible with a variety of neuroscientific understandings, whether the core is seen as residing within a specific neural network

(Tononi, 1998) or as not necessarily synonymous with a physical location (Bennett, 1998). Work by Damasio (Damasio, 1994) has shown the incorrectness of our common assumption that if only we could get the emotions out of the way, our intellect could function more clearly. People with neurological deficits in the emotional area are actually incapacitated in much decision making. The driving force for decision making is somehow dependent on an integrative activity using emotions and more rational thought. In the same way, it is very possible that the integration of the transcendent sphere also may be crucial to decision making, behaviors, and attitudes. The DSES assesses features that, in this model, pass through the core of the person to affect physical and mental health, social and interpersonal

interactions, and functional abilities. The DSE construct represents those aspects of life that make up day-to-day spiritual experience for many people, a more direct assessment of some of the more common processes through which the larger concepts of religiousness and spirituality are involved in everyday life, grounding them in specifics. The items are designed to assess aspects of day-to-day spiritual experience for an ordinary person and should not be confused with measures of extraordinary experiences (e.g., near-death or out-of-body experiences and other more dramatic mystical experiences) that may tap something quite different and have a different relation to health outcomes. This choice was deliberate. Scales exist that measure these more extraordinary experiences (Hood, 1975). The experiences reflected in the DSES may be evoked by a religious context or by other events of daily life or by the individual's religious history or religious or spiritual beliefs. Underhill, a British theologian of the early 1900s, referred to this kind of experience as "practical" rather than what usually is thought of as "mystical," emphasizing the ordinariness of these experiences. The scale differs from other measures of religiousness such as religious coping (21), as it is not necessarily dealing with stressful life events. It also differs from religious motivation measures that tap whether people are motivated by intrinsic or more socially driven religious factors and from the Spiritual Well-Being Scale, which examines existential and religious quality of life issues. Religious commitment or salience items tap the importance of religion and cognitive assessment of application of religious principles in daily life (Wasiams, 1999). An important point is that there is no assumption that the more of these daily spiritual experiences (DSEs) you have, the better you are in spiritual terms. The intent is to capture a set of experiences that may play a strong role in the lives of many; such measures, to date, have been absent from our attempts to assess what factors might play important roles in the lives of individuals and their actions, thoughts, and attitudes. Implicit in the model presented here is the assumption that there is a type of DSE that can contribute positively to health and that can be defined broadly to include spiritual, psychological, and social well-being as well as physical health. Analogously, although psychological stress has been extensively linked to health problems through specific physiologic effects, emotional and physical dispositions can buffer this stress (26). Positive emotional

experiences have also been connected with positive effects on the immune system, independent of the negative effects of stress. Likewise, positive expectations for outcomes have been linked to positive immune effects. There may also be overlap between the endorsement of a "sense of deep peace" and the condition that leads to or emanates from direct neurologic and endocrine effects similar to those identified during meditation. Despite work linking church attendance with health outcomes, this association has many potential confounding and mediating factors, such as social support effects, need for reasonable health to participate in public activities, and links with behavioral dictums of religious groups. Very little empirical work has sought to link the spiritual experiences of daily life with health outcomes. One suggestive study was that of Oxman, Freeman, and Manheimer, in which one of the items most strongly predictive of positive health outcome in cardiovascular disease was "I obtain strength and comfort from my religion" (elements that were incorporated into the DSES). The inclusion of the DSES in health studies has the potential for the establishment of a pathway by which religiousness and spirituality might influence physical and mental health.

### RESEARCH QUESTIONS

The following research questions are proposed, which should be dealt with at the end of this study:

1. Is there a factorial structure of Daily Spiritual Experience Scale for college students in Iran?
2. If so, is it possible to develop and standardize Daily Spiritual Experience Scale based on expert review and factor analysis, for college students in Iran?
3. If so, are there any differences in Daily Spiritual Experience Scale for boys and girls in college students in Iran?

### 1.2 Hypotheses

Despite the exploratory nature of the present investigation in terms of confirmatory factor analysis and comparing the Daily Spiritual Experience Scale scores, three main hypotheses are designed, which are as follows:

1. There are factorial structures for Daily Spiritual Experience Scale in college students of Iran.
2. There are significant differences between boys and girls in Daily Spiritual Experience Scale scores.

### 1.3 Objectives

The proposed objectives of this study include:

1. To find out the factorial structure of Daily Spiritual Experience Scale for college students in Iran.
2. Fostering development and standardization of 'Daily Spiritual Experience Scale, for college students in Iran.
3. Detecting the factors associated with Daily Spiritual Experience Scale for college students in Iran.
4. Scrutinizing the gender differences between Daily Spiritual Experiences for college students in Iran.

## 2. METHODOLOGY

### 2.1 Participants

The population of the study contains of the college students (2nd year students in ) in sought of Iran, With regards to population of students and large diversity between them, the researcher was use of sample in four state in sought of Iran as, Andhra Pradesh, Karnataka, Tamil nadu and Kerala.

Based on an estimated maximum of 40 items, a minimum sample size of 400 (10 x 40) was be deemed necessary for final factor analysis but, regarding to the process of normalization of scales and groups norms it was be decided to aim for a sample of at least 1200 students. For the final administration sample the number of boys and girls was be equal and they was divided by grade level. The final effective sample size was be 2800 students.

### 2.2 Operational Definition

To achieve the research purpose, the investigator has given a brief explanation or important terms:

**Daily Spiritual Experience Scale:** It refers to the feelings of tension and anxiety that interfere with manipulation of numbers and the solving of mathematical problems in a wide variety of ordinary life and academic situations (Richardson and Suinn, 1972). In the present study, the students with high Daily Spiritual Experience Scale are defined as compromise of those cases that show high scores on Daily Spiritual Experience Scale scale (MAS).

**a. College students in Iran:** It refers to the students who study in the 8th, 9th and 10th grade in recognized schools by, STATE, CBSE or ICSE in Iran.

### 2.3 Description of the Tools

On the basis of a thorough review of literature and existing scales for measuring Daily Spiritual Experience Scale, an appropriate device would be prepared.

### 2.4 Statistical Methods

Data entry was be performed using version 14.0 Statistical Package for the Social Sciences (SPSS) and the below methods are used:

- 1) Pilot data factor structure was explored using EFA (exploratory factor analysis).
- 2) Final administration factor structure and item error variances was be assessed using CFA (confirmatory factor analysis).
- 3) Validation studies was conducted, testing overall correlations across measures.
- 4) For standardizing the data, descriptive statistics, Z scores and T scores was be use.
- 5) Compare the scores regarding to country and gender differences was be estimate using two independent samples T test and two ways ANOVA.

### 2.5 Procedure

The design of the present study is followed by a cross-sectional psychometric analysis to standardize a measure of Daily Spiritual Experience Scale along with

norms in college students of Iran. The procedure of developing scale includes 4 phases are based on the recommendations provided by Devellis (2003) as well as the steps provided in Cox et al. (2006). It is shown in table 2.

**Table 2: Procedure of the study**

Phase	Scale Development Steps
Phase 1 "Planning"	Conducting a literature review about Daily Spiritual Experience Scale. Collection of existing Daily Spiritual Experience Scale scales or measures, from across the world.
Phase 2 "Construction and Theoretical Evaluation"	Formation of item pool on Daily Spiritual Experience Scale representative and related to Iranian students. Conducting expert reviews of all items for content validation and reduced item pool based on feedback from the expert reviews (The six experts for this study include two professors in Education, three professors in Psychology and one doctor in charge of assessment at the Statistics departments). Conducting two interviews and final item selection.
Phase 3 "Quantitative Evaluation"	Conducting pilot study of reduced items and factors to find out the factorial structure via exploratory factor analysis. Conducting final administration to verify subscales using confirmatory factor analysis. Conducting final administration to verify subscales using confirmatory factor analysis in Iran.
Phase 4 "Validation"	Assessing the reliability - internal consistency (alpha cronbach) and validity - content validity (expert view), criterion (concurrent) validity

## RESULTS & DISCUSSION

### Developing item pool questionnaire

By using of all of the symptoms of mathematics anxiety, an item pool with 83 items developed. These 83 items were corrected by experts and interviewers in four interviews with students and at last 30 item removed from the main questionnaire. These corrected 53 items administered on the students for last correction and were asked to respond using a 4- point likert – type scale .The scale ranged from completely agrees, agree, disagree and completely disagree.

### Factor extraction

After developing item pool, it has administered to the 520 students and their scores subjected to factor analysis using principal component and varimax rotation to verify the factorial composition of the instrument as well as define the common measure. Kaiser-Meyer-Olkin Measure of Sampling Adequacy (.886) and Bartlett's Test of Sphericity (5989.4), has shown that the properties of sample are appropriate for factor analysis. Three factors were extracted. The number of factors was determined by contrasting the results of a parallel analysis with an analysis of the scree plot.

### Factor interpretation:

Results of the factor analysis indicate that out of the 53 items of the DSES subjected to factor analysis with varimax rotation; only 25 items attained the minimum loading of 0.50 and was accepted as valid.

### Psychometric properties

Reliability and Validity: The Indices of internal consistency Cronbach Alpha Coefficients associated with each sub-scale has shown that all of three indices exceed .70; which is often regarded as the benchmark for claiming that a scale is sufficiently reliable to be used in applied settings. Moreover, concurrent validity has showed significant relationship between total score on each subscale of the

Daily Spiritual Experience Scale and the total score.

## CONCLUSION

The purpose of the study was to investigate the nature of Daily Spiritual Experience and developing an instrument to assessing Scale for use specifically with college students.

Analysis of data has showed that there is a support for the hypothesis with three factors in Scale. In the study we found three factors that support the number of previous studies but there are differences in kind of components.

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#### **APPENDIXES**

##### **Example of items.**

1. I feel God's presence.
2. I experience a connection to all life.
3. During worship, or at other times when connecting with God, I feel joy, which lifts me out of my daily concerns.
4. I find strength in my religion or spirituality.
5. I find comfort in my religion or spirituality.
6. I feel deep inner peace or harmony.
7. I ask for God's help in the midst of daily activities.

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