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Edited by Dinesh Bhugra, Kamaldeep Bhui, Samuel Yeung Shan Wong, and Stephen E. Gilman

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Resilience and the role of spirituality

Chapter: Resilience and the role of spirituality

Author(s): Sarah Stewart-Brown

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Introduction

What is resilience? How, if in any way, is spirituality related to it? The answers to these questions will be relevant to mental and public health professionals, as well as commissioners of services. They are also vital to clinicians and chaplains in their daily work. These vocations involve an acknowledgement of the brokenness of many individuals' human experience paired with a hope that such brokenness might be mended. The intersection of 'resilience' and 'spirituality', then, may not be as unexpected as at first it may seem. As will become evident, the two concepts are closely related. Yet both in clinical practice and in public health promotion, the resources found in spirituality often are not adequately recognized as a means of understanding and inculcating resilience.

Mental health clinicians, at both individual and public policy levels, necessarily take into account the personal history, cultural influences, and self-understanding of their patients [1]. For many, spirituality is a significant aspect of their own history, culture, and self-understanding. It can thus exert a considerable influence on self-identity and systems of meaning at both an individual and communal level. This suggests that spirituality can play a significant role in resilient adaptation to adversity.

Resilience

Definitions and conceptions of resilience abound within psychology and medicine. This may be because, although it is intuitively understood, resilience is difficult to define concisely [2]. (Also see Chapter 53.) Resilience may be understood through a systems theory approach, as in Ann Masten's [3] conception of resilience as the 'capacity of a dynamic system to adapt successfully to disturbances that threaten system function, viability, or development' (p. 6). For the purposes of this chapter, resilience is defined as the 'process of harnessing biological, psychosocial, structural, and cultural resources to sustain wellbeing' [4, p. 333].

Despite varying definitions of resilience, several integral components of the concept must be acknowledged: (i) confrontation of significant adversity or risk; (ii) use of internal and external resources to adapt despite adversity; and (iii) a positive outcome [5]. These criteria introduce several distinct characteristics for the concept of resilience. Firstly, the adversity an individual faces must exceed normal everyday stressors. Managing normal difficulties would largely fall within the realm of 'coping'. Secondly, an individual may use various 'resources', 'assets', or 'strengths' to sustain well-being, despite adversity. These resources may be either internal or external to the individual, and may encompass a wide variety of types of assets. Finally, resilient adaptation should result

in a good outcome, generally understood in terms of human well-being or health.

Because of the complexity of the construct, a multiple-levels-of-analysis approach is necessary for understanding resilience [6]. In this schema, spirituality may aid both in gaining a clearer idea of the concept of resilience and in promoting resilient adaptation. With regard to the latter, spirituality should be understood as a psychosocial and cultural resource that may foster well-being.

Spirituality

Spirituality is notoriously difficult to delimit and define. There is little consensus regarding the boundaries of this concept both within a clinical context, and, more broadly, at a colloquial level. This difficulty is especially pronounced in a healthcare environment. To clarify the boundaries of good practice in clinical settings, the Royal College of Psychiatrists provided a Position Statement, *Recommendations for Psychiatrists on Spirituality and Religion*, which defines spirituality as [7]:

> … a distinctive, potentially creative, and universal dimension of human experience arising both within the inner subjective awareness of individuals and within communities, social groups and traditions. It may be experienced as a relationship with that which is intimately 'inner', immanent and personal, within the self and others, and/or as relationship with that which is wholly 'other', transcendent and beyond the self. It is experienced as being of fundamental or ultimate importance and is thus concerned with matters of meaning and purpose in life, truth, and values [8].

While this expansive definition is not easily applied in research settings, it illustrates the broad nature of the concept. Several fundamental aspects of spirituality are apparent here [1]. Spirituality is concerned with private, individual experiences, as well as with relationships to community and the world more broadly. Spirituality includes both elements that are transcendent (above and beyond the individual), and aspects that are immanent (experientially immediate to the individual). The heterogeneity of the concept is unified by a fundamental concern with questions of meaning, purpose, and ultimate value.

Some would question whether the construct of spirituality is significant beyond the conglomeration of sub-constructs associated with it. Kenneth Pargament [9] maintains that the 'sacred core' of spirituality makes it a unique construct distinct from mental health or associated concepts. Harold Koenig [10] and Chris Cook [11] consider transcendence to be the distinctive aspect of spirituality. This may differentiate accounts of 'implicit spirituality' and related modes of human meaning and purpose from accounts of spirituality that highlight the uniqueness of the construct.

Religion

Religion, despite having clearer visible manifestations than spirituality, is also difficult to define [12]. John Bowker [12] proposes that religions serve as systems that promote human survival and protect human flourishing. Spirituality may serve similar purposes in promoting mental health, but its role must be distinguished from that of religion [13]. Spirituality is not synonymous with religion, yet neither is it unrelated [13]. Religion is commonly understood to be concerned with the liturgical practices of particular faith groups. Alternatively, in modern Western society spirituality is thought to encompass the private expression of subjective devotional experience that is inherent to all human beings [13]. In a Western context, individuals may consider themselves spiritual and religious, spiritual but not religious, or neither spiritual nor religious. While there is also discussion about religion devoid of spirituality, it seems to be less common that people self-identify as religious but not spiritual [13].

Generally, individuals who understand themselves as spiritual and religious perceive their spirituality to be derivative from religion rather than the other way around. Religion, for them, may provide the content of their faith, whereas spirituality is more closely related to individual practice. This group holds most closely to a traditional understanding of the relationship between these two concepts [13]. The individuals who identify as ‘spiritual but not religious’ are a growing demographic in many Western nations for whom transcendence, community, and the goodness of human nature are important, but the belief in a personal and world-intervening God is not [14]. These individuals may see religion as negative and authoritarian while embracing spirituality as an unencumbered expression of the human spirit and locating spiritual authority within each person. Conversely, an individual who self-identifies as ‘religious but not spiritual’ may put great stock in particular religious expressions of faith but may be more uneasy with a particular perception of ‘spirituality’. Finally, those who see themselves as ‘neither spiritual nor religious’ may not perceive a need for anything beyond the secular in their search for meaning.

Assessing spirituality and religion

Numerous instruments for assessing and measuring spirituality and religion (S/R) have been developed [15]. These include, for instance, the Multidimensional Measure of Religiousness/Spirituality (MMRS) [16], the Functional Assessment of Chronic Illness—Spiritual Well-Being (FACIT-Sp) [17], the Royal Free Interview for Religious and Spiritual Beliefs [18], and the Spiritual Well-Being Scale [19]. Such measures enable clinicians to assess patients’ spirituality and researchers to gauge the effect of S/R upon multiple aspects of human experience, including differentiation between various components of S/R.

Because conceptions of S/R differ in various cultures and contexts [20], a contextually based approach will recognize that a Western understanding of these concepts may not be appropriate in other contexts. Questions of ultimate purpose and meaning should be addressed through the substance of particular belief systems. Many other expressions of spirituality are possible and may provide meaning for individuals and faith communities.

Spirituality and resilience

Resilience is a complex concept that creates difficulties for both measuring and understanding the aetiology of the construct [21]. Yet the concept of spirituality may give a particular awareness of difficulties inherent in standard accounts of resilience and provide possible solutions. For instance, what could, at first glance, seem to be a patient treatment situation with straightforward solutions, may, in fact, contain more complex issues. While the clinician may suggest, for example, freedom from anxiety as a beneficial patient treatment goal, a more complex question underlies this assumption: ‘Is being anxious universally harmful in every circumstance?’ Furthermore, ‘Can an anxious individual ever be considered resilient in any meaningful sense?’ The answers to these questions necessitate a deeper understanding of human well-being and mental health, a perspective that spirituality can provide. Would there be any situation in which anxiety could be a beneficial and resilient response? A ‘resilient’ individual may have bouts of anxiety but cope successfully through them. By being spurred to continued growth of character, this individual is more resilient than one who is ‘cured’ of anxiety and consequently no longer sees a need for further growth. Thus, resilience cannot be equated either with lack of psychopathology or lack of vulnerability [22]. Here a distinction must be made between a ‘healthy’ individual and a ‘resilient’ individual. The two are not always synonymous. Could it be that a currently ‘unhealthy’ yet ‘resilient’ person will have greater long-term well-being than a currently ‘healthy’ yet ‘un-resilient’ person? The answer to this question may determine the trajectory and scope of care by the clinician and the policies implemented by the public health official.

Beyond questioning assumptions that a spiritual viewpoint may enable, spirituality can provide distinctive insights into the processes of positive adaptation found in resilience. For example, a spiritual point of view may suggest otherwise unnoticed, potentially beneficial, aspects of adverse situations. While in no way affirming adversity as good in itself, a perspective that takes into account the transcendent may find meaning even in dire circumstances. This ‘spiritual’ viewpoint provides insight beyond a purely immanent and secular understanding of human experience, thus enabling one to place the reality of evil and suffering within a larger framework of meaning. Such higher-level questions of meaning are useful for interrogating the relationship between resilience

and spirituality, but further evidence is needed to establish the contours of this relationship.

Mental health

For some, discussing spirituality and resilience in the context of public mental health is problematic. Jeff Levin [23] notes 'That religion might have something to say about mental health, for good or bad, has been a sensitive and contentious issue within psychiatry, dating to Freud, as familiarity with the history of psychiatry attests' (p. 103). Additionally, practical theologian Don Browning suggests that psychiatry in the USA risks alienating the general population because of an antagonism toward S/R [24]. But this trend is changing. Modifications, such as those made to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5) [25], signal a new openness to recognizing the role that S/R may play in human health and well-being. Nonetheless, some scholars are adamant in maintaining the divide between professional mental health care and spirituality [26, 27], in part highlighting shortcomings in the research methodology of studies linking spirituality and health. Certainly, some studies are lacking in good design and methodology. Yet others, such as those by Koenig and colleagues, are methodologically more robust. If spirituality has a role in promoting health and well-being, as many reputable studies indicate, it would be unwise to dismiss it indiscriminately.

The role of spirituality in promoting mental health is perhaps seen nowhere more clearly than in fostering resilient adaptation to adversity. Research indicates that S/R is among the most significant resources that many individuals use to cope through adverse circumstances. For example, a representative national survey in the USA indicated that 90% of surveyed Americans coped using religion following the 9/11 attacks [28]. Research conducted in various geographical, cultural, and religious demographics suggests that the use of spiritual coping resources is widespread, although particular spiritual and religious coping methods may vary [20, 29, 30]. Furthermore, a World Health Organization (WHO) study indicated that S/R was significantly positively correlated with quality of life for individuals across 18 countries [31]. A separate WHO report [32] indicates the importance of spirituality as a category of resources available to the individual that is 'essential to psychological wellbeing' (p. piii). Because of the significance of spirituality for resilience, Andrew Hatala proposes a model that views resilience as the 'dynamic interaction' of physical, psychological, interpersonal, and spiritual capabilities [33]. There is a growing body of research to support the supposition that spirituality plays an important role in resilience [10, 34, 35].

Evidence for the health-promoting effects of spirituality

Studies, on the whole, indicate an inverse relationship between spirituality and psychopathology—a finding consistent with research on the positive health benefits of spirituality more generally.[1] In the most complete review of the literature to date, Koenig lists more than 2100 quantitative studies related to religion, spirituality, and health from 2000 to 2010. He estimates this to represent approximately 75% of the total available quantitative research [10]. Furthermore, he suggests that the number of qualitative studies concerning the role of S/R in health is too numerous to include in the already massive volume. Studies show that S/R patients are less likely to develop depression or depressive symptoms and that religion both protects individuals from depression and acts as an aid in recovery [36, 39, 40].[2] There is ample research to suggest positive correlations between spirituality and length of life, speedy recovery after major surgery, and lack of substance abuse, just to name a few other indicators of health [10]. Not all evidence points to supremely positive outcomes and associations, however. For example, one meta-analysis of research on the correlation of religion and depression found merely a mild association between the two, with positive religiosity making only a small difference in the depressive symptoms [40]. Additionally, some research suggests that spirituality untethered from religious affiliations is associated with negative health outcomes [42].

Research indicates that the positive effects of S/R can be most clearly seen in situations of significant adversity [43, 44]. As an example, studies demonstrate the significance of spirituality for helping patients with cancer [45, 46]. Studies also suggest that S/R provides resources for individuals to deal with severe and/or chronic pain [47, 48, 49]. Significantly, spiritual resources are particularly important for those whose ailments are beyond the scope of modern medicine to help [50].

Recent research is more clearly able to delineate the relationship between spirituality and resilience due to technological advances, as well as accumulation of data from many studies. The advance in understanding this relationship is especially prominent in the fields of neurobiology and genetics.

Neurobiology, genetics, and resilience

Technological advances, such as functional magnetic resonance imaging (fMRI), used while a patient is conscious, enable greater understanding of the neurobiology of resilience [51, 52]. For instance, fMRI studies indicate that the experience of pain is significantly influenced by beliefs, expectations, and the interpretation of experience [53]. Spiritual practices such as mindfulness [54] and religious belief [49] may elicit similar effects.

These studies suggest a particularly complex relationship between relatively stable characteristics of the person, such as genetics; changeable physical and mental constructs, such as brain circuitry and

belief systems; and environmental factors. This dynamic relationship enables the promotion of resilience through altering environmental and/or biological influences [51].

Here the confluence of several dynamic factors are evident in their effect upon resilience. Research indicates that resilience is partially genetically influenced and mildly heritable, roughly equivalent to the heritability of depression [21]. Similarly, stressful life events may modify genetic expression through biological stress reactions [55]. Thus, genetic and environmental factors dynamically interact to impact resilient adaptation [56].

Neuroplasticity, the ability of the adult brain to adapt so as to mitigate the negative effects of trauma [51], also has significant potential for resilience [6, 52]. Just as negative environmental stimuli may detrimentally alter the brain, so too can positive environmental influences bring about positive physiological changes in neural circuitry [57]. This suggests that physical changes to the brain may be precipitated by the environment [21, 58].

Environment

Environmental factors, including familial support, physical exercise, cognitive therapy, and contemplative practices [58], are significant in shaping resilience outcomes [6, 56]. Researchers suggest a threefold division among factors that influence resilience in children: individual characteristics, the familial environment, and the wider social environment [59]. More broadly, environmental considerations are significant for resilience and spirituality as spirituality may affect resilience as an environmental factor working at all of these levels. Thus, several components of spirituality, both ‘internal’ and ‘external’ to the individual, must be distinguished and assessed for their role in promoting resilient adaptation. But, first, further distinction must be made between S/R coping and resilience.

Spiritual coping

The concept of ‘coping’ is closely related to resilience in that both concern adaptation to adversity. They differ, however, in that coping does not necessitate significant adversity and does not imply a positive outcome. Thus, coping may be either positive or negative, depending on both the means of coping and the result achieved.

In relation to spirituality, scholars propose the concept of ‘spiritual coping’ to describe the use of spiritual resources in the coping process.[3] As with coping more generally, both positive and negative results are associated with corresponding modes of positive and negative spiritual coping [60]. Significant benefits are associated with positive spiritual coping for patients experiencing chronic pain [47, 48] and those diagnosed with cancer [46]. Spiritual resources are one among many means of coping with adversity, and, as with other means of coping, all research does not point to supremely good outcomes for the use of spiritual coping. Personal values associated with spirituality can be both positively and negatively correlated with post-traumatic stress disorder in soldiers following deployment [65]. Furthermore, some studies indicate that individuals who consider spiritual values important, such as the search for meaning and understanding adversity in life, have a higher incidence of psychiatric disorders, especially in the absence of a religious framework [42, 61].[4]

Some of the variation in outcomes may be owing to the fact that spirituality can be used and abused in a negative manner. For example, spirituality may be used to foster hatred towards others or oneself, to increase irrational and unnecessary guilt, or to condone uncharitable or harmful actions [66].

Self-efficacy

Research shows the importance of self-efficacy, choice, and control in positive health outcomes and, alternatively, the role of uncertainty and feelings of loss of control in negative health outcomes [67, 68]. S/R can provide an important means of control, both by direct and indirect means, and thereby increase feelings of self-efficacy. Pargament links his understanding of religious coping methods with the construct of control. He notes four types of methods of religious coping: self-directing, collaborative, deferring, and pleading [69]. Researchers found that ‘[c]ollaborative religious coping methods were especially linked to positive religious outcomes and greater coping efficacy’ [69, p. 676]. Some propose ‘spiritual struggle’ as an aspect of negative spiritual coping [70]. Additional clarity is needed to understand the relationship between ‘struggle’ and resilience.

Components of spirituality

Spirituality is a multidimensional construct, encompassing a variety of diverse and complementary facets. Owing to its complex nature, the same event in an individual’s life may have both positive and

negative spiritual implications; it may be good for someone in one way and not in another. An individual may beneficially use aspects of spirituality while at the same time use other parts negatively. The relationship between spirituality and resilience must therefore be understood in terms of individual constructs that together compose the concept of spirituality. These components, and their effect on resilience, now need to be addressed more fully.

These represent only a limited number of constructs associated with spirituality that may influence resilient adaptation. One could also include forgiveness, altruism, and self-regulation among the many other concepts within this list.

Purpose

Many individuals find purpose through spiritual experiences and views of the world informed by spirituality. Such feelings of purpose may be rooted in finding fulfilment through something outside of oneself, being ‘caught up’ in a cause greater than oneself, or another means significant to the individual.

Research demonstrates that a sense of purpose plays a substantial role in positive health outcomes [71, 72, 73]. Purpose may also be significant for resilient adaptation. While not all discussions of ‘purpose’ contend with meanings of ultimate (or spiritual) purpose, scholars often see purpose and spirituality as related. One scholar introduced the concept of ultimacy as a means of differentiating ultimate purpose from more ordinary conceptions of purpose [71], yet ultimate and mundane purpose are not always easy to differentiate. The sense of purpose involved in giving direction and hope in everyday life is of the same kind, although different in scale, than ‘ultimate’ purpose. Additionally, ‘ultimate’ purpose may very well play itself out in the details of everyday life. Spirituality is concerned with the purposive nature of human existence—a pursuit that has significant implications for resilience.

Meaning

Also associated with the construct of spirituality, research indicates that meaning and meaning-making are important in positive mental health outcomes [74, 75, 76]. Ann Masten [77] suggests that ‘meaning-making systems of belief, and organizations and cultural practices that nurture these systems, such as schools and religions’ are protective factors that increase positive resilience outcomes (p. 579). Theological and philosophical understandings of suffering and evil, ‘theodicies’, have long been a part of the work of theologians and philosophers. Although the relationship between S/R beliefs and response to difficulty is somewhat ambiguous, those who experience trauma seek to find meaning for their traumatic experiences [75, 78], and, for many, S/R beliefs provide the framework in which these experiences can be understood [74]. However,

in certain circumstances traumatic experiences can weaken religious faith [78].

Research suggests that cognitive processing (‘rumination’) is linked to meaning-making and post-traumatic growth [79]. Reappraisal allows an individual to reframe his or her circumstances and emotional reactions in a way that enables positive coping [80]. In the context of spirituality, this could often mean ‘reframing’ the apparent paradox of a good God and suffering [81]. S/R coping also can take place at a community level, in particular through the meaning-making process of creating a community narrative [82].

The creation of a narrative, which can be part of the meaning-making process, is intricately tied to the belief systems that underlie the perception and interpretation of reality. Froma Walsh argues that belief systems are the ‘heart and soul of resilience’ [83]. She writes, ‘We cope with crisis and adversity by making meaning of our experience: linking it to our social world, to our cultural and spiritual beliefs, to our multigenerational past, and to our hopes and dreams for the future’ (p. 49). An individual’s beliefs about the world have a significant impact on his or her assessment of the world and, ultimately, upon health and ability to be resilient.

Transcendence

For many, connection with the transcendent is not only fundamental to spirituality, but also may provide a common reference point for chaplains and mental health clinicians [11]. Transcendence can be understood in various ways, such as ‘God,’ ‘nature’, or the ‘numinous Other’, but remains essential to expression of spirituality ‘as being both distinctive and characteristic of spirituality’ [11, p. 143]. What is common to these understandings is that the transcendent provides a perspective beyond that of the individual—one that supersedes the supremacy of the *ego*.

Connection with the transcendent supports resilient adaptation through a number of different avenues. Belief in that which is transcendent can provide stability despite change or perception of change [72, 74]. Thus, external sources of input associated with the transcendent, such as sacred writings, may offer guidance in the midst of adversity. Additionally, for many, the transcendent includes recognition of an agent who can act on behalf of the individual, especially during adverse circumstances. This is particularly true, though not exclusively so, of those who believe in God or gods.

In the midst of adversity many turn to an external source to find hope, purpose, and meaning [28, 29, 30]. These are often provided by a viewpoint beyond the individual—a source of transcendent vision. The connection between the individual and that which is outside of the self, however, often necessitates more than a cursory encounter.

Relationship

As an aspect of spirituality, social support is a predictor for resilience [84, 85]. Some scholars suggest that this correlation is owing, in part, to the social support received within a faith community [50, 86, 87].[5] Similarly, Walsh suggests that family belief systems including the ability to make meaning out of adversity, have a positive outlook, and use transcendence and spirituality to deal with difficulty are key to family resilience [83]. This highlights the prominent role that relationships and interpersonal connectedness play in spirituality and its promotion of health.

In like manner, studies show the powerful relationship between attachment and well-being [88, 89]. In terms of relationship to the Divine, research suggests that an individual's beliefs about God have significant implications for both attachment and health [90, 91]. Thus, relationship, both with the Transcendent and with others in community, figures significantly in the connection between resilience and spirituality.

Case study

While much research highlights the significance of spirituality for resilience, such abstracted data is not able to describe fully the role that spirituality plays in resilience. For a more complete picture that is also relevant and useful in clinical settings, additional personal insight is needed. Here a case study is provided to fill that need.

Mary

Mary (not her real name) was not a practising member of any religion when one of the authors (NW) met her. Despite being raised in a culture with strong religious influences, when religious topics came up in conversation she would politely change the subject. Her disposition changed, however, when she went through a divorce. In the midst of this crisis she reached out to a pastor, received support, and became a part of a Christian faith community. Mary found strength in her faith and enthusiastically joined Bible studies and worship services in this new community, which became like family to her. She made scripture reading and prayer a part of her daily routine and commented that she did not know how she could get through a day without the help of Jesus. Mary continued growing in this newfound life of faith when, less than 2 years after beginning her faith journey, she was diagnosed with an advanced stage of an aggressive form of cancer. She received the news with a calm and resolve that had not been present during her divorce, nor before. Through the crisis of divorce her faith had comforted and strengthened her, and she received support through her faith community. Reliance upon her faith had developed resilience in her during the years following the trauma of divorce. Throughout chemotherapy treatment Mary displayed a love and a peace that others noticed. Certainly, there were moments of tears, but for her these were tempered by an overwhelming sense of God's love, even in the experience of this disease. Facing the prospect of

her own death, she was more concerned for the welfare of her teenage son and ailing mother than for herself. After nearly a year of battling cancer Mary died, at peace with herself, her God, and the world—a change she would have attributed to her faith.

Clinical applications

The role of spirituality in promoting resilience indicates the need for understanding how these insights can be used in public mental health and clinical settings. The application of these insights must go beyond a simple step-by-step or ‘how to’ mentality of prescribed treatment protocols. Instead, this relationship suggests a framework within which a number of specific applications may take place. While a growing body of research assesses the relationship between spirituality and resilience, less work has developed a framework within which these concepts may be understood and insights applied. Because of this, Levin [23] proposes that more is needed than simply collection of data on this relationship: a framework for making sense of the empirical data is vital.

One aspect of this framework could include viewing resilience through the lens of environment (sometimes called a ‘social-ecological model of resilience’ [2, p. 441]). This would enable practitioners to see spiritual resources as one environmental resource among many that may help promote resilient adaptation to adversity. Both external and internal spiritual resources, such as relationship, purpose, meaning, and transcendence, are available to the individual and community to foster resilient adaptation.

Professional mental health organizations are recognizing the possibilities in spirituality for the promotion of mental health. For example, the World Psychiatric Association recently issued a Position Statement on Spirituality and Religion in Psychiatry [92] that sets forth guidelines for the beneficial use of S/R in clinical settings. This position statement suggests the importance of clinicians taking a spiritual assessment of patients and seeing the patient’s spirituality as a resource for supporting coping rather than dismissing it or ignoring it altogether [7].

Beyond simply appreciating spirituality as a potentially significant factor in patients’ lives and mental health, clinicians should be cognisant of the ways spirituality may affect patient coping ability both in clinical [93] and public health [94] settings. Psychiatrists and clinicians would do well to persevere with individuals in their struggles, realizing that for many adversity could have a potentially transformative, or even spiritual, component. Adversities should not be accepted blindly or wholesale, but this viewpoint suggests that there may be beneficial treatment goals beyond a surface-level ‘non-pathology’. In this regard, narrative is a useful tool both for assessing patient history and for partnering with individuals towards treatment goals owing to the close relationship among narrative, belief, and hope [95].

Public mental health policymakers should be aware of the potential health benefits associated with spirituality and support integration of spirituality into a comprehensive approach to health promotion when possible. This could involve promoting spiritual care through chaplaincy and spiritual care services, encouraging clinician engagement with wider community and faith-based organizations, and implementing policies and codes of conduct that address issues that arise in the context of practice. For instance, policymakers should understand that clinical staff may face opposition to the use of spirituality in a clinical setting and are vulnerable in many regards, including in legal matters [96]. Furthermore, additional attention should be paid to the role of faith communities in public health crises such as natural disasters, disease pandemics, and economic crises [94, 97, 98]. In many instances, a local faith community is among the first to respond to such crises, is already intimately integrated into the community in crisis, and is a continuing presence once aid organizations depart.

Cautions

Several cautions for understanding the role of spirituality in resilient adaptation must be mentioned. Some scholars suggest that a purely utilitarian use of S/R distorts its true nature [99]. From this perspective, the distortion of spirituality as solely a utilitarian means to the goal of health cannot be rectified by any outcome. Such use misrepresents the essence of spirituality and disfigures it until it is nearly unrecognizable. Spirituality must be taken on its own terms and accepted as such without subjecting it to a foreign purpose or end. Put simply, the goal of spirituality is not the promotion of health. Good health may well be a by-product of spirituality, certainly, but not the ultimate goal.

Additionally, it should be recognized that resilience may not always be a goal to be pursued. Some social scientists argue that a focus upon resilience can paradoxically lead to an emphasis on narratives of disempowerment and insecurity as the status quo of human existence, thereby creating a nihilistic and meaningless existence [100]. Given these observations, the concept of resilience should be embraced with a degree of caution, recognizing assumptions inherent in the concept and the way they may shape broader understandings of the world. Resilience is not a panacea to all human ills, but it can be useful for understanding positive human adaptation to adversity. The person informed by a spiritual vantage point may be better able to distinguish between beneficial and unhelpful forms of resilience.

Conclusions

The positive benefits of spirituality in supporting resilient adaptation to adversity suggested by research warrant the inclusion of spiritual practices as a valuable part of broader efforts in the promotion of public mental health. Such efforts should proceed attentive to the pitfalls inherent in this undertaking, yet sensitive to the powerful influence exerted by spirituality on many individuals and communities. Perhaps the most compelling evidence for the role of spirituality in resilience is the lives of people such as Mary, illustrative of countless individuals throughout nearly every culture, socio-economic class, time, and place that are enabled to face adversity resiliently through the aid of spiritual resources.

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Notes:

1 Koenig [36] notes that most studies examining the correlation between S/R and health found a 'significant positive association' (p. 35), a conclusion reached by other reviews of the literature [37]. While association does not necessarily imply causation [13], longitudinal research suggests that there may be a causative relationship between S/R and resilience [38].

2 Much research indicates that S/R protects against and aids in recovery from depression, but there are indications that this relationship is complex with no clear one-to-one correlation [41].

3 Similarly, some scholars suggest 'religious coping' as an appropriate description for the use of religious resources in dealing with adversity [36].

4 Regarding religion, Pargament [62] suggests a 'stress mobilization theory' as a way to account for the seeming negative outcome associated with some religious coping. He proposes that negative outcomes in such studies are due to their cross-sectional nature. They are a snapshot of times when individuals facing adversity turn to religion as a means of coping. This creates an apparent positive correlation between religion and distress. If these individuals were studied in a longitudinal manner,

he suggests, religiosity would be found to correlate with reduced distress. Several studies seem to confirm this theory [63, 64]. Similar reasoning could be applied to the relationship between spirituality and coping.

5 Some suggest, however, that the association of church attendance with health cannot simply be reduced to a function of social support [87].