Resilience: A versatile concept from Biblical to modern times

Psikolojik sağlamlık: Eski çağlardan modern zamanlara çok yönlü bir kavram

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Abstract

Resilience is an ancient concept discussed informally for centuries by philosophers, writers, teachers, and scholars. There is evidence for Biblical roots of this concept in teachings of hope, perseverance, and ultimately overcoming adversity and achieving wellbeing through faith. For example, St. Paul's Epistle to the Galatians, states "longsuffering" (also understood as patience or perseverance) is one of the fruits of the Spirit. Furthermore, through the stories of Joseph, Naomi, Esther, Job, and St. Paul, one can see that faith contributed to resilience. Despite this ancient connection between religion/spirituality and resilience, these concepts are new to the scientific psychological literature. This article will explore and review resilience in ancient Biblical characters, the history of religion/spirituality's rising in the psychological literature, and the complexity of resilience. Additionally, the connection between these concepts will be addressed. Finally, clinical implications, applications, and future research suggestions will be addressed as faith contributes to meaning and resilient wellbeing.

Keywords: Biblical resilience, resilience, spiritual coping, wellbeing

Özet

Psikolojik sağlamlık, yüzyıllardır düşünürler, yazarlar, öğretmenler ve âlimlerce gayriresmî olarak tartışılan kadim bir kavramdır. Umut, sebat ve sonuç olarak iman yoluyla güçlüklerin üstesinden gelme ve iyi-oluş elde etme öğretilerinde bu kavramın İncilʾdeki kökenlerine dair kanıtlar bulunmaktadır. Örneğin, Aziz Pavlusʾun Galyalılara Mektubu "katlanmayı" (bu ayrıca sabır ve sebat olarak anlaşılmaktadır) Ruhʾun meyvelerinden biri olarak belirtmektedir. Ayrıca Yusuf, Naomi, Ester, Eyüp ve Aziz Pavlusʾun hikayeleri aracılığıyla imanın psikolojik sağlamlığa katkıda bulunduğu görülebilmektedir. Din/maneviyat ve psikolojik sağlamlık arasındaki bu kadim bağlantıya rağmen bu kavramlar bilimsel psikoloji alanyazını için yenidir. Bu makale kadim İncil karakterlerindeki sağlamlığı, din/maneviyatın psikoloji alanyazınında yükselişinin hikayesi ve psikolojik sağlamlığın karmaşıklığını ortaya koyacak ve inceleyecektir. Bunun yanı sıra bu kavramlar arasındaki bağlantı ele alınacaktır. Son olarak, iman anlam ve psikolojik sağlamlığa katkı sağladığı için klinik çıkarımlar, uygulamalar ve gelecek araştırmalar için öneriler ele alınacaktır.

Anahtar Kelimeler: İncil'de psikolojik sağlamlık, psikolojik sağlamlık, ruhsal başa çıkma, iyi-oluş

Introduction

While resilience and hope have been documented on the pages of history and philosophy, this virtue, also presented roots in traditions of faith and particularly in Biblical text. St. Paul's Epistle to the Galatians states "longsuffering" (Gal 5:22; NKJV), understood as patience or perseverance, is one of

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the fruits of the Spirit. Likewise, Biblical text repeatedly encourages hope and perseverance as virtues to espouse even in the midst of challenge. For example, Biblical text also states,

"Therefore we do not lose heart. Even though our outward man is perishing, yet the inward man is being renewed

day by day. For our light affliction, which is but for a moment is working for us a far more exceeding and eternal

weight of glory …" (2 Corinthians 4:16-17; NKJV).

Indeed, throughout Biblical Old and New Testament text, there are many stories about the ability to over-come adversity through faith. However, despite the deeply embedded desire of humans to be resilient and thrive in the face of difficulty, and despite the historic nature of this concept resilience, this virtue has only been discussed scientifically since 1975 (Masten, 2000). Furthermore, attempts to define this concept scientifically have shown the convoluted nature of resilience thereby making this concept difficult to define and understand. This is a much more complex phenomena than simply saying resilience is the power to overcome. In fact, there is no universally endorsed definition of resilience (Meredith et al., 2011; Wald, Taylor, Asmundson, Jang, & Stapleton, 2006).

Additionally, despite the presence of resilience in religious/spiritual traditions this connection also has not been formally discussed. Historically in fact, religious/spiritual issues have been kept out of psychology. Finally, while resilience connotes overcoming a difficult circumstance and thus can be understood within the context of trauma or difficulty (Masten, 2001), one can also flourish and achieve well-being in the midst of normal circumstances as a result of religious/spiritual interventions. Therefore, understanding the connection between religion/spirituality, resilience, and well-being is beneficial and has clinical implications as well.

Therefore, the purpose of this article is to discuss the connection between resilience and religion/spirituality by reflecting on historical presence of these concepts, the current literature attempting to explain resilience, and the resulting clinical implications. This will be addressed in the following three ways. First, since resilience has been extolled as a virtue in Biblical scripture, as described above, this history will be explored in more depth through the stories of five Biblical characters (Joseph, Naomi, Esther, Job, and St. Paul) that experienced extreme distress but utilized faith to obtain resilience and growth. Specifically, their stories will be attached to specific resilience characteristics that have been described in the resilience literature. Thus, Biblical examples of perseverance, hope, and overcoming adversity through faith will be examined through Old and New Testament text to show the Biblical roots of resilience. This article will examine how resilience is a virtue that may have Biblical roots.

Second, while religion/spirituality and resilience seem to be intertwined from early history, both of these concepts have been introduced to the scientific psychological literature only recently. While today psychology seems to be more open to exploring religion/spirituality, historically this was not always the case. Religion and spirituality were not always endorsed in psychology. Despite this, religion has an effect on resilience (Pargament & Cummings, 2010). Additionally, resilience is also new to the research literature and has only been examined scientifically since 1975 (Masten, 2000). Thus, this section will examine the relationship between psychology, religion/spirituality, and resilience. In order to understand this relationship more, a discussion regarding the role of religion/spirituality in psychology will be addressed. In addition, an understanding of resilience will be offered by examining the growth of this concept from simply being identified as "innate" to a current complex and multifaceted concept. Then, the literature that connects religion/spirituality and resilience will be examined to demonstrate how the two are connected in the scientific literature.

Finally, addressing the clinical implications of religion/spirituality as it relates to resilience will be explored. Specifically, research that considers how to explore religion and spirituality clinically will be examined (Puchalski, 2001; Saunders, 2010). Additionally, spiritually integrated psychotherapy (Meichenbaum, 2008) and fostering resilience through one's personal story (Ungar, 2001) will be addressed. Finally, future considerations will be examined by clinically connecting the literature on religion/spirituality to thriving and flourishing. In this way, even in normal circumstance, one can apply religion and spirituality to aid in well-being and flourishing.

Biblical Figures: Their Struggle and their Resilient Outcome

The history of resilience dates back centuries if not millennia. Long before this complex concept became the focus of scientific study, philosophers, teachers, writers, and other great thinkers have spoken about overcoming adversity. Confucius, who lived between 551-480 BC said, "Our greatest glory is not in never falling, but in rising every time we fall." Much later, in 1889, the 19th century, philosopher Friedrich Nietzsche coined an adage that many recite today when faced with difficult time saying that, "What does not kill me makes me stronger" (Nietzsche, 1990; p. 33). However, it is a Japanese proverb that states, "Fall down seven times, stand up eight" that may give us insight into the fact that resilience was really spoken about long ago and may even have roots in Biblical scripture. This Japanese proverb indeed sounds reminiscent of a Biblical Proverb that states, "For a righteous man may fall seven times and rise again…" (Proverbs 24:16; NKJV). This Biblical passage in the Book of Proverbs indicates that encouragement and instilling hope is an ancient concept that is even embedded in the fibers of Biblical text and that indeed resilience and faith may be connected.

Some of the greatest lessons of resilience arise from the characters that are written about in the Bible. They lived on the same earth on which we live and had familiarity with many of the same emotions we experience today and yet their difficulties, experienced time and time again, were overcome by faith and spirituality. The stories of Joseph (Genesis 37-50), Naomi (Ruth 1-4), Esther (Esther 1-10), Job (1-42) and St. Paul (e.g., 2 Corinthians 11:23-28) are chronicled throughout the Bible from Old Testament to New and give us different examples of the range of human adversity and how different types of adversities were overcome.

All of these Biblical figures (Joseph, Naomi, Esther, Job, and St. Paul) portrayed characteristics that have been connected to resilience in the current literature. That is, they all thrived and prospered beyond their original level of functioning (O'Leary & Ickovics, 1998; Carver, 1998). Additionally, all of these characters adapted and proceeded successfully despite challenging situation (Masten, Best, & Garmezy, 1990). They all found resilience to be common (as opposed to pathology) and their resilience came from multiple pathways (Bonanno, 2004). Additionally, they were each able to fuse parts of their unique personalities with their difficult circumstances to come out from the other side of the difficulty resilient (Agaibi & Wilson, 2005).

Joseph was betrayed by his brothers and later his superior. As a result, he was separated from his family and was later falsely imprisoned. However, he was able to look back at his life and understand that God had a purpose for him (Genesis 50:20). Meaning has often been attached to resilience (e.g., Greene, Hantman, Sharabi, & Cohen, 2012). Joseph was altruistic in his care for his family during the famine despite how his brothers had treated him (e.g., Wilson, 1995; Wilson & Raphael, 1993). Joseph exhibited characteristics of dominance and confidence (Elders & Clipp, 1988), good judgment (e.g., Hendin & Haas, 1984), and elasticity (flexibility) during his prison years as well as his years as the second in command in Egypt (e.g., Lepore & Revenson, 2006). He exhibited tremendous spirituality through faith when he chose to not commit sin with Potiphar's wife despite the fact he was

falsely accused and imprisoned as a result. His faith allowed him to evaluate this situation in a less threatening fashion by using his time in prison to a beneficial activity of interpreting dreams (Pargament & Cummings, 2010). He exhibited similar confidence and faith in prison and in dream interpretation to the butler and Pharaoh. He exhibited assertiveness and faith in dealing with his brothers because he knew that God meant it for good despite being persecuted by them as an adolescent. In addition, Joseph was amenable to change in every situation he faced (e.g., Block & Kremen, 1996; Fredrickson, 2001; Siebert, 1996). These characteristics contributed to Joseph's resilience despite many difficulties throughout his life.

Naomi faced two of life's most difficult losses in the death of her spouse and sons (e.g., Holmes & Rahe, 1967). Despite this, Naomi was altruistic in caring for Ruth who had left her home of origin to join Naomi after they were both widowed. This altruism has been shown in the literature to be associated with resilience (e.g., Wilson, 1995; Wilson & Raphael, 1993). Naomi also had a tolerance for a variety of affects (e.g., Block & Kremen, 1996; Fredrickson, 2001; Siebert,1996) including self-disclosing her distress over losing her spouse and children in a foreign country (e.g., Wilson, 1995; Wilson & Raphael, 1993). Despite this distress Naomi accept change and was able to move back to her country of origin eventually prospering and gaining happiness from her new family (e.g., Block & Kremen, 1996; Fredrickson, 2001; Siebert, 1996). By these standards, Naomi also was also resilient despite some of the most distressing life situations; namely the loss of her spouse and two children.

Esther was likewise resilient. Esther proved over and over that she was confident, assertive, spiritual (prayed and fasted), calm, and able to problem solve when she was faced with the potential annihilation of her people and even herself (e.g., Block & Kremen, 1996; Fredrickson, 2001; Siebert, 1996). She accepted fear but was calm during pressure (e.g., Hendin & Haas, 1984) and exhibited proactive coping, which eventually protected her cousin and people (e.g., Bartone, 1999; Sharkansky, et al., 2000). Despite being an orphan, Esther also had unwavering support from her cousin and caregiver, Mordecai, from the time she was orphaned until she became queen and beyond. This unwavering support also contributed to her resilience (e.g., Caffo & Belaise, 2003; Garmezy, 1991; Rutter, 1990). Finally, Esther was able to mobilize resources (the fasting and praying of her subjects and the help of the king) in order to defeat Haman's evil plot to destroy her people. This mobilizing of resources is another factor of resilience (e.g., Agaibi & Wilson, 2005). Thus Esther's strength, confidence, ability to mobilize resources, and calmness during pressure contributed to her resilience and indeed she was by the end of her story.

Job was also a Biblical character that overcame extreme distress to become resilient. Job faced illness, the death of his children, and the destruction of his possessions. Yet, he was committed to finding meaning (e.g., Kobasa, 1979) and expressed positive emotions despite his significant distress over his many losses. In the midst of his entire struggle, Job's positive emotions where exhibited when he said, "For I know that my Redeemer lives, and He shall stand at last on the earth." (Job 19:25) (e.g., Fredrickson, 1998; 2001; Tugade & Fredrickson, 2004). Job accepted his fate but was also spiritual (e.g., Block & Kremen, 1996; Fredrickson, 2001; Siebert, 1996) and he did not desert his faith even at the urging of his wife. Despite his extreme difficulties – even to the point of losing everything, Job stood strong. He eventually triumphed and was better at the end of his story than at the beginning.

Finally, St. Paul faced extreme persecution for preaching and developing Christianity during its infancy. Despite this, he was calm during pressure and mentioned his difficulties but also wrote significantly about faith and hope (e.g., Hendin & Haas, 1984). As a result, St. Paul was able to adapt to extraordinary circumstances and achieved positive outcome in the form of preaching and writing to the whole world (e.g., Greene et al., 2012). He accepted his fate but did not succumb and instead thrived even in difficulty (e.g., Block & Kremen, 1996; Fredrickson, 2001; Siebert, 1996). St. Paul

was able to achieve resilience by positively reframing the difficulties happening to him and creating a highly personalized resilience by writing about his experiences in hope and faith to inspire others towards similar faith (Lazarus & Folkman, 1984).

Religion, Spirituality, and Resilience

These Biblical stories give examples of how faith allowed these characters to transcend beyond their difficulties. Additionally, these stories connected faith with many characteristics associated with resilience. While these anecdotes are beneficial in relating character histories with resilience characteristics, they do not explain resilience or illuminate the scientific connection between religion/spirituality and resilience. This section will examine this connection. Religious and spiritual issues were not always welcome in psychology. However, this section will examine how this situation became untenable. Ultimately, religion/spirituality became an important topic of conversation in psychology. Likewise, resilience began to be formally studied and thus these two concepts (religion/spirituality and resilience) became interconnected. This progression will be discussed in this section and the multifaceted nature of resilience will also be addressed in an attempt to better understand this concept and its complexity.

A History of Religion and Spirituality in Psychology: A Key Contributor to Enhancing Resilience

A threat to wellness may be experienced by anyone at any given point. This threat can be transient or chronic. However, a restoration to wellness can be achieved by achieving resilience to our stressors (Cowen, 1991) or by addressing characteristics of wellness (Witmer & Sweeney, 1992). These characteristics of wellness include spirituality, self-regulation, work, love, and friendship. Achieving mental well-being is not simply the absence of a diagnosable mental illness but is instead a function of multiple components and is multifaceted. Additionally, it is the interconnectedness of mind, body, spirit, and community (Witmer & Sweeney, 1992). To remain within the scope of this article, this paper will only discuss resilience and spirituality.

In the last section, we saw how spirituality contributed to the coping ability and resilience of five Biblical figures that faced a range of human adversities. Despite the importance of the spirituality to resilience and wellness, and despite the evidence of this historically in Biblical and philosophical texts, traditional psychology has focused on non-spiritual elements of wellness. In fact, Freud, Breuer, and Charcot only focused on the relationship between physical and mental health (Seybold, 2007). Additionally, Freud and Skinner saw religion negatively stating that it was, "an illusion derived from unconscious wishes", and "a controlling agency" (Seybold, 2007, p. 304).

Despite the strong voices against religion/spirituality in psychology historically, there were exceptions. William James and G. Stanley Hall pioneered the discussion about the significance of religion and spirituality (and experiences related to them) to the development of an individual (Johnson, 2003; Kemp, 1992). Additionally, Carl Gustav Jung declared the importance of religion/spiritual exploration for ideal mental well-being (Jung, 1933). This perspective is accepted more and more today and discussions of religion/spirituality in psychology is no longer taboo. In fact, Seybold (2007) stated that at the end of the 20th century there has been greater dialogue between religion/spirituality and mental and physical health. Seybold also states that this is already accepted practice in medicine, education, sociology, research, and practice and psychology may also be on its way to embracing this as well.

Azar (2010) continued this discussion by stating that people are beginning to see "religion's powerful hold on humans …" (p. 53). Religion in fact has survived for more than 100,000 years, exists in every culture to some degree, and 85% of the world's population has some sort of religious belief (Azar). Azar went as far as saying that religion is, "a byproduct of the way our brains work, growing from cognitive tendencies to seek order from chaos … and to believe the world around us was created for our use." (p. 53). Further, Gallup Organization Polls (2014) found that 87% of Americans believe in God and 90% believe in God or a universal spirit. Furthermore, 78% of Americans believe that religion is fairly or very important in their lives.

Religion/spirituality gives people meaning in times of uncertainty (Azar, 2010). Additionally, it is the lens through which people perceive and understand the world (Park, 2007). Furthermore, religion/spirituality gives people guidelines for how they can conduct their lives, gives them something to strive for and rules as to what is lawful (Park). Moreover, religion/spirituality give people the motivation to endure and resilience despite difficulty (Park). Likewise, religion and spirituality gives people a reason to achieve their goals and give them hope in the goodness of the world around (Park). Finally, Larson and Larson (2003) stated there is a negative correlation between religion/spirituality and depression, risky behavior, and substance abuse. They also reported a positive correlation between religion/spirituality and physical and mental health (Larson & Larson, 2003).

Religion is, "becoming reified into a fixed system of ideas or ideological commitments" while spirituality is, "increasingly used to refer to the personal, subjective side of religious experience" (Hill & Pargament, 2003, p. 64). Understanding the personal experience of religion and spirituality is key to understanding how religion/spirituality is connected to and manifests in resilience. The next section explores resilience, its complexity, and its relationship to religion/spirituality.

Understanding Resilience, its Complexity, and its Connection to Religion/Spirituality

Resilience is complex. Since 1975, resilience began emerging in the scientific literature (Masten, 2001) showing that a variety of factors were often associated with this concept. Early resilience research examined resilience factors in at-risk children and war veterans. Children deemed to be at-risk due to trauma, genetic predispositions, or environmental factors and also experience a lack of support, often developed psychopathology. However, children who had predictability and unwavering support and safety often experienced resilience. Additionally, when children's self-esteem was promoted and problem solving was encouraged, at-risk children also experienced resilience (Caffo & Belaise, 2003; Garmezy, 1991; Rutter, 1990). As an early example of this, longitudinal studies were conducted with Hawaiian children who were considered to be at risk due to chronic poverty, low maternal education, and low socio-economic status (SES). When examined at age 10, 18 and 30, 1/3 of these previously at-risk children were found to be resilient. Their resilience was attributed to active, affectionate, good natured and flexible mothers (Werner, 1989, 2004Werner & Smith, 1982, 1992). In essence, it was found that distal (i.e., indirect stressors such as SES and poverty) and proximal risk factors (e.g. chaotic personal environment, family trauma, familial instability, parental substance abuse, inadequate nutrition, parental dissension, caregiver mental illness, and parental antisocial behavior) influence development and resilience. That is, despite the presence of distal risk factors, if proximal risk factors are minimized resilience is more likely. The at-risk children research is beneficial because it yielded several factors associated with resilience. Additionally, this research showed for the first time that despite genetic predispositions or at-risk environments, individuals (in this case children) could be resilient and did not have to succumb to difficulty. Despite this literature's

significance however, there was no discussion of religion/spirituality and this literature did not address how one could foster these factors in order to become resilient.

Resilience research has also been conducted on World War II (WWII), Korean, Vietnam, and Gulf War Veterans. Korean and WWII Veterans were less likely to show psychological symptoms and more likely to show resilience if they were also extroverted, dominant, self-confident, and assertive (Elders & Clipp, 1988). Vietnam Veterans were considered resilient if they were calm during pressure, acceptant of fear, were minimally engaged in violent combat during the war, were able to make good judgments, overcame guilt, and used humor (Hendin & Haas, 1984). Finally, Gulf War Veterans that used proactive coping that constituted non-avoidant problem solving and planning coping (as opposed to emotional self-blame and excessive guilt coping) styles fared better (Bartone, 1999; Sharkansky et al., 2000).

Additional studies on adults that were involved in war trauma, natural and technological disasters, torture, or the Holocaust were found to have seven resilience factors. These factors included: an internal locus of control (competence under stress and belief that one is in control of his/her reaction to stress), ability to self-disclose, a sense of group identity and sense of self as survivor, perception that they have personal and social resources to aid in coping and trauma, altruistic and pro-social behavior, the ability to find meaning in the midst of a traumatic experience, and the ability to bond with family, friends, and fellow survivors (Wilson, 1995; Wilson & Raphael, 1993).

Once again this research is beneficial because it reports on factors associated with resilience for groups that experienced extreme distress and difficulty. However, once again not much information was given on how to develop these factors. Additionally, the role of religion/spirituality was omitted from this research. Instead, this early research on resilience can best be summarized by saying that resilience is, "A complex repertoire of behavioral tendencies that may be evoked or activated by environmental demands" (Agaibi & Wilson, 2005, p.212).

Cowen (1991) said that one time or another we have all experienced a threat to our wellness and that this threat can be transient or traumatic. In response to this threat one can succumb and have his/her function impaired, one can survive and continue to function with or without impairment, one can recover and return to baseline, or one can thrive and prosper beyond their original level of functioning (Carver, 1998; O'Leary & Ickovics, 1998). Thus, one who has experienced a trauma can achieve wellness by achieving resilience to stressors (Cowen, 1991). In fact, "It is a truism to say that not everyone develops PTSD following a trauma, a fact that makes the study of resilience both interesting and important." (Agaibi & Wilson, 2005; p. 204).

Despite the benefits of this initial literature, there are also current problems with the resilience literature. Research is somewhat skewed towards PTSD and other maladaptive responses to trauma. The research that does exist in resilience does not show a clear, comprehensive, or universal definition of this concept (Meredith et al., 2011; Wald et al., 2006). In some of the literature, resilience is seen as a trait or a set of factors. For example, Agaibi and Wilson (2005) suggested that there are additional factors associated with resilience. They suggested that resilience had to do with quality of character, extroverted personality characteristics, strength and flexibility in temperament, the ability to master difficult situations and resume normal functioning after an excessive stress, the ability to mobilize resources and make good decisions in times of crisis. Thus Agaibi and Wilson suggested that resilience is good outcome despite high demand, cost, stress, or risk.

Others have seen resilience as a process (Cowen, 1991; Felsman & Vaillant, 1987; Lepore & Revenson, 2006; Richardson, Neiger, Jemsen, & Kumpfer, 1990; Werner, 1989). Others have defined it as an outcome (Chao, 2010; Lepore & Revenson, 2006). Others have said resilience is similar to other concepts in the literature like hardiness or temperament (Lepore & Revenson, 2006).

Additionally, several theories of resilience attempt to define this complex concept. One theory of resilience defines this concept simply as the ability to adapt and proceed successfully despite threatening or challenging situations (Masten, Best, & Garmezy, 1990). Others like Bell (2001) defined resilience as:

"Having curiosity and intellectual mastery, having compassion and the ability to detach and be independent, having the ability to conceptualize, having the assurance that one is to survive, having the ability to remember good and sustaining figures in one's life, being able to deal with and not suppress affects that arise, having goals for which one lives, having the ability to invite and use support, desiring and seeing the possibility of reinstating moral order, desiring to help others and obtaining the ability to do so, having an affective repertoire, being resourceful and imaginative regarding dealing with a problem, being altruistic towards others, turning from traumatic helplessness to learned helpfulness" (Bell, 2001, p. 375).

Furthermore, Agaibi and Wilson (2005) suggested that resilience results from an interaction between the person and his/her environment causing him/her to fall on a continuum of resilience. On one end of the continuum is long term negative adaptation (e.g., PTSD or other psychopathology) where stress presents extraordinary challenges to coping mechanisms and on the other end of the continuum is resilience (e.g., superior coping in the face of difficulty). This theory suggests that there is plasticity in behavior in response to a traumatic event. Additionally, there are interactions between the multidimensional stressor itself, and the individual's subjective responses to the trauma that are activated by individual internal psychological processes. Different stressors have differing effects on such things as coping style, affect balance, personality characteristics (e.g., assertiveness), and the ability to mobilize resources and protective factors (Agaibi & Wilson, 2005). Therefore, not all stressors have equal impact on the psyche. Resilience can be achieved by positively reframing the event but it is also highly personalized (Lazarus & Folkman, 1984) and thus individual responses to difficulty are also unique.

Kobasa (1979) suggested that hardiness, a personality trait used to overcome traumatic stress, is a component of resilience. He stated that the hardy person has a commitment to obtaining meaning from the difficulty, has control (i.e. a belief in the ability to influence events around him/her), and feels challenged to react positively and adapt to changes in life (e.g., Naomi and St. Paul). Furthermore, Masten et al. (1990) suggested that those with a highly reactive temperament are more vulnerable to traumatic stress whereas those with an easy or flexible temperament are more likely to be protected from traumatic stress (e.g. Joseph and Esther).

Resilient people were also found to be spiritual (e.g. Job and Joseph), sociable, assertive, calm, confident, optimistic, accepting of their fate but not succumbing to it, creative in their problem solving (e.g. Esther), analytic in their thinking but also intuitive, accepting of change, and had a tolerance for a wide array of affects and were able to balance those affects (Block & Kremen, 1996; Fredrickson, 2001; Siebert, 1996).

Another model of resilience presented another perspective on this complex concept. Richardson et al. (1990) suggested that when one encounters a stressor, he/she passes through challenges, stress, and risk and as a result becomes disorganized. Despite this disorganization, a resilient individual reorganizes, learns from the experience and emerges stronger and with more coping skills. This individual thus sees this as an opportunity for growth, development, and skill building. Additionally, protective factors such as family cohesion and availability of external supports can contribute to this perspective of resilience. (e.g. Esther and Naomi)

In Greene et al. (2012) Resilience Enhancing Model, resilience is defined as one who adapts to extraordinary circumstance and achieves positive and unexpected outcomes despite adversity. Greene et al. also suggests that this type of resilience is maintained across a lifespan. In addition, in Greene et al. model resilient individuals experience "gerotranscendence" (p. 495). In this resilience, one takes inventory of his/her life when he/she looks back at his/her life and integrates events, comes to peace with those events, and puts those events into perspective to determine how they have developed resilience. When fostering resilience, these individuals identify traits (in people and the environment) that lead to resilience and in turn this resilience prevents and reduces risk (e.g. Joseph). Furthermore, according to Greene et al., resilient people focus on the process needed to overcome stress and regain balance, which returns individuals back to equilibrium after a distress. Finally, Greene et al., said that resilient people identify motivational forces within persons and groups that allow for self-actualization to occur and which activates growth.

Lepore and Revenson (2006) also suggested that resilience can be understood across the lifespan. They say, "… resilience may be cultivated and influenced by personal and environmental factors across the life span." (Lepore & Revenson, 2006 p. 28). They suggest three concepts (recovery, resistance, and reconfiguration) better help us to understand resilience. First, these authors suggest that recovery is not equal to resilience. Instead recovery refers to how much elasticity one has or how quickly one can return to "normal" after a distress. Davidson (2012) agrees with this saying that resilience is the rapidity with which we recover from adverse situation. This is also echoed in a Japanese proverb that says, "The bamboo that bends is stronger than the oak that resists." When one considers resistance, Lepore and Revenson (2006) say that they experience normal functioning before, during, and after the stressor. Additionally, a resistant individual confronts the stressor and does not suppress it. Finally, in reconfiguration, Lepore and Revenson state that this individual rebounds from adversity and is strengthened by it and is more resourceful (e.g. Job).

In another theory of coping and resilience, Fredrickson (1998, 2001) suggest that when one has positive emotions despite difficulty, these positive emotions broaden the thought to action repertoire and that this leads to effective coping. Thus positive emotions broaden our ability to go beyond just thinking about the problem and also allow individuals to begin to act to solve the problem. When post-911 survivors experienced positive emotions such as altruism and love and compassion towards others, they were found to return to homeostasis faster than their non-resilient counterparts (Tugade & Fredrickson, 2004).

Finally, Bonanno (2004) presented another theory of resilience. In this perspective of resilience, Bonanno states that resilience is not equivalent to recovery. Instead, recovery is the trajectory in which normalcy gives way to pathology at times after a significant event and then returns to normalcy again after a few months (or to the baseline that was prior to the event). However, resilience is more the ability to maintain a stable equilibrium. Bonanno also states that while a significant portion of the literature may be on pathology or PTSD resilience is actually more common than we think. This once again echoes Agaibi and Wilson (2005) who state "It is a truism to say that not everyone develops PTSD following trauma, a fact that makes the study of resilience both interesting and important (p. 204). Finally, Bonanno states that there are many multiple and unexpected pathways to resilience. Some of these may include things like hardiness, self-enhancement, and positive emotions and laughter. Bonanno even suggested that you may have some yearning or emotional rumination about a difficult situation but still be resilient. Thus the difficult situation is part of whom one is and part of one's identity but for someone who is resilient, he/she does not succumb to this difficulty.

While attempting to comprehend resilience is difficult and convoluted, understanding this concept indicates a "complex repertoire of behavioral tendencies that may be evoked or activated by

environmental demands" (Agaibi & Wilson, 2005, p. 212). All of these models have been beneficial to explaining the many angles of resilience. However, explaining resilience as a set of factors (some have said spirituality is a factor of resilience – Block & Kremen, 1996; Fredrickson, 2001; Siebert, 1996), as a process, as an outcome, and as developing from a series of theories neglects to discuss how resilience is connected to religion/spirituality. This is a major critique of this body of literature given the importance of religion/spirituality in psychology and given the historic connection between these entities.

Some resilience research however has indeed suggested a connection between spirituality and resilience (Block & Kremen, 1996; Fredrickson, 2001; Pargament & Cummings, 2010; Siebert, 1996). For example, in a study by Raghallaigh and Giligan (2010), asylum-seeking unaccompanied minors living in Ireland were studied. As a result of their circumstances, these minors faced the loss of a loved one, the loss of their culture of origin, a threat to identity, a need to adjust to new circumstances, an uncertain future, and stress with the asylum process. Despite this, these individuals maintained continuity despite their changing context, adjusted by learning and changing, adopted a positive outlook, suppressed negative emotions and sought distraction, and they only trusted certain people to a certain extent. Interestingly, these individuals distrusted people but trusted God. As a result, this distress led to self-reliance and a reliance on faith. Their coping was facilitated by a belief system and they were able to continue and persevere through faith. These individuals had hope, which was possible through God and faith. In the literature in as much as God and spirituality contributed to meaning and moving forward despite difficulty, it also contributed to resilience.

This example shows that despite the many explanations of resilience (which can lead to confusion, complexity, and a lack of universal definition) and despite the deeply personal practices and beliefs associated with religion/spirituality, resilience and religion/spirituality are indeed connected. Resilience is complex and is potentially evoked differently by different personal characteristics and environmental demands. However, religion/spirituality can also be complex, subjective, and experienced differently for each person. In this example however, the reliance on religion/spirituality kept these minors resilient even when things were difficult. While religion/spirituality had no place in psychology historically, current research is beginning to show how important religion and spirituality is to resilience and well-being. In the next section, clinical implications and applications of this will be offered. Furthermore, future direction of enhancing flourishing even in times of normalcy will be discussed.

Clinical Implications: Fostering Resilience through the Examination of Religion/Spirituality

Religion and spirituality were not always embraced in psychological arena. Earlier in this article, we saw how prominent forefathers of this field viewed religion/spirituality negatively. However, much has changed since this time. Religion/spirituality is something of importance to many Americans (as cited by Gallup polls, 2006, 2007, 2014) and thus should be addressed. Current literature is catching up to this fact and is beginning to not only embraced religion/spirituality but is also beginning to address to broach this subject clinically.

Puchalski (2001) made suggestions to physicians on how to address religion/spirituality in health care. Puchalski suggested that focusing on religion/spirituality is important because those who practice spirituality live longer, cope with pain and illness better, and recover from medical procedures and surgeries faster. Puchalski also suggested that spirituality is related to powerful hope and positive thinking.

Puchalski (2001) was targeting physicians in her article but this material may still apply clinically in psychology. Puchalski suggested that religion/spirituality may affect how clients understand their disease and this in turn can affect treatment decisions. Additionally, she suggested that spirituality may be connected to or affect coping with an illness. Religion/spirituality may also be connected to a faith based support group that assists one in times of distress. Finally, Puchalski suggests that understanding a patient's spirituality contributes to understanding him/her holistically and this assists one in treating the whole person.

Thus, Puchalski (2001) created the FICA model to take spiritual history. F stands for Faith and Belief, I stands for Importance and Influence, C stands for Community, and A stands for Addresslaction. First, in this model, the treating physician would ask patients if he/she have any spiritual beliefs that give his/her life meaning and help him/her cope with stress and difficulty. Second, physicians would ask if spirituality is important in the life of the patient and what influences this has on how the patient takes care of him/herself. She also asks if medical decisions would be affected by a belief system. Third, she asks if the patient is part of a religious or spiritual community and how that affects his/her care. Finally, she considers what a health care provider should do with this information that has been collected. For example, should the health care provider contact a faith minister or a chaplain to assist in care? Should the physician refer to a meditation or yoga class or some other spiritual resource? Again Addresslaction is important because it assists in treating the whole patient using what is important to him/her.

Moving beyond a physician driven article to a psychologically driven one, Saunders, Miller, and Bright (2010) discussed how to be spiritually conscious in psychological care. These authors suggest that psychologists are sometime wary of addressing spirituality because of competence issues or out of fear of breaching ethical standards. Despite this, these authors state that avoiding discussions of spirituality is untenable. Due to spirituality's importance to psychological health and understand the patient holistically this subject must be addressed. Therefore, Saunders et al. (2010) discuss how sensitive spirituality issues can be addressed in psychological care. Saunders et al. suggest that general questions about beliefs and behaviors should begin the approach to discussing spirituality. For example, in the general questions category a psychologist may ask, "Are you a religious or spiritual person?", "How important is spirituality or religion in your daily life?", "What things are important to you?", "Are there things in your life that are sacred to you?", "Do you believe in a higher power?", "Are you part of a spiritual or religious community?", "Do you practice a religion currently?", "Are there spiritual or religious practices that you follow regularly?" (Saunders et al., 2010, p. 359).

After a set of general questions are asked, Saunders et al. (2010) suggests psychologists examine the relationship between the problem and spirituality or religion (e.g., "Has your current problem affected your relationship with your higher power?", "Has the problem for which you are seeking help affected your religious or spiritual life?" (p. 359)). Finally, Saunders et al. (2010), suggest explore potential resources that may aid in helping this client holistically and with spirituality in mind (e.g., "Are members of your spiritual or religious community (such as a spiritual leader) a potential resource for you in trying to deal with problems?", "Is there someone you can talk to about spiritual or religious matters as they relate to this problem?" (p. 359)). In addition to this, these authors suggest that psychologists engage in competence training surrounding spirituality. However, this can be a guideline to help aid in spiritual communication with clients.

Meichenbaum (2008) further reiterates these themes and the importance of examining spirituality in clients. In this work, Meichenbaum suggested that many in North America cope with trauma by turning to religion and prayer. Additionally, he stated that spirituality and faith are central to a person's group and personal identity, which also influences coping. Thus, Meichenbaum suggested

that the role of spirituality to healing be addressed in psychotherapy. In addition, the relationship between trauma, spirituality, and healing should be examined. Furthermore, the role spirituality holds should be addressed in clients. Finally, spirituality should be integrated into psychotherapeutic interventions. Meichenbaum also recognizes that spiritual struggles exist and may affect coping. However, he suggests that collaborative and self-directed spirituality can combat this stance. Additionally, he suggested several types of spiritual coping activities that individuals can engage in to help with coping. These include: spiritual-based activities (e.g. prayer or participation in religious workshops), feeling strengthened by having trust and hoping in a higher power and one's own Divine self-worth, calling upon forgiveness and accepting that one may not have all the answers to everything, performing spiritual acts (e.g. good deeds to others), seeking religious support (e.g., from clergy or religious/spiritual community), and constructing meaning out of the difficulty. Constructing meaning (Ayalon, 2005; Greene, 2002) and engaging in acceptance (Block & Kremen, 1996; Fredrickson, 2001; Siebert, 1996) have also been tied to resilience in the literature.

Since religion/spirituality has been considered to be a big part of one's personal story, it is important to examine how this story can be used to foster resilience. Ungar (2001) suggested that recalling one's personal story can contribute to resilience. In three parts of ones story (reflecting, challenging, and defining) one can utilize their own personal story to "tailor make" resilience. When reflecting, one looks at past events and "deconstructs" memories to get at root of trauma or distressing situation. Specific attention is paid to vulnerabilities and how individual *escaped* from vulnerabilities. This is used to find a pattern and points of strength that can be used to overcome future vulnerabilities. Then the person moves on to challenging. In challenging, one enhances the description of resilience narrative to determine utilization of past resilience and gathers corroborating evidence to this story. In this case, the client is allowed to determine how he/she has overcome difficulty in the past. Finally, one enters into defining. In defining, "tailor made" brainstorming is conducted of ways to exhibit resilience based on one's personal history. The individual is taught how to find support to enhance resilient identity (e.g. join support groups) and the individual and their psychologist talk about what to anticipate in the future, and how to overcome those troubles. Therefore, one uses the past, present, and future of a client's story, support network, and personal strengths to teach the client ways to overcome vulnerabilities (Ungar, 2001).

Future Direction

The previous sections discussed clinical implications and application of religion/spirituality and resilience. However, further future research can be conducted on applying religion/spirituality to thriving and flourishing in normal populations (not those who have encountered trauma). Seligman (2011) began initial discussions regarding flourishing in his PERMA model. In this model, one obtains happiness and well-being and flourishes through five essential elements. These elements are Positive emotion, Engagement, Relationships, Meaning, and Accomplishment (PERMA). While all of these are significantly important to life satisfaction, meaning seems to be the most related to religion/spirituality. Meaning in this work suggests that we are our best when we do things that give our life purpose. Additionally, it suggests that when we do things that contribute to something larger than ourselves (e.g., religious faith, community work, family engagement, or charity) we may also have larger life satisfaction. Additional research on this area specifically as it relates to religious/spiritual involvement may be beneficial to further understand which activities help one to flourish or how this process works.

Conclusion

This paper has examined the versatile nature of resilience from Biblical to modern times. While religion/spirituality and resilience have ancient connections in history, these concepts were not addressed scientifically until only recently. Forefathers of psychology looked upon religion/spirituality negatively. Likewise, resilience has only been discussed scientifically for the last 40 years. Now religious/spiritual discussions within psychology are more commonplace and resilience research has yielded a vastly convoluted understanding of the concept. Yet religion/spirituality and resilience are all highly personal and the manifestations of these concepts lead to their connection and to greater human wellbeing. Understanding this is key to learning about how to approach these subjects clinically and the implications of this in psychotherapy. When addressing wellbeing, one should address religion/spirituality in order to examine one holistically and this follows certain guidelines. Likewise, one can also foster wellbeing and resilience in settings such as therapy based on a client's personal story which undoubtedly may contain religious/spiritual elements. In the future, examinations of wellbeing and flourishing under normal circumstances (not just resilience to trauma) should be scrutinized further, possibly by understanding the importance of meaning (and thus the role of religion/spirituality) to flourishing.

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