Chapter 11
Strengthened by the Spirit: Religion, Spirituality, and Resilience Through Adulthood and Aging

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Introduction

Human beings endure a multitude of life events, from daily frustrations to the terror of combat. What factors determine whether people flourish or flounder in the face of adversity? Traditional approaches to this question have investigated the biological, sociological, and psychological. These discoveries have led to a greater understanding of the framework of resilience. However, another growing body of research, generated by the field of psychology of religion and spirituality, may further inform our appreciation of resilience pathways.

In this chapter, we briefly review traditional understanding of resilience and how religious and spiritual approaches broaden that perspective. The sections are organized by life stage (adulthood and aging) and include an overview of how religious and spiritual coping can be both a positive source of resilience and potentially lead to detrimental outcomes. We provide a summary of these religious resilience pathways and offer suggestions for potential spiritual interventions that promote growth and elude religious pitfalls at these various stages of life.

Background on Traditional Perspectives of Resilience

There are multiple definitions of resilience (see Masten 1994; Egeland et al. 1993; Rutter 1987; Haimes 2009; Knight 2007); however, for this purpose, we describe it as the "ability to recover readily from illness, depression, adversity, or the like" (Webster's Dictionary 2003, p. 1638). Researchers in the fields of sociology, psychology, and biology have tried to understand and identify the mechanism that underlies this "ability" to overcome great odds. Specifically, social status, socioeconomic status (Schooler and Caplan 2009), social support (Florian et al. 1995; King et al. 1998),

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perceived control over one's life (Schooler and Caplan 2009), high levels of self-esteem, problem-solving strategies (Dumont and Provost 1999), intelligence (Masten et al. 1999), hardiness (Kobasa 1979), physical health (Schooler and Caplan 2009), and positive emotions (Cohn et al. 2009) all can bolster recovery in response to adverse life events. However, some (Windle et al. 2008) have argued that the current models of resiliency do not provide a complete picture. The area of psychology of religion might offer additional, essential information for better understanding the mechanisms of resilience.

Religion and Spirituality[1] as a Unique Feature of Resilience

Historically, theorists in the field of psychology have viewed religion and spirituality through a reductionist lens. Specifically, it has been argued that beliefs in the divine serve more basic purposes, such as a defense mechanism for anxiety (Freud 1927), an attachment figure (Kirkpatrick 2005), an object representation (Rizzuto 1979), a physiological response (D'Aquili and Newberg 1998), or a source of identity and community (Durkheim 1915). However, others (Frankl 1984; James 1961; Pargament 2002; Miller and C'de Baca 2001) have argued that there is something unique to one's relationship with the sacred in religiousness and spirituality and thus to its role in resilience.

Religion and spirituality play a distinctive and important role for many individuals. National polls in the USA reveal that 93% of people believe in God (Gallop Poll, May 2008) and 83% of people acknowledge religion as important to them (Gallop Poll, September 2006). Why does religion draw so many to its shores, especially when under duress? This is perhaps due to the very nature of religion and spirituality. Pargament (1997) posited, "Religion offers a response to the problem of human insufficiency" and can complement nonreligious coping through offering solutions to "the limits of personal powers" (p. 310). People can look toward the ultimate for solace or unique solutions to life problems when pushed beyond their resources. Specifically, "The solutions may come in the form of spiritual support when other forms of social support are lacking, explanations when no other explanations seem convincing, a sense of ultimate control through the sacred when life seems out of control, or new objects of significance when old ones are no longer compelling" (Pargament 1997, p. 310). Thus, religion and spirituality are drawn upon in ways that positively impact the quality of life and resilience across the lifespan.

However, the realm of the sacred or divine may also cause unique distress in individuals and lead to negative outcomes throughout the lifespan. Given the central

[1]Although many regard the definition of "religion" to reference institutionalized doctrines and "spiritual" to mean a personal experience of the divine or sacred, there is debate about the overlapping meanings of these terms (see Zinnbauer et al. 1997; Zinnbauer and Pargament 2005) thus we will use the terms interchangeably in this review.

and distinctive place of religion and spirituality in the lives of many people in the USA, threats and challenges to this life domain may be particularly problematic. Those who wrestle with spiritual struggles may experience a unique form of distress due to the profound nature and core relevance of these questions, doubts, and tensions. For those who are disenfranchised or struggling with illness or distress, the perception of a divine force as punishing or abandoning may imply an ultimate unforgiveability or unacceptability of the individual (Pargament et al. 2005b). Doubting whether one is accepted or loved by a divine force may highlight existential questions that have no apparent answer, which may lead to disorientation or misinterpretation of religious tenets. Furthermore, believing that God is vengeful, angry, or has no power over evil can lead to disillusionment, fear, and distrust, which can shatter one's perspective of God, others, and the world (Pargament et al. 2005b). Thus, spiritual struggles can be a unique source of stress.

Powerful as spiritual struggles may be, more often than not people experience positive benefits from their faith. Empirical data underscore the notion that religion serves a distinct and compelling role in resilience. For instance, multiple studies have identified the positive impact of religious forms of coping, even after controlling for secular strategies and other demographic factors (Pargament et al. 2005a). One such study identified the unique, positive contribution of the domain of the transcendent. In the 1995 Detroit Area Study, Ellison and colleagues (2001) found that the relationship between religious involvement and psychological distress and well-being was not mediated by access to psychological or social resources (e.g., social support, self-esteem). They concluded that the salutary effects of religion could not be "explained away in terms of social or psychological resources" and "may foster distinctive sets of spiritual or psychosocial resources […] that bolster or undermine health and well-being" (p. 243).

Another such study by Trenholm et al. (1998) highlights the unique role of spiritual struggles in people with panic disorder. Researchers investigated religious conflict, state-trait anxiety, rational behavior, illness attitude, and symptoms of panic disorder in 60 women who were classified into one of the three groups (panic disorder with therapy, panic disorder without therapy, and therapy clients without panic disorder). Data revealed that religious conflict (e.g., religious guilt) uniquely predicted panic disorder in both groups, even after controlling for irrational thinking, state anxiety, abnormal illness behavior, and hypochondriacal beliefs. The researchers conclude that the anxiety fueling the panic disorder "goes beyond the concept of an individual who becomes frightened by the catastrophizing of body sensations"; but instead encompasses perceptions of failing religious ideals, causing feelings of guilt and fears of moral transgressions. These two studies provide examples of both sides of the coin of religious coping and highlight their individual roles in building or breaking resilience.

As researchers acknowledge the domain of the sacred, some encourage incorporating spirituality on the road to resilience (Wolin and Wolin 1993; Park and Folkman 1997; Farley 2007). We argue that while integrating spiritual models of resiliency is an important next step for the field, it is *critical* to consider both sides of the religious experience. To better frame these methods of coping, we provide a background of positive religious coping and spiritual struggles.

Positive Religious Coping

In 1998, Pargament and colleagues introduced a framework for organizing the concept of positive and negative religious coping with major life stressors. They define positive religious coping as a way of interpreting and responding to life events that reflect a secure relationship with the divine, a sense of meaning and purpose in life, benevolent religious appraisals, a collaborative approach with the divine to solve problems, and searching for spiritual connectedness with others. This approach to coping with life's problems can help people conserve their beliefs in a higher power, help to surrender control, and to draw meaning from stressful circumstances (Pargament 2007). This profound trust in the divine is best exemplified by the following reflection from a woman who suffered paralysis from a terrible car accident. "I know God doesn't screw up. He doesn't make mistakes. Something very beautiful is going to come out of this" (Baker and Gorgas 1990, p. 5A). This quote demonstrates a flexible and open style of religious coping, which proves to be a protective factor when dealing with the strains of life.

Research has demonstrated that religiousness and spirituality are associated with decreased levels of depression (Smith et al. 2004), anxiety (Koenig et al. 1993), chronic pain (Kabat-Zinn et al. 1985), and elevated levels of happiness, well-being, and life satisfaction (see Koenig et al. 2001 for review), as well as mental and physical health (Koenig et al. 2001). Furthermore, in a meta-analysis of 49 studies, Ano and Vasconcelles (2005) concluded that positive religious coping was associated with better psychological adjustment to stress. Thus, having a benevolent relationship with the divine appears to provide a protective feature for life's turbulence. There are times, however, when this relationship can also be threatened.

Spiritual Struggles

When faced with tragedy, fundamental assumptions regarding a benevolent divine and notions of a "just world" can be shattered. Specifically, those who search for answers and are unable to find any can be hurled into existential crisis. This form of negative religious coping, also called spiritual struggles, is defined as "a sign of spirituality in tension and in flux" (Pargament et al. 2006, p. 124) and may be fueled by the feelings of alienation from or guilt toward God or a higher power (Exline et al. 2000). Three types of religious and spiritual struggles have been conceptualized and studied: interpersonal, intrapersonal, and divine (Pargament et al. 2005c; Exline 2002).

Interpersonal spiritual struggles refer to spiritual conflicts with friends, family, and/or religious congregations. In contrast, intrapersonal spiritual struggles are marked by personal doubts and questions regarding one's spirituality, faith tradition, or life purpose, or conflicts within oneself about morals, beliefs, and practices. Lastly, divine spiritual struggles are expressions of conflict, questions, and tension in relationship to God, such as feeling abandoned by or angry with the divine. These three types of spiritual struggles can have pervasive effects on individual,

social, and physical health and well-being (Bryant and Astin 2008; Pargament et al. 1998a; Exline et al. 2000; Faigin and Pargament 2008). In the same meta-analysis reviewing 49 studies by Ano and Vasconcelles (2005), overall spiritual struggles were related to poor psychological adjustment to stress.

It is important to note that spiritual struggles do not have to be a sign of weak faith or pathology; quite the contrary, they can represent a turning point in life, a fleeting state, or an enduring lifetime experience (Pargament 2007). Furthermore, despite the consistently negative outcomes related to spiritual struggles, some evidence suggests that spiritual struggles can also lead to positive outcomes, such as spiritual- and stress-related growth (Exline 2002; Cole et al. 2008; Pargament et al. 2006).

Resiliency and Religion

Most people use both positive and negative religious coping throughout their lives and, at times, simultaneously. The following review explores some of these resilience factors and their outcomes in adulthood (ages 18–65 years), and in older adulthood (65 years and older).

Resiliency in Adulthood

Adulthood is a tenuous time filled with a multitude of transitions and personal discoveries, and the exploration and deepening of beliefs and behaviors. This phase of life can be filled with monumental growth while also presenting great risk. A large fund of data regarding the impact of religious coping highlights both ends of this spectrum.

Positive Religious Coping in Adulthood

For those dealing with life struggles and traumas, religious coping can have a strong and positive influence. In a meta-analysis of the relationship between religiousness and depression, religiousness was associated with less symptomatology (Smith et al. 2004). In multiple studies, positive methods of spiritual coping have been tied to improvements in health (Pargament et al. 2004), decreased anxiety, greater spiritual health, more positive mood (Wachholtz and Pargament 2005), and lower risk of mortality in a sample of chronically ill military veterans (Reynolds and Nelson 1981).

Spiritual coping may work through a variety of pathways to serve as a source of strength and resilience for adults during times of adversity. Religion can provide a global meaning to otherwise uncontrollable or negative life events (Park et al. 2001).

In particular, religion can provide a frame of reference to help people control, predict, and understand events, as well as enhance self-esteem (Spilka et al. 1997). Specifically, in a review of the literature, Pargament and Park (1995) concluded that people generally use religious resources to promote self-efficacy and active problem-solving rather than helpless dependence and passivity. Further, they asserted that people generally make effective use of their religion in dealing with difficult circumstances, attributing spiritual meaning to these events to diminish their threat. Research suggests that religion and spirituality can promote meaning-making and positive emotions, and enhance spiritual social support for adults coping with stressful life circumstances.

The power of making meaning can provide a great source of strength in the midst of traumatic experiences. Park and Folkman (1997) highlighted that an important component of resilience is the belief that one's life is meaningful and has an ultimate purpose; they acknowledge that religion is a pathway to meaning-making. The power of meaning-making is highlighted by a study of HIV-positive individuals who use benefit finding to reappraise events and ascribe global meaning to a life situation (Carrico et al. 2006). Benefit finding is the process of finding positive outcomes in an otherwise negative experience. In this study, high scores on a measure assessing sense of peace, religious behavior, faith in God, and a compassionate view of others was related to positive appraisal of and finding meaning in having HIV. Participants identified several benefits they received in the process of their HIV diagnosis, such as finding a sense of purpose, learning to accept life's imperfections, and feeling closer to others.

Additionally, positive reappraisal and benefit finding were negatively correlated with depressive symptoms. Furthermore, the negative relationship between spirituality and depressed mood was mediated by positive reappraisal and benefit finding. Thus, spirituality is a method of creating meaning in otherwise grave situations, which can lead to decreased negative affect. Furthermore, research demonstrates that even in arguably the worst of circumstances, such as the tragedy of losing a child, people who have the ability to make meaning have greater resilience, which decreases the negative impact of the grief of the event (Murphy et al. 2003).

Religious coping can promote positive outlook and diminish negative affect, which are both critical components of resiliency (Contrada et al. 2004; Pargament et al. 1994). For example, in a sample of heart surgery patients, those with greater religious beliefs also ascribed to greater optimism and lower levels of hostility (Contrada et al. 2004). Furthermore, in a study of college students' emotional reactions to the Gulf War, spiritually based coping significantly predicted diminished negative emotion, while pleading for divine intervention was related to positive affect (Pargament et al. 1994). Positive spiritual coping is strongly linked with more positive emotions, which are powerful components of building resiliency.

Lastly, religion can bolster resiliency in adults through enhancing spiritual support systems. There are many studies that demonstrate the various ways that religion aids in social support (see Pargament and Cummings 2009 for review). Individuals who utilize secular support networks (e.g., social clubs, intramural sports, etc.) arguably benefit from meeting regularly with others by creating interpersonal bonds. However,

research reveals that religious support is unique and can offer notable benefits. For example, in a study by Koenig and colleagues (1992), general religious coping predicted social support in distressed populations across time. Furthermore, in a study of dialysis patients, O'Brien (1982) found that participants who rated their faith as important to them also demonstrated lower levels of alienation and higher levels of social interaction, with greater *quality* of those interactions. In another study of advanced cancer patients, those who scored higher on positive religious coping also exhibited greater perceived support from others (Tarakeshwar et al. 2006). These data support the unique impact of religion on forging, perceiving, and sustaining meaningful relationships with others.

There are differences in the utilization of religious coping based on demographic variables. Historically, religious coping has been found to be more frequent among females, older, black, and married people (Ferraro and Koch 1994). Additionally, prayer is more frequent in African-Americans than Caucasians, as well as in those who are less educated (Bearon and Koenig 1990) and have lower incomes (Gurin et al. 1960). Perhaps it is natural for those who are struggling with life situations or part of a minority group to draw upon religion as a source of strength when other options are limited or appear bleak. Those who are more religious prior to a traumatic event seem to express greater religious resilience (Ai et al. 2004, 2005, 2007), while those who undergo traumatic experiences can also have *stronger*, not weaker, religious beliefs following the event (Falsetti et al. 2003).

These studies support the notion that when people draw on a religion that rests on a benevolent, collaborative view of the divine, their faith can provide them with a powerful resource that can lead to enhanced positive emotions, meaning-making, and social support networks. However, it is important to explore how other religious coping methods can hinder one's growth and grounding during stressful life experiences.

Spiritual Struggles in Adulthood

Multiple studies with college students have underscored the prevalence and potency of struggling with religious issues in early adulthood. Specifically, in a study of 112,232 students from 236 colleges within the USA, Astin and colleagues (2004) found that approximately 50% of college students experience times of doubt or conflict regarding their spirituality or describe themselves as "searching" for better understanding of their spiritual/religious beliefs. This prevalence rate for spiritual struggles has also been corroborated in two other studies of college students (Johnson et al. 2008; Desai 2006).

Spiritual struggles are shown to have wide-reaching potentially harmful effects for young adults, including negative psychological outcomes and addictive behaviors. For example, in a cross-sectional study, religious strife was associated with higher levels of psychological distress, including depression and suicidality, in both clinical (54 adults receiving psychotherapy) and nonclinical (200 college students) samples regardless of the level of religiousness or comfort received from religion

(Exline et al. 2000). Furthermore, spiritual struggles have been connected to more severe levels of psychopathological symptoms. In a recent study of a national cross-sectional sample of people with and without a personal illness, spiritual struggles predicted greater levels of phobic anxiety, depression, paranoid ideation, hostility, obsessive-compulsiveness, and somatization even after controlling for demographic and religious variables (McConnell et al. 2006). These results were corroborated in studies linking religious strife to increased negative mood, lower self-esteem (Pargament et al. 1998b), anxiety (Kooistra and Pargament 1999), and even panic disorder (Trenholm et al. 1998) in adult samples.

Research consistently demonstrates that individuals who reportedly feel unsettled about spiritual matters are more apt to engage in substance use or other addictive behavior. In the aforementioned Astin and colleagues (2004) study that queried 112,232 students across the USA, results indicated that students who scored high on items measuring religious struggles, such as feelings of distance from God, questioning of religious beliefs and feeling unsettled about religious matters, were more likely to drink wine or liquor (65% vs. 48%) and beer (55% vs. 42%) than those reporting low levels of religious struggles. These findings were substantiated in another study investigating whether spiritual struggles were predictive of alcohol problems throughout the first 2 years of college. Johnson and colleagues (2008) queried 1,515 incoming freshmen during the summer before college (Wave 1), and again during the spring of freshman (Wave 2) and sophomore (Wave 3) years regarding their religious/spiritual involvement, view of God, and alcohol consumption. Results from this study indicated that higher religious distress predicted a greater increase in alcohol problems overall. Lastly, in a recent longitudinal study with 90 college freshmen (Faigin and Pargament 2008), results revealed that spiritual struggles predicted an increase in gambling, tobacco use, recreational drug use, prescription drug use, sex, shopping, food starving, work, exercise, and caffeine use. Additionally, specific domains of spiritual struggle (e.g., divine, interpersonal, and intrapersonal) were shown to predict change in addictive behavior over time.

These studies highlight how religious strife can render a person vulnerable to additional negative coping strategies (e.g., drinking, drug use, other addiction) when faced with life's struggles. This understanding underscores the need for increased awareness regarding the *style* of religious coping so that the deleterious outcomes of existential crises can be averted.

Resiliency in Later Years

As our "greatest generation" has entered their eighth and ninth decades of life, there are important insights to be gained about their sources of resiliency. These survivors have struggled through the Great Depression of the 1930s, WWII in the 1940s, threat of nuclear disaster through the 1950s and 1960s, watching their children fight and suffer in the Vietnam war of the 1960s and 1970s, terrorist attacks on the USA in 2001, the resulting wars in Iraq and Afghanistan their grandchildren are fighting

in, and now coping with the loss of financial security in 2008–2010. This generation's children also just entered the category of "senior citizen" at age 65.

Positive Religious Coping in the Elderly

The importance of religion increases with age. According to the Pew Forum on Religion and Public Life, 69% of adults 65 years or older cite religion as "very important" in their lives, compared with 45% of adults under 30 years of age (*N*=34,695; 2008). Research supports that the elderly draw upon their religious beliefs more as they face illness and aging (Reed 1987). Religion may serve as a source of grounding in the face of adversity. In a study of 338 elderly patients admitted to the hospital, when asked an open-ended question regarding their coping resources, over 40% of them spontaneously cited religion (Koenig 1998). To understand the nature of their relationship with the divine, we look to qualitative research to better explain how spirituality and religion serve as a pathway of resilience in old age.

Schwarz and Cottrell (2007) conducted a qualitative study with five elderly adults aged 66–88 involved in occupational therapy to help treat a range of illnesses from clinical depression to spinal stenosis. The researchers conducted multiple in-depth interviews to assess the role of spirituality in rehabilitation and across the lifespan. They found multiple themes pointing to the underlying mechanism of spirituality: it is pivotal in creating meaning and purpose, coping and positive outlook, providing a source of reliance and dependence, consolation and comfort, and hope for recovery in the face of adversity across the lifespan.

The poignant responses of these elderly adults illustrate how spirituality enriches and supports individuals throughout life. For example, an 87-year-old participant indicated the primacy of spirituality as being the "number one thing in life, everything follows after that" (p. 49). Others agreed, indicating that without spirituality, life is devoid of meaning and that spirituality is the reason for living and something to strive toward. Thus, spirituality can be a fundamental aspect of living, one that oftentimes becomes more important as one ages. Another 87-year-old participant underscored the need for spiritual coping in later life: "You just have more problems when you get older and sometimes they do seem quite overwhelming unless you feel like you have some help in shouldering them" (p. 50). Another participant attributed her lifespan resilience to spirituality, which "pulled me out of many, many things that may have disturbed me… [it] is what governs your ability to recover or cope with what you have" (p. 50).

Some participants highlighted the role of spirituality to promote a positive outlook to assist in coping with life's struggles. "Well, it's certainly kept me an optimist all my life in spite of anything that's happened […] I think it's because […] I've had great faith that things were going to turn out alright and I don't let myself get down" (p. 50). This view is shared by others, "You have a more positive attitude if you think you're going to get that spiritual support, it's definitely going to help, it's like 50% of the battle" (p. 50). This positive outlook undoubtedly served as an anchor of support despite the struggles of life.

In terms of spiritual coping, participants described their relationship with the divine as an unyielding resource for coping and that reliance on God increased throughout their lives. One participant stated, "I depend on God a lot by praying, asking for help, for guidance, and He's never forsaken me, He's right there" (p. 51). The divine is viewed as more reliant than people for some; "I've always felt that there was someone to call on for help. As much as you love your family, they cannot always be there for you. They don't have all of the answers" (p. 51).

This reliance on spirituality also provides consolation and comfort throughout life and hopes for recovery during times of illness. "It's a great comfort to me when I have had periods of stress," stated one 88-year-old participant (p. 51). Others stated that "the hope that we have and the reasons why we have the hope is so uplifting, so supporting, you carry that with you afterwards" (p. 52). This important study has provided an in-depth illustration of the ways that spirituality impacts resiliency throughout the lifespan, which is further supported by other empirical data.

Social support is another critical religiously based component of resilience not otherwise noted in the above study. For example, in multiple studies, elderly persons who rely upon religion as a form of resilience in life have lower rates of depression (Koenig et al. 1992; Pressman et al. 1990) and death anxiety (Koenig 1988) than their counterparts who do not access religious coping, even after controlling for social support, history of depression, and demographic variables (Bosworth et al. 2003).

The beneficial outcomes of positive religious coping are further elucidated in a study examining health status of 173 older adults engaged in rehabilitation services (Yohannes et al. 2008). Religious attendance was inversely associated with severity of illness and intrinsic religiousness was associated with less severe depression and older age. Additionally, in a community sample of 836 elderly participants, personal religious practices and intrinsic religiousness were associated with greater perceived coping efficacy (Koenig et al. 1988).

Spiritual Struggles in Elderly Populations

Less effective forms of coping can be a source of distress, particularly among older adults coping with the additional life stressors of illness and aging. For example, in a study by Krause and colleagues (1999), they found that although religious doubt is present in older adults, its impact on general mental health decreases as people age. Building upon this, Galek and colleagues (2007) pinpointed how religious doubt affects mental health across the lifespan. As people age, results indicate religious doubt is associated with psychopathology, such as depression, hostility, general anxiety, obsessive-compulsive, and paranoia symptoms. However, they also found that the magnitude of the relationship between spiritual struggles and mental health decreases as people age.

In a longitudinal study of 268 medically ill, hospitalized, elderly patients, spiritual struggles were shown to be a risk factor for diminished well-being. Pargament and colleagues (2004) investigated whether religious coping was predictive of spiritual outcome, stress-related growth, quality of life, depressed mood, physical, and cognitive

functioning. Over the 2 years of the study, negative religious coping was predictive of declines in quality of life, spiritual outcome, Activities of Daily Living (ADLs), and an increase in depressed mood (Pargament et al. 2004).

In another set of analyses using the same dataset, mortality during the follow-up period was assessed as the major outcome variable for the original set of 596 participants. Most importantly, results showed that individuals who endorsed feelings of being unloved by and alienated from God ("Questioned God's love for me," "Wondered whether God had abandoned me"), or felt that the devil was involved in their illness ("Decided the devil made this happen") were 20–30% more likely to die over the 2-year period, even when controlling for physical and mental health, and demographic variables (Pargament et al. 2004). Thus, spiritual struggles clearly have implications not only for the quality of life, physical functioning, and spiritual outcomes, but also for mortality in a sample of medically ill elderly patients.

Practical Applications

As outlined above, researchers have found that religion and spirituality can play distinctive roles in strengthening people as they face traumas, losses, and changes in life (Park and Folkman 1997; Pargament and Cummings 2009). However, as we have noted, some forms of spirituality can impede resiliency. We, therefore, argue that it is critical to understand the *nature* of one's spirituality so that interventions can specifically target mechanisms for growth, while avoiding pitfalls throughout the lifespan. We suggest that the first step for all interventions should involve an explicit spiritual coping assessment (see Pargament 2007) to promote more targeted approaches for each individual.

Adulthood

Building upon knowledge of resiliency in childhood survivors, researchers have developed interventions that adults can apply. Wolin and Wolin (1993) created a model of resiliency that includes spiritual components to transform an individual from a "victim" to a "survivor." They identify traits seen in resilient children, which include: (1) Insight: exploration of the world in order to create meaning about life events; (2) Independence: to transcend self and daily living through participation in spiritual experiences; (3) Relationships: that are compassionate, caring, and affirming as found in religious communities; (4) Initiative: to reach out to the world to save, heal, help, and reconcile to transform the world positively; (5) Creativity: tapping into creative power to generate beauty; (6) Humor: as a transformative force to take oneself lightly (and from a compassionate God's perspective) in the face of adversity; and (7) Morality that promotes spiritual ethics, integrity, and social justice. Models for incorporating these seven components could perhaps bolster a person's ability

to reframe their life experiences, create meaning, and cope effectively with traumatic events, even in adulthood.

Additionally, spiritual interventions could be informed by research on the impact of styles of religious coping. Specifically, self-directed religious coping, defined as pursuing personal action without relying upon the divine to solve problems is related to feeling alone and abandoned by God (Pargament et al. 1988). Collaborative religious coping reflects a mutual responsibility involving the person and God to solve the problem; this style of coping is related to an increase in the feelings of control and self-esteem (Pargament et al. 1988). The potency of these methods of coping is highlighted by findings from a study of 142 African-American adolescents. This study found that collaborative religious coping was linked to increased hope and feelings of having reasons to live, while self-directing religious coping was related to an increase in depression, hopelessness, and even suicide attempts (Molock et al. 2006). This study underscores the importance of promoting active and collaborative styles of religious coping in adults to bolster healing in future resilience interventions.

Furthermore, spiritual interventions could be imbued with the tenets of forgiveness and spiritual support to promote resilience. In a sample of 101 adult survivors of childhood sexual abuse, findings reveal that religious forgiveness coping and active surrender coping were related to lower levels of depressed mood, while spiritual support and religious forgiveness coping were components in the resolution of abuse after controlling for demographic variables, cognitive appraisals, support satisfaction, and severity of abuse (Gall 2006).

Some promising efforts to develop interventions in response to these data on the styles of religious coping have already been undertaken. For instance, spiritually sensitive group interventions have been shown to be effective in decreasing depression (Tarakeshwar et al. 2005; Ano 2005), improving spiritual well-being, positive religious coping, and images of God (Murray-Swank and Pargament 2005), decreasing stress and promoting spiritual development and self-control (Ano 2005), increasing private religious practices, daily spiritual experiences, religious coping, decreasing drug use (Avants et al. 2005), decreasing overall psychological distress, negative religious coping, negative affect related to spiritual struggles, stigmatization related to spiritual struggle, and increasing positive affect related to spiritual struggles (Gear et al. 2008). These data suggest that spiritual interventions can have far-reaching and potent implications for adults coping with spiritual struggles.

Older Years

Spiritually integrative interventions on group and individual levels can also be effective for older adults; however, due to the unique life stressors during this stage of life, targeted interventions for geriatrics should also be considered.

Specifically, in 2004 Langer provided a framework for tapping into the spiritual domain to build resilience in older adults. “By acknowledging older adults’ resiliency

and spiritual resources in light of past and present risk factors, care providers can focus on capabilities, assets, and positive attributes rather than problems and pathologies" (Langer 2004, p. 611). Langer provides a practical framework for conducting strengths counseling to promote the application of spiritual resources in resiliency (e.g., "Can you identify spiritual resources from which you gain strength and energy to overcome some of your stresses/losses?"). The counselor, according to this model, is to draw upon a client's meaning making (or spirituality) to encourage or enhance his or her inherent resiliency and thus provide holistic care (see Langer 2004). This approach is consistent with research on the resilient feature of meaning-making.

Drawing upon the protective feature and prevalence of religious beliefs in older adults, researchers encourage geriatric clinicians to inquire about their patients' religious faith and provide support, particularly when confronted with emotional distress (Bosworth et al. 2003). This approach can help to identify negative divine reappraisals and better identify strengths to build upon in therapy.

Older adults more often draw upon religious coping strategies as they are faced with illness and aging; therefore, special attention to existential crises, concerns about the afterlife, feelings of regret or negative reappraisal of self-worth will be critical to address for this population. Clinicians may want to focus on working through spiritual struggles to promote healing and resilience (see Pargament 2007 for examples).

Additionally, although there is a paucity of outcome data for spiritually sensitive interventions for older adults, there is reason to believe that similar interventions as outlined above for younger adults would also be applicable for those who are older than 65 years old. Future studies could replicate spiritually sensitive interventions designed for younger adults to investigate their efficacy with geriatric adults. This generation would likely benefit from targeted interventions designed to promote positive religious coping, while diminishing the propensity for spiritual struggles to support healing and continued growth throughout the lifespan.

Conclusion

Religion and spirituality are unique and critical resources for coping with the struggles of life; however, they can also contribute to distress if there are struggles inherent in the *method* of spiritual coping. Enhancing knowledge of the utilization of religion and its impact on resilience could prove promising. Furthermore, clinicians could develop targeted interventions to help people work through negative methods of spiritual coping while building upon the positive aspects of religious beliefs. There are many promising studies demonstrating the effectiveness of spiritually sensitive interventions in adults; however, there is a dearth of research on spiritual resiliency interventions with older adults. Future researchers and clinicians could focus on developing targeted spiritual interventions for all ages that draw upon the themes of religious resilience, thus promoting a holistic approach to building resources and enhanced strength in adulthood and aging.

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