Psychological Resilience In The Religious Life: Conceptual Framework And Efforts To Develop It

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Abstract

Resilience is an individual's effort to withstand and grow healthily in facing a stressful life. Resilience is very useful, especially in helping individuals develop a better life which consists of components of emotional regulation, impulse control, optimism, empathy, the ability to analyze problems, self-efficacy, and increasing positive aspects. Religious life is a form of a life dedicated to God and freely chosen by individuals that are manifested in the fulfillment of religious vows. This article aims to examine resilience in the religious' life and constructive ways to develop it. The author examines the meanings, dimensions, supporting factors, and previous studies that contribute to resilience. Based on previous concepts and research, the author outlines several ways that can be applied in helping a religious develop resilience in his/her life.

Keywords: resilience, religious life, constructive development efforts

Introduction

The essence of religious life is the total surrender of the individual to fully participate in God's work of salvation (Suparno, 2016). Pope Francis (in Suparno, 2016) emphasized that religious life is the heart of the church. The church is considered to have no spirit for life if there are no religious because there is no heart in it. Then, what exactly is the essence and consequences of religious life? Religious life is a special form of life that is fully dedicated to God which is manifested concretely by making religious vows namely chastity, poverty, and obedience (Suparno, 2015; 2016). The consequence is that religious are required to totally dedicate themselves to God as a form of making a vow of chastity, make a promise to live a simple life as a form of living a vow of poverty, and promise to obey the leadership and dedicate themselves to apostolic work as a form of making a vow of obedience (Suparno, 2015; 2016).

Living a religious life has many challenges. Currently the whole world is still facing the Covid-19 outbreak as a grievous disaster for everyone that disrupts all segments of the lives of individuals, families and communities; including in the sphere of religious life. This dramatic world change makes everyone yearns for a family or community with strong bonds and resilience. Some individuals, families, or communities experience boredom and some even feel unable to deal with the events of this global crisis. Research shows that the Covid-19 pandemic has impacted the wellbeing of individuals (Ghebreyesus, 2020; Knolle, Ronan, & Murray, 2021). This pandemic has affected individuals, families, and communities and caused disturbance, anxiety, stress, stigma, and xenophobia (Moukaddam & Shah, 2020).

Coronavirus disease pandemic has a severe effect on individuals' life, shows a complex range of pressures, and obstructs all access to protective factors (Ghebreyesus, 2020; Knolle, Ronan, & Murray, 2021). During this time of Covid-19, many people have been induced to adjust to a new reality dominated by anxiety and fear. Brooks, et al. (2020) highlighted that the act of implementing social isolation may have a negative effect on the mental health of individuals, where those who are in quarantine tend to show psychological disorders such as anxiety, anger, sleep disturbances, and PTSD. With widespread concern about the lack of resilience, we need to understand the dynamic process that strengthens the resilience of individuals, families, communities, and societies. We need conceptual tools and effective strategies to strengthen ourselves in facing our life's storms.

Religious are required to show a strong loyalty and commitment in carrying out their monastic life. McDevitt (2010) emphasizes that religious have a high risk of experiencing stress and fatigue. Hamel (McDevitt, 2010) explains that priests experience stress ranging from lack of faith, weakened commitment to pastoral service, lack of social support, and lack of recognition. Therefore, it takes the persistence and resilience of every religious in facing all challenges, which is called resilience. Resilience is the basic strength of all positive characters in building one's emotional and psychological strength. Resilience is an important component for everyone in carrying out his/her daily lives to achieve an appropriate level of mental health (Grotberg, 2003; Tusaie & Dyer, 2004; Kashdan & Rottenberg, 2010). Resilience indicates individuals' capability to overcome with various pressures. Resilience empowers individuals to achieve psychosocial adjustment and stress management. Research on resilience shows that resilience is a very important aspect for individuals to respond positively to various life problems. Therefore,

the urgency of study on resilience, supporting factors, and efforts to develop it needs to be elaborated (Masten 2014a, 2014b, in Taylor & Conger, 2017; Masten & Monn, 2015).

Psychological Resilience

The term of resilience is comprehended in various ways by experts. Based on the literature review, it can be concluded several main ideas about the meaning of resilience. Resilience is the capacity of individuals to bounce back (Reivich & Shatte, 2002; Tugade & Fredrickson, 2004; Agnes, 2005; Siebert, 2005; Earvolino-Ramirez, 2007; Smith, et al., 2008; Wagnild & Collins, 2009; Pulla, 2013; Mesidor & Sly, 2019) which has implications for competence, optimism, flexibility, and the ability to overcome challenges (Wagnild, 2003; Jackson, Firtko, & Edenborough, 2007; Wagnild, 2009; Wagnild & Collins, 2009). Walsh (2015) underlines resilience as an ability to recover from adversities. Resilience refers to an individual's capability to positively maintain psychological wellbeing in the face of pressure (Luthar, 1991; Luthar, et al., 1993; Luthar & Cushing, 1999; Luthar, Cicchetti, & Becker, 2000; Connor & Davidson, 2003; Masten & Powell, 2003; Bonanno, 2004; Luthar, 2006; Bonanno & Mancini, 2008; Rutter in Black & Lobo, 2008; Wright, Masten, & Narayan, 2013; Masten, 2014a, 2014b; Masten & Monn, 2015; Mayordomo-Rodriguez et al., 2015; Shin, et al., 2019; Dimitriou, Drakontaides, & Hadjicharalambous, 2020) that enable individuals to have strong mental health (Bonanno, 2004; Chen & Bonanno, 2020). According to Luthar (1991); Luthar et al. (1993); Luthar & Cushing (1999) resilience is an individual's effort to show a positive response to unfavorable situations and challenging life experiences. Individuals who have a high resilience try to impede and minimize the adverse effects of the negative events that emerge in their lives (Grotberg, 1995a, 1995b).

Wolin and Wolin (1993) promote resilience as a coping skill that refers to an individual's way of coping with stressful situations. A similar view is also explained by Siebert (2005) who underlines resilience as an individual's ability to overcome with disruptive life changes, maintain good health and energy, try to bounce back from difficult situations, undertake to overcome various obstacles, change new strategies when the old strategies are not effective. Masten et al. (2009) asserts that resilience is one's ability in moving forward in the face of adversity and continue to function effectively in performing the main tasks of life. Resilience relates to an individual's ability to identify and utilize abilities, competencies and various resources in responding to life situations. Individuals who have a high resilience tend to have the commitment and the ability to solve problems; interpret experiences positively; have a positive self-

concept and emotionally stable; and keep proactive, optimistic, dan independent (Mampane & Bouwer, 2006).

The Characteristics of Resilience

Wolin and Wolin (1993) outline the characteristics of resilience as follows: (a) Insight. This challenges individuals to understand oneself and others. By understanding himself/herself, individual is able to adapt himself/herself to the surrounding environment. (b) Independence; which requires individual to not depend on others. (c) Relationships; refers to individual's ability to foster open, honest, and healthy relationships with others. Positively developed social relationships allow individuals to support each other, especially when they deal with unfavorable circumstances. (d) Initiative; challenges individuals to take full responsibility for himself/herself, so that he/she makes self-improvement by continuously honing his/her abilities. (e) Creativity; this aspect relates to the individuals' ability to think of various alternative solutions and the consequences when they face life's problems. (f) Humor; this aspect points to the individual's ways to see the positive side of stressful life situations. (g) Morality; challenges individuals to lead a better and more productive life by understanding and behaving according to the prevailing moral values.

According to Reivich and Shatte (2002) individuals who have resilience include (a) emotion regulation, referring to the individuals' state to remain calm and focused when they are under pressure from life. When individuals are able to regulate and control their emotions when dealing with difficult situations, then the individual has good resilience as well. (b) Impulse control, is an individual's effort to control every impulse, desire, and pressure that arises from within. Individuals who are able to control impulsivity will provide the appropriate response to the problems. (c) Optimistic, optimistic individuals are individuals who believe that they are able to solve their problems and believe in a bright future. (d) Empathy, refers to individual efforts to be sensitive to the emotional and psychological conditions of others. Individuals can distinguish the feelings and thoughts of others, so they are able to treat others appropriately. (e) Ability to analyze problems, refers to individual efforts to identify the causes of problems appropriately. Individuals who have high resilience are able to analyze the causes of problems and try to find various ways of constructive solutions to solve. (f) Self-efficacy, this is a one's belief to organize and carry out an action that aims to solve the problem at hand. (g) Increasing positive aspects, refers to individual efforts in giving positive meaning to the problems being faced and interpreting them as provisions for the future.

Wagnild and Young (1993), Wagnild (2009), Wagnild and Collins (2009) describe five characteristics of resilience, namely: (a) perseverance, which refers to the individuals' behavior that perseveres despite experiencing difficulties or despair. Ones are required to keep moving in spite of difficulties or even failure. Perseverance, determination, and optimism contribute to resilience (Christman & McClellan, 2008). (b) Equanimity, refers to the balance between life and individual experiences. Individuals who have a balanced life are able to respond calmly to every difficulty. (c) Meaningfulness, refers to the individual's awareness that life has a purpose and acknowledges that there is something valuable to be lived in his/her life. (d) Self-reliance. Independent individuals are individuals who believe in themselves, recognize and rely on their own strengths and abilities, and take advantage of past successes to support and direct their actions. (e) Existential aloneness, refers to the awareness of the individual as a unique person who realizes that some life experiences can be shared with others, while other life experiences can only be faced by the individual himself.

Susan Kobasa (in Maddi, 2013) introduced the term hardiness as a personality style associated with individual good health. Hardiness emerges as a pattern of manner and strategies facilitating individuals to transform difficulties into opportunities to grow (Maddi, 2013). According to Kobasa and Maddi (in Maddi, 2013) there are three components of hardiness that function as resilience resources, namely challenge, commitment, and personal control. The challenge component requires individuals to accept and see every difficulty as a challenge to continue to grow. Individuals who have high resilience view every difficulty and failure as a valuable lesson and opportunity for growth. Component commitment. Resilient individuals are committed to their lives and goals. Individuals who have a commitment are able to involve themselves fully in any situation that occurs and not to drown in difficulties. The personal control component challenges individuals to take control the situation. This component leads the individual to believe that no matter how bad the situation is, the individual must continue to try to turn pressure from potential disasters into opportunities for continued growth.

Studies on Resilience

Research on resilience has been widely carried out, but there are still few studies related to psychological resilience, especially in the religious' life. Jackson-Jordan (2013) reviewed the literature on clergy burnout and resilience and concluded that there are several factors affecting clergy burnout, namely interpersonal skills, community relationships, relationships with peers/mentors, role expectations

and high sense of responsibility, and the ability to maintain healthy emotional boundaries.

Researchers (for example Prevost, 2016; Sielaff, Davis & McNeil, 2020) state that resilience can be intervened by mediating risk factors, promoting positive mental health, and facilitating individuals' growth. Study conducted by Sielaff, Davis and McNeil (2020) concluded that clergy should practice resilience continuously which includes intentional practice and emotional restraint, self-consciousness, prayer and spiritual practice, and peer or mentor groups in creating a meaningful life.

Research conducted by Prevost (in Reed, 2016) shows that one of the factors that contribute positively to the welfare of pastors is the positive relationships built with others, and self-awareness which includes an individual's positive self-assessment of oneself. Self-awareness is an important aspect in resilience that requires individuals to characterize, recognize, and accurately feel their own emotions, write daily journals, and get feedback from others (Burns et al., 2013). Apart from self-awareness, a religious can increase their resilience through spiritual practice through prayer, the Eucharist, Bible reading, meditation, etc.

Factors Contributing to Resilience

Literature reviews several factors that can promote an individual's level of resilience including family, organization, or community (Meredith, et al., 2011; Kirmayer, et al., 2011). According to Luthar, Cicchetti and Becker (in Thomas & Revell, 2016) determinant factors that contribute to individual resilience include positive outlook, self-esteem, problem-solving skills, critical thinking skills, and humor.

According to Grotberg (1995a) there are some factors associated with resilience. Those factors are (a) individual factors include assertiveness, which refers to individual efforts to overcome problems, self-awareness, self-confidence, empathy, having goals and aspirations. (b) Social relationship factors include the suitability of emotional expression, social competence, the presence of positive role models, having meaningful relationships with other individuals, and acceptance within the group. (c) Community factors include avoiding violent behavior in families, communities and groups, as well as the existence of security protection.

Strategies to Develop Resilience

Based on the literature review and previous studies on resilience, the author elaborates some important themes in sustaining resilience in the religious' life.

Stress management. One way to increase resilience is to manage stress. Several studies have been conducted related to stress management to increase resilience, one of which is Stress Management and Resiliency Training (Sood, 2013; Chesak, et al., 2015). This program is developed to improve individuals' mental health through cultivating resilience aspects such as gratitude, compassion, acceptance, meaning in life, and forgiveness. Many studies have been conducted to implement the SMART PROGRAM and show that this program effectively increases resilience (Chesak, et al., 2015; Chesak et al., 2019).

Coping strategy training. Increased resilience is the result of individual success in overcoming difficulties (Wagnild & Collins, 2009). Therefore, everyone needs the effective coping strategy, including religious coping (Frederick, Purrington, & Dunbar, 2016). Coping as an important variable in dealing with pressure (Gustems-Carnicer & Calderon, 2013) refers ideas that individuals use to deal with stressful situations (Folkman, 2010). Conceptually, resilience and coping strategies are two different concepts but both have a relationship with each other where coping strategies contribute positively to resilience (Rice & Liu, 2016). Smith et al. (2016) show that resilience is correlated with the use of task-oriented coping strategies which in turn correlate with more adaptive individual psychological outcomes. If the individual has the appropriate coping strategies to face challenges and adapts successfully, the individual is able to increase his/her resilience (Rutter in Wagnild & Collins, 2009).

Hardiness training. Resilience can be improved through hardiness training. Kobasa (in Skomorovsky & Sudom, 2011) defines hardiness as a personality characteristic that causes individuals to be able to withstand in the face of unpleasant situations. Individuals with high resilience have the characteristics of control, commitment, and openness to challenges. Kobasa (in Skomorovsky & Sudom, 2011; in Maddi, 2013; in Sandvik et al., 2015) describes three dimensions of resilience, namely commitment, control, and challenge. Commitment requires individuals to actively involve in all activities. Control dimension challenges individual to take control himself/herself when dealing with difficult situations. Challenge requires individuals to anticipate various changes as something that challenges for better growth. According to Hasel, Abdolhoseini, and Ganji (2011) the application of hardiness training was effective to increase resilience and reduce the stress experienced by students.

Increasing self-awareness. Burns et al. (2013) recommend that individuals can improve resilience by continuously identifying, accepting, and feeling their own emotions, keeping a daily journal, and getting feedback from friends and family. In addition to self-

awareness, a religious can increase their resilience through spiritual practice through prayer, the Eucharist, scripture reading, meditation, etc.

Utilizing counseling services. Individuals are able to increase their resilience by utilizing counseling services. Individuals can take advantage of individual and/or group counseling services, both spiritual in nature and counseling in general. Sadeghi, Hassani, Emamipour, Mirzaei (2018) conducted research on the application of group therapy of acceptance and commitment in an effort to increase resilience and showed that this program was effective to improve the quality of life and resilience of breast cancer patients.

Amsrud, Lyberg, and Severinsson (2019) conducted a literature study and summarized several themes that could be applied as strategies to develop resilience. Those themes are (1) strengthening mutually supportive relationships. This theme highlights the importance of establishing strong, caring and supportive individual relationships (Carroll, 2011; Adam & Taylor, 2014; Curtis, 2014). (2) Identifying resources and strengths. This theme challenges individuals to realize the importance of increasing self-awareness about the resources and various strengths that exist within themselves (Carroll, 2011). (3) Acknowledging uncertainty. This theme challenges individuals to embrace the various difficulties he/she experiences. (4) Reframing difficult life experiences. This theme relates to the individual's ability to reframe life experiences that are considered difficult and try to turn them into opportunities for continued growth (Curtis, 2014; Adam & Taylor, 2014). (5) Adapting the experience to learning. This theme requires individuals to learn from his/her experience that supports the process of developing resilience (Hodges et al., 2005; Adam & Taylor, 2014).

Jackson, Firtko and Edenborough (2007) propose several strategies that can be used to develop resilience, namely (1) building positive relationships. (2) Sustaining a positive attitude. Individuals need to develop an optimistic attitude and see positive possibilities for every difficulty in life that is experienced. (3) Developing emotional insight. Recognizing, understanding, and controlling emotions can provide positive insights for individuals on how to overcome their life difficulties. (4) Achieving life balance and spirituality. Building a balance of life and spirituality is a pillar to form a resilient individual. (5) Becoming more reflective. The importance of self-reflection is seen as a way for individuals to develop new insights, knowledge, and understandings that can be used to deal with future life situations.

McDermid, Peters, Daly, and Jackson's (2016) research on resilience development show several main themes, namely (1) developing supportive collegial relationships. This theme emphasizes the process of developing relationships with colleagues. (2) Embracing positivity. This theme describes the factors that help individuals face difficulties. The positive experiences that individuals have contributed to the development of resilience by increasing self-confidence and self-esteem. (3) Reflection and transformative growth. This theme demonstrates the ability of individuals to learn from experience and keep moving forward.

Barrat (2018) identifies some strategies to increase resilience, namely (1) establishing a supportive workplace culture. The work culture that is built in a work organization contributes to the strengthening or weakening of one's resilience. Strong work culture is believed to be able to support individual resilience to stay at work which in turn contributes to increasing work performance and productivity. (2) Reflecting together. Holding collective reflection within the family and/or community can provide positive opportunities for individuals to strengthen their resilience. Individuals can learn from other experiences about how to find strategies in developing resilience. (3) Working for change and remaining hopeful. Individuals need to try to maintain hope in any difficult situation. Remaining hopeful when faced with challenging situations helps individuals to survive (Gillespie, Chaboyer, & Wallis, 2007; in Barrat, 2018).

Conclusion

Concepts, dimensions, and factors contributing to individual psychological resilience have been reviewed. Psychological resilience is related to the individual's ability to rise to overcome life's challenges and maintain good health and energy so that they can continue to live a healthy life which consists of components of emotional regulation, impulse control, optimism, empathy, ability to analyze problems, self-efficacy, and improvement of positive aspects. Resilience is an attempt to show a positive response to an unfavorable situation. Individuals who have high resilience try to prevent and minimize the adverse effects of negative events that occur in their lives.

Individuals need to be aware of, examine and strive to continuously develop their psychological resilience. There are many factors affecting individual psychological resilience, including family, organization, or community. The researchers identified determinant factors that can contribute to individual resilience such as positive outlook, self-esteem, problem-solving skills, critical thinking skills,

and humor. Individuals need to increase their resilience. Therefore, appropriate strategies are needed, including stress management, coping strategy training, hardiness training, increasing self-awareness, utilizing counseling services, and so on.

References

- Adam, D. & Taylor, R. (2014). Compassionate care: Empowering students through nursing education. Nurse Education Today. 34(9), 1242–1245. https://doi.org/10.1016/j.nedt.2013.07.011
- Agnes, M. (Ed.). (2005). Webster's new college dictionary. Cleveland, OH: Wiley.
- Amsrud, K. E., Lyberg, A., & Severinsson, E. (2019). Development of resilience in nursing students: A systematic qualitative review and thematic synthesis. Nurse Education in Practice. 41(102621), 1-9. doi:10.1016/j.nepr.2019.102621
- Barratt, C. (2018). Developing resilience: The role of nurses, healthcare teams and organisations. Nursing Standard. 33(7), 43-49. doi: 10.7748/ns.2018. e11231
- Black, K. & Lobo, M. (2008). A conceptual review of family resilience factors. Journal of Family Nursing. 14(1), 33-55.
- Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the ability to thrive after extremely aversive events? American Psychologist, 59, 20–28.
- Bonanno, G. A. & Mancini, A. D. (2008). The human capacity to thrive in the face of potential trauma. Pediatrics. 121(2), 369-375. doi: 10.1542/peds.2007-1648
- Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. The Lancet. 1-9. https://doi.org/10.1016/S0140-6736(20)30460-8
- Burns, B., Chapman, T. D., & Guthrie, D. C. (2013). Resilient ministry: What pastors told us about surviving and thriving. Downers Grove, II: InterVarsity Press.
- Carroll, S., (2011). Resiliency as a factor in the successful completion of a California, Community College based associate degree in nursing program. Dissertation. California Lutheran University. Retrieved from. https://search.proquest.com/docview/871107045?accountid=43239.
- Chen, S., & Bonanno, G. A. (2020). Psychological adjustment during the global outbreak of Covid-19: A resilience perspective. Psychological Trauma: Theory, Research, Practice, and Policy. 12 (S1), S51-S54. http://dx.doi.org/10.1037/tra0000685
- Chesak, S. S., Bhagra, A., Schroeder, D. R., Foy, D. A., Cutshall, S. M., & Sood, A. (2015). Enhancing resilience among new nurses: Feasibility and efficacy of a pilot intervention. The Ochsner Journal. 15, 38–44.
- Chesak, S. S., Khalsa, T. K., Bhagra, A., Jenkins, S. M., Bauer, B. A., & Sood, A. (2019). Stress management and resiliency training for public school teachers and staff: A novel intervention to enhance resilience and

- positively impact student interactions. Complementary Therapies in Clinical Practice. 37, 32-38. doi: 10.1016/j.ctcp.2019.08.001
- Christman, D. & McClellan, R. (2008). Living on barbed wire: Resilient women administrators in educational leadership programs. Educational Administration Quarterly, 44(1), 3–29. doi:10.1177/0013161x07309744
- Connor, K. M., & Davidson, J. R. T. (2003). Development of a new resilience scale: The Connor-Davidson Resilience scale (CD-RISC). Depression and Anxiety, 18, 76–82.
- Curtis, K., (2014). Learning the requirements for compassionate practice: Student vulnerability and courage. Nursing Ethics. 21(2), 210–223. https://doi.org/10.1177/0969733013478307
- Dimitriou, L., Drakontaides, M. & Hadjicharalambous, D. (2020). Psychological resilience, hope, and adaptability as protective factors in times of crisis: a study in Greek and Cypriot society during the Covid-19 pandemic. Social Education Research. 2(1), 20-34. doi: https://doi.org/10.37256/ser.212021618
- Earvolino-Ramirez, M. (2007). Resilience: A concept analysis. Nursing Forum, 42(2), 73–82. doi:10.1111/j.1744-6198.2007.00070.x
- Folkman, S. (2010). Stress, coping, and hope. Psycho-Oncology, 19(9), 901–908. doi:10.1002/pon.1836
- Frederick, T., Purrington, S., & Dunbar, S. (2016). Differentiation of self, religious coping, and subjective well-being. Mental Health, Religion & Culture. 19(6), 553-564. http://dx.doi.org/10.1080/13674676.2016.1216530
- Ghebreyesus, T. A. (2020). Addressing mental health needs: An integral part of Covid-19 response. World Psychiatry, 19, 129–130. http://dx.doi.org/10.1002/wps.20768
- Gillespie, B. M., Chaboyer, W., & Wallis, M. (2007). Development of a theoretically derived model of resilience through concept analysis. Contemporary Nurse. 25(1-2), 124-135. doi: 10.5555/conu.2007.25.1-2.124
- Grotberg, E. (1995a). The international resilience project: Promoting resilience in children. Wisconsin: University of Wisconsin.
- Grotberg, E. (1995b). A guide to promoting resilience in children: Strengthening the human spirit. Early Childhood Development: Practice and Reflections. v. 8. The Hague-NO: Bernard Van Leer Foundation.
- Grotberg, E. H. (2003). What is resilience? How do you promote it? How do you use it? In E. H. Grotberg, Resilience for today: Gaining strength from adversity (pp. 1-79). Westport, CT: Praeger.
- Gustems–Carnicer, J., & Calderón, C. (2013). Coping strategies and psychological wellbeing among teacher education students. European Journal of Psychology of Education, 28(4), 1127–1140. doi:10.1007/s10212-012-0158-x
- Hasel, K. M., Abdolhoseini, A., & Ganji, P. (2011). Hardiness training and perceived stress among college students. Procedia Social and Behavioral Sciences. 30, 1354 1358.

- Hodges, H.F., Keeley, A.C., Grier, E.C., (2005). Professional resilience, practice longevity, and Parse's theory for baccalaureate education. Journal of Nursing Education. 44(12), 548–554.
- Jackson-Jordan, E. A. (2013). Clergy burnout and resilience: A review of the literature. Journal of Pastoral Care and Counseling. 67(1), 1-5. https://doi.org/10.1177/154230501306700103
- Jackson, D., Firtko, A., & Edenborough, M. (2007). Personal resilience as a strategy for surviving and thriving in the face of workplace adversity: A literature review. Journal of Advanced Nursing. 60(1), 1–9. doi: 10.1111/j.1365-2648.2007.04412.x
- Kashdan. T. B., & Rottenberg, J. (2010). Psychological flexibility as a fundamental aspect of health. Clinical Psychology Review, 30(7), 865-878. doi: 10.1016/j.cpr.2010.03.001
- Kirmayer, L. J., Dandeneau, S., Marshall, E., Phillips, M. K., Williamson, K. J. (2011). Rethinking resilience from indigenous perspectives. Canadian Journal of Psychiatry. 56(2), 84-91.
- Knolle, F., Ronan, L., & Murray, G. K. (2021). The impact of the COVID-19 pandemic on mental health in the general population: A comparison between Germany and the UK. BMC Psychology. 9(60), 1-17. https://doi.org/10.1186/s40359-021-00565-y
- Luthar, S. S. (1991). Vulnerability and resilience: A study of high-risk adolescents. Child Development. 62, 600–616.
- Luthar, S. S., Doernberger C. H., & Zigler, E. (1993). Resilience is not a unidimensional construct: Insights from a prospective study on innercity adolescents. Development and Psychopathology. 5, 703–717.
- Luthar, S. S., & Cushing, G. (1999). Measurement issues in the empirical study of resilience: An overview. In: Glantz MD, Johnson J. L, Editors. Resilience and development: positive life adaptations. Plenum; New York. pp. 129–160.
- Luthar, S. S., & Cicchetti, D., (2000). The construct of resilience: Implications for interventions and social policies. Development and Psychopathology. 12(4), 857–885. http://dx.doi.org/10.1017/S0954579400004156
- Luthar, S. S. (2006). Resilience in development: A synthesis of research across five decades. In D. Cicchetti & D. J. Cohen (Eds.), Developmental psychopathology: risk, disorder, and adaptation. New York: Wiley. pp. 740–795.
- Maddi, S. R. (2013). Hardiness: Turning stressful circumstances into resilient growth. New York London: Springer.
- Mampane, R. & Bouwer, C. (2006). Identifying resilient and non-resilient middle-adolescents in a formerly black-only urban school. South African Journal of Education. 26(3), 443–456.
- Masten, A. S., & Powell, J. L. (2003). A resilience framework for research, policy, and practice: Contribution from project competence. In S. S. Luthar (Ed.), Resilience and vulnerability: adaptation in the context of childhood adversity (pp. 1–25). New York, NY: Cambridge University Press.
- Masten, A. S., Cutuli, J. J., Herbers, J. E., & Reed, M. J. (2009). Resilience in development. In Lopez S. J., & Snyder, C. R. Editors. Oxford handbook

- of positive psychology. pp. 117-31. New York, NY: Oxford University Press.
- Masten, A. S. (2014a). Global perspectives on resilience in children and youth. Child Development. 85(1), 6–20. doi:10.1111/cdev.12205
- Masten, A. S. (2014b). Ordinary magic: resilience in development. New York, NY: Guilford Press.
- Masten, A. S., & Monn, A. R. (2015). Child and family resilience: A call for integrated science, practice, and professional training. Family Relations, 64, 5–21.
- Mayordomo-Rodriguez, T., Garcia-Masso, X., Sales-Galan, A., Melendez-Moral, J. C., & Serra-Ano, P. (2015). Resilience patterns: Improving stress adaptation based on an individual's personal features. The International Journal of Aging and Human Development. 80(4), 316–331. doi: 10.1177/0091415015603595
- McDermid, F., Peters, K., Daly, J., & Jackson, D. (2016). Developing resilience: Stories from novice nurse academics. Nurse Education Today. 38, 29–35. http://dx.doi.org/10.1016/j.nedt.2016.01.002.
- McDevitt, P. J. (2010). Ministerial burnout: motivation and renewal for mission. Journal of Pastoral Care and Counseling. 64(4). 1-10. https://doi.org/10.1177/154230501006400406
- Meredith, L. S., Sherbourne, C. D., & Gaillot, S. J. (2011). Promoting psychological resilience in the US military. Santa Monica, CA: Rand Corporation.
- Mesidor, J. K. & Sly, K. F. (2019). Religious coping, general coping strategies, perceived social support, PTSD symptoms, resilience, and posttraumatic growth among survivors of the 2010 earthquake in Haiti. Mental Health, Religion & Culture. 22(2), 130-143. https://doi.org/10.1080/13674676.2019.1580254
- Moukaddam, N. & Shah, A. (2020). Psychiatrists beware! The impact of COVID-19 and pandemics on mental health. Psychiatric Times. XXXVI (3), 11-12.
- Prevost, E. R. (2016). The problem of quality of life in ministry. Review and Expositor, 113(3), 315–332. https://doi.org/10.1177/0034637316658492
- Pulla, V. (2013). Coping and resilience: People's innovative solutions. International Journal of Innovation, Creativity and Change. 1(1), 122-141.
- Reed, A. (2016). Rooted in relationship: Longevity in congregational ministry. Review and Expositor, 113(3), 303–314.
- Reivich, K., & Shatté, A. (2002). The resilience factor: 7 essential skills for overcoming life's inevitable obstacles. Broadway Books.
- Rice, V. & Liu, B. (2016). Personal resilience and coping with implications for work. Part I: A review. Work, 54(2), 325-333. doi:10.3233/WOR-162300
- Sadeghi, F., Hassani, F., Emamipour, S., & Mirzaei, H. (2018). Effect of acceptance and commitment group therapy on quality of life and resilience of women with breast cancer. Archives of Breast Cancer. 5(3), 111-117. doi: 10.19187/abc.201853111-117
- Sandvik, A. M., Hansen, A. L., Hystad, S. W., Johnsen, B. H., & Bartone, P. T. (2015). Psychopathy, anxiety, and resiliency-psychological hardiness as

- a mediator of the psychopathy-anxiety relationship in a prison setting. Personality and Individual Differences, 72, 30-34. doi:10.1016/j.paid.2014.08.009
- Shin, Y. C., Kim, H., Min, K. J., Yoo, S. K., Kim, E. J., Jeon, S. W. (2019). Resilience as a protective factor for depressive mood and anxiety among Korean employees. Journal Korean Medical Science. 34(27), 1-14. https://doi.org/10.3346/jkms.2019.34.e188
- Siebert, A. (2005). The resiliency advantage: master change, thrive under pressure, and bounce back from setbacks. San Francisco, California: Berrett-Koehler Publishers, Inc.
- Sielaff, A. M., Davis, K. R., & McNeil, J. D. (2020). Literature review of clergy resilience and recommendations for future research. Journal of Psychology and Theology. 00(0), 1–16. doi: 10.1177/0091647120968136
- Skomorovsky, A., & Sudom, K. (2011). Role of hardiness in the PWB of Canadian forces officer candidates. Military Medicine, 176(1), 7-12. doi: 10.7205/milmed-d-10-00325
- Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: assessing the ability to bounce back. International Journal of Behavioral Medicine, 15, 194–200. doi: 10.1080/10705500802222972
- Smith, M. M., Saklofske, D. H., Keefer, K. V., & Tremblay, P. F. (2016). Coping strategies and psychological outcomes: the moderating effects of personal resiliency. The Journal of Psychology. 150(3), 318–332. http://dx.doi.org/10.1080/00223980.2015.1036828
- Sood. A. (2013). The Mayo Clinic guide to stress-free living. Massachusetts: Da Capo Pres.
- Suparno, P. (2015). Hidup membiara di zaman modern. Yogyakarta: Kanisius. Suparno, P. (2016). Tantangan hidup membiara di zaman modern dan
- bagaimana menyikapinya. Yogyakarta: Kanisius.

 Thomas, L. J., & Revell, S. H. (2016). Resilience in nursing students: An
- integrative review. Nurse Education Today. 36, 457-462. doi: 10.1016/j.nedt.2015.10.016
 Tugade, M. M. & Fredrickson, B. L. (2004). Resilient individuals use positive
- emotions to bounce backfrom negative emotional experiences. Journal of Personality and Social Psychology. 86(2), 320–333. doi:10.1037/0022-3514.86.2.320
- Tusaie, K., Dyer, J., 2004. Resilience: a historical review of the construct. Holistic Nursing Practice. 18(1), 3–10.
- Taylor, Z. E., & Conger, R. D. (2017). Promoting strengths and resilience in single-mother families. Child Development, 88(2), 350–358. doi:10.1111/cdev.12741
- Wagnild, G. M. & Young, H. (1993). Resilience among older women. Image: Journal of Nursing Scholarship. 22(4), 252-255.
- Wagnild, G. (2003) Resilience and successful aging: Comparison among lowand high-income older adults. Journal of Gerontological Nursing, 29(12), 42-49.
- Wagnild, G. M. & Collins, J. A. (2009). Assessing resilience. Journal of Psychosocial Nursing. 47(12), 28-33.

- Wagnild, G. M. (2009). A Review of the resilience scale. Journal of Nursing Measurement. 17(2), 105-113. doi: 10.1891/1061-3749.17.2.105
- Walsh, F. 2015. Strengthening family resilience. New York, NY: The Guilford Press.
- Wolin, S. J. & Wolin, S. 1993. The resilient self: How survivors of troubled families rise above adversity. New York: Villard.
- Wright, M. O., Masten, A. S., & Narayan, A. J. (2013). Resilience processes in development: Four waves of research on positive adaptation in the context of adversity. Handbook of resilience in children, 15-37. https://link.springer.com/chapter/10.1007%2F978-1-4614-3661-4_2