

Assessing the Implicit relationships Between Spirituality and Resilience and Its impact on Emotional Dysregulation

A thesis submitted in the partial fulfilment of the requirement for the
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MASTERS OF ARTS IN PSYCHOLOGY

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UNDER THE SUPERVISION OF

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Certificate

This certifies that the thesis, " **Assessing the Implicit relationships Between Spirituality and Resilience and Its impact on Emotional Dysregulation**" is being submitted in "partial fulfillment of the requirements for the Master of Arts in Psychology degree," which is being offered at the "Thapar School of Liberal Arts & Sciences, Thapar Institute of Engineering and Technology, Patiala." The work was legitimately completed under the guidance of Assistant Professor "Dr. Richa Nigam, at the Thapar School of Liberal Arts & Sciences, Thapar Institute of Engineering and Technology, Patiala." Additionally, no portion of this project has been submitted for the award of any other degree.



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Declaration

I hereby declare that the work being presented in the thesis, "**Assessing the Implicit relationships Between Spirituality and Resilience and Its impact on Emotional Dysregulation**" is an original record of my own research conducted under the direction and supervision of Dr. Richa Nigam, Assistant Professor, Thapar School of Liberal Arts and Sciences, Thapar Institute of Engineering & Technology, Patiala. This work was completed in partial fulfillment of the requirements for the Master of Arts in Psychology degree at Thapar School of Liberal Arts and Sciences, Thapar Institute of Engineering & Technology, Patiala. The dissertation's content has not been submitted for consideration for any other degree offered by any other university or institution.

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Abstract

The purpose of this research was to study the complex relations between spirituality, resilience, and emotional dysregulation through a combination of implicit and explicit methods. The Implicit Association Test (IAT) was carried out as an implicit measure in order to determine the implicit associations that exist between spirituality and resilience. Besides, the “Difficulties in Emotion Regulation Scale (DERS)” was applied to detect the “level of emotional dysregulation” that was in the participants. The correlation between implicit and explicit measures revealed a negative correlation between the IAT scores and the DERS scores, $r = -.729$, $p < 0.01$ level). This indicates that the tighter the connection between spirituality and resilience, the less emotional dysregulation a person experience. Based on these findings, the implicit spiritual connections could be the key to the creation of the mechanisms for emotion regulation that would finally be the reasons for the positive psychological well-being and resilience. The results of the assessment of the intervention initiatives that are directed at the development of the adaptive coping mechanisms are discussed in this article.

Keywords: Spirituality, Resilience, Emotional Dysregulation, Emotional regulation, Implicit Associations,

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CHAPTER 1: INTRODUCTION

1.1 Spirituality

Spirituality is a term that represents a multiselected spectra of convictions, patterns of comportment and experiences that are, literally, transcendental to the framework of religious traditions. Although the meaning of the word spirituality is frequently taken as referring to the religious sphere of peoples' lives, the bounds of this area can be much broader and include such secular manifestations as mediation and the nature experience (Kira et al., 2020). Spirituality refers to a "subjective experience of a sacred dimension" and the "deepest values and meanings by which people live". This may involve belief in a supernatural realm, personal progress, a search for an ultimate or sacred purpose, "religious experience, or an encounter with one's "inner dimension" (Waijman, Kees, 2002). At the end of the day, spirituality is a human endeavor to attain the notion of the important and mutually connected that is not understood by the physical reality we see around us.

One of the foremost components of the spirituality paradigm is this drive to find sense and significance in the world. One can encounter questions of life and the world through spiritual pursuits – the essence of being, the nature of the reality, and one's place here. Rational org partial-spirituality proffers a model to rationalize or explain that which goes beyond the known (Dolcos et al., 2021). This can manifest itself in terms of religious rituals, meditation, or even philosophical contemplation. Usually, the Divinity brings about a kind of being beyond the normally human, when the feeling of being a part of something greater encompasses each one of us. The communication of this inspires connection, which is expressed in different forms, such as connection to a higher power, nature, or the universe in totality. The transcended experiences can create a spiritual place that is full of awe, wonder, interconnectedness, and the world around ourselves. Another perfection of spirituality is bringing forth within one's spirit of the tranquility and serenity (Kira et al., 2020). Social psychological theory considers these methods practical like meditation, prayer, or mindfulness, which could bring the peace from the interior dissidence of mind. Through persuasion, this inner peace assists in cognitive clarity, emotional balance, and the optimization of one's general well-being. Research result indicates that spirituality is a key factor that contribute to subjective well-being that includes both psychological and emotional dimensions. It is observed that people who claim their spirituality and wellbeing at the topmost mark tend to possess greater contentment, happiness, and satisfaction (Lee et al., 2020). This may be the effects of the spirituality's feelings of spirituality which, meaning, connection, and inner-calmness provide. It is the way of us to seek for the meaning and purpose, the remarkable feelings of transcendence and connection with others as well as building peace and stillness inside ourselves. According to research, spirituality seems to be the main factor in subjective well-being, as a result of people being more contented and delighted by the life (Maraj et al., 2021).

1.2 Resilience

Resilience is defined as “the process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of stress” (The American Psychological Association ,2014). Resilience is characterized by the ability to negotiate with adversity, challenges, and the capacity of succeeding in their face. Resilience in contrast to the old perception of it an inherent capability, is now seen as a dynamic variable that results from different factors and processes. Resilience is the most dominant feature at its essence, which manifests itself during life by applying adaptive skills to cope with pressures and adversities. These mechanisms can consist of a person having the ability to see several solutions to a problem, regulating emotional responses and look for support from others for instance (Edara et al., 2021). Contextually ideal position proponents are visionaries who demonstrate adjustment of their approaches linked to the specific needs of a situation. Resilient people master psychological flexibility; through this, they can move from the hard-to-circumstanced life with a feeling of adaptability and openness. Resilient people are not static or trapped in the same patterns of thinking. They can, instead, adapt to and even thrive from unusual situations. This capability allows them to withstand the hardships and continue to adjust to what is thrown at them. The continuation of one's efforts and the presence of hope are very important in resilience (Fenzel & Richardson, 2022). The positive attitude and tenacity of a strong-minded person helps them to stay optimistic even in the hindering circumstances, knowing that they have an inner power to cope with any obstacles.

This sense of optimism, that gives them confidence and courage so that they are motivated to keep going when things are tough. Strength makes people move forward in a positive direction, even in the face of the challenges that they face. They get the chances to either remain steady and find new opportunities, or they advance and become better (Edara et al., 2021). Upon the success in overcoming challenges, the strong-minded learn that they can do it, they will win, and that’s a certainty. The process of working through and eventually solving difficult problems can thus lead to a bigger feeling of power and a higher level of coping with the next encounter with adversity.

1.3 Emotional dysregulation

Having difficulties in successfully managing and regulating one's emotions is what is meant by the term "emotional dysregulation." Intense and erratic emotional reactions, difficulties in recovering from upsetting experiences, and difficulties in managing impulsive behaviors are all possible manifestations of this condition. Dysregulation of emotions can have a substantial influence on both day-to-day functioning and individual well-being. It is essential to keep in mind that emotional dysregulation can be linked to a variety of psychopathologies, including but not limited to “anxiety disorders, depression, borderline personality disorder, and substance abuse.” It is the “lack of awareness, understanding, and the acceptance of emotions, as well as the lack of access” to the techniques that can be used to modify the intensity and/or duration of the emotions. Emotion dysregulation is a multidimensional construct that comprises all these things. Besides, there is a distinctly unhappy person who is not only not interested in climbing the ladder of success, but also a person who is unable to control his/her emotions. A full description of this expression was given by Gratz and Roemer in the year 2004. Besides, Ebner-Priemer and his colleagues built the theoretical model of emotion dysregulation which they called "The Disaffects Model. " This model

is a mixture of the discoveries from the fundamental affective research and the biosocial theory of borderline personality disorder. The following three core processes are referred to in this model: a) increased emotional reactivity; b) insufficient emotional regulation; and c) emotional instability. A complete understanding of emotion dysregulation and the role it plays in mental diseases can be obtained through the identification and modeling of these concepts. When we talk about emotional dysregulation, we are referring to a pattern of unmodulated responses to stimuli. These responses might include both happy and negative feelings. The level of distress or the amount of time it takes to recover is rather consistent across settings and across time, which is one of the characteristics that define it. Even though this aspect of pervasiveness has not been extensively researched, it has the potential to be an essential component in the process of building a true and practical conceptualization of dysregulation (Keenan, 2000...).

A further point to consider is that emotional dysregulation can be differentiated from other concepts, such as behavioral inhibition, disinhibition, and attachment behaviors. The regulation of emotional responses to a wide variety of stimuli is the primary focus of this construct, in contrast to other constructs that place a greater emphasis on certain situations or types of stimuli (Keenan, 2000).

Furthermore, emotional dysregulation is a dimensional construct, with one end of the continuum indicating infants with an intense and difficult-to-recover pattern of responding to stimuli, and the other end representing infants with a weak and constrained pattern of responding. Both ends of the continuum have the potential to be deemed emotionally dysregulated; however, the former group is of major importance due to the possibility of linkages to the development of disruptive behavior disorders (Keenan, 2000).

1.4 The interrelationship between variables

Researches increasingly focused on how spirituality, resilience, and emotional regulation are related in past recent years. Spirituality, regarded as a deep connection to a higher purpose. Spirituality is linked to various good mental health outcomes. Resilience, the ability to bounce back as they say it, from setbacks, is essential for psychological health, aiding individuals in navigating life's challenges. Emotional regulation, the skill to manage and deal with emotions, is crucial too for mental well-being.

Studies suggest that spirituality can help in increasing one's resilience by providing meaningfulness and purpose of life, and helps in dealing with stress in life. Resilient individuals are generally better at emotional regulation, because of their effective coping mechanisms and optimistic perspective of life.

This research seeks to investigate the relationships between above mentioned variables further. We used an Implicit Association Test (IAT) to measure the strength of the connection between spirituality and resilience. Afterwards, we used the Difficulties in Emotion Regulation Scale (DERS) to assess their level of emotional dysregulation. Our primary goal is to explore whether a stronger association between spirituality and resilience is linked to lower DERS scores.

By studying these variables, we aim to shed light on how spirituality and resilience impact emotional regulation and dysregulation. The results can have important applications in therapeutic approaches, suggesting that inculcating spiritual and resilient qualities in individuals may enhance their emotional regulation or lowering dysregulation and mental health in general.

CHAPTER 2 REVIEW OF LITERATURE

While spirituality, a resilience to adversity and the emotional regulation are some of the areas of psychology where plenty of the research was conducted, the interactions between those areas are poorly understood. For human beings, spirituality and resilience have been main contributors for emotional well-being. Other studies have examined the mechanisms through which spirituality and resilience affect emotional regulation, but they remain somewhat ambiguous. This gap shows our deficiency to understand the background implicit bonds of spirituality and resilience in the matter of emotion management and therefore poses a need for their further investigation. The question arises as to what extent can spirituality and resilience contribute to formulating effective emotional control (Macia et al., 2022). The spirituality bears the meaning and purpose-giving character that prompts people to get going and feel more stable emotionally. Thereby, they can reach a higher level of well-being. Spirituality, resilience, and emotional regulation are interconnected concepts that have gained significant attention in the literature. Numerous studies have highlighted the role of spirituality in promoting resilience and helping individuals cope with stress, trauma, and adversity. One review of the literature examined the relationship between religious and spiritual constructs and psychological well-being in survivors of a BCAs (big crises or adversities) (D'Souza et al., 2017). The research review results have shown that religion and spirituality could be the key factors in boosting or retaining the psychological well-being among the 2582 survivors. Besides, spirituality is regarded as the essential root of resilience, especially in the cases of disasters (V. D'Souza, A. Kazanjian, H. Daudt.). Another research highlighted the significance of investigating survivors' spiritual beliefs, since spirituality can act as a social place of working out the meaning of the traumatic events and the way of becoming stronger. The studies on spiritual resilience, which is the ability of a person to keep his/her sense of self and purpose through his/her beliefs and values, have also been emphasized in addition to the concept of spiritual resilience (Zabaniotou et al., 2020).

The many links between spirituality, resilience, and emotional regulation have been the subject of many psychological researches because of their importance for mental health and well-being. Spirituality, which is the quest for the meaning and the connection with something more than oneself is the famous source of resilience, which means the ability to survive and thrive in the difficult situations (Charzyńska & Charzyńska, 2020; Bartone et al., 2018). Thus, the correlation between the spiritual beliefs and practices and the protective factors suggests that such spiritual ties are the means of giving the individuals a purpose and a hope in the hard times (Pargament et al., 2013).

Also, spirituality is discovered to be related to the development of the emotional regulation skills (Ciarrocchi & Deneke, 2005). Scientific research has shown that spiritual activities, such as mindfulness meditation and prayer, can help a person to be more aware and accept his/her emotions, which are the main parts of the successful emotion regulation (Keng et al., 2011). The spiritual healing processes are regulated by physiological mechanisms that are responsible for the emotional regulation, therefore, this study proves the strong relationship between spirituality and emotional well-being.

The one which is more related with emotional regulation is the resilience that the people who have the high levels of it can easily manage their emotions when they are facing the stressors (Tugade & Fredrickson, 2004). On the other hand, the lack of emotional regulation has been found to be negatively related to the resilience and the consequent increase of vulnerability to psychopathology (Aldao et al., 2010). This shows that the connection between emotional regulation and resilience is very important and that one needs to study the mechanisms through which emotional regulation affects resilience and vice versa.

Empirical researches have already proved the fact that there is a positive link between spirituality, resilience, and the emotional regulation across diverse groups. To mention a few, Bonelli and Koenig (2013) carried out a systematic review of mental disorders and used the results to prove the positive effects of spirituality on resilience and emotional well-being. The research of Charzyńska and Charzyńska (2020) revealed the link between spirituality and resilience in the patients with myocardial infarction, and it was found that spirituality was a shield against the psychological distress.

All in all, the literature shows that spirituality, resilience, and emotional regulation are interrelated concepts that are the key ones in the promotion of mental health and well-being. The discovery of the links between these constructs will make the interventions which are designed as the coping strategies and the resilience of the people from different communities.

Most of the literature on this topic states that spirituality is a big blessing for people who are in difficult situations and it helps them to be strong (Olorunfoba & Asare-Doku, 2021).

One should bear in mind that there is no agreed upon and standard definition and measurement of spirituality across the studies, therefore, it is difficult to make a conclusion. Nevertheless, the present research implies that spirituality is the main factor that can bring the resilience and the mental health of the people. Spirituality is that feeling of being part of something more than just themselves, giving people a sense of purpose and a feeling of meaning in their lives. It, furthermore, gives them the required assistance and the necessary strength to face the hard situations.

Literature also shows that spirituality and resilience are not only associated with religious practices, because a person can have a spirituality that is not related to religion.

This is the evidence that the spirituality is a personal and individual thing, it can be a good thing to be a resilient and to be over the existential crisis and the adversities. Besides, research has proved that spirituality is a factor that can be used by people who are faced with certain health problems to overcome them. For instance, in cancer patients, the spiritual well-being of patients has been linked with an increase in psychological resilience (Avanji et al., 2021). The literature also states that spirituality is a thing that can help a person to cope with the short-term and long-term situations of stress for most of the people.

As Faigin and Pargament (2011) state, "spirituality not only gives consolation and comfort all the times of life and also offers the belief of recovery in case of illness" (p. 172). In addition, "reliance on spirituality also provides hope for recovery during times of illness." According to Faigin and Pargament (2011) and Pickard and King (2011), the prevalence and effect of religion in daily life is strongest among older adults than it is in any other age demographic. This is especially true among religious older persons. (Tuck & Anderson, 2014) Research has demonstrated that there is a relationship between "spirituality and resilience" that is both intricate and ever-changing. According to Ardel, Ai, and Eichenberger (2008), one of the components of resilience is the provision of a framework that directs individuals through the difficulties of life and facilitates the creation of positive outcomes from adverse situations. The participants in the qualitative research done by Manning (2013) found that spirituality served as a means or pathway to resilience in their own lives. In addition, the research revealed that spirituality and resiliency are "instrumentally linked" to both the attainment of and the continuation of well-being (Manning, 2013, page 6). Researchers agree that developing one's spirituality is a lifelong process (Lavretsky, 2014), even though diverse views of how faith develops exist.

According to Ramsey and Blieszner (2013), one of the ways in which spirituality helps individuals as they age is by assisting them in discovering new meaning in their lives, rewriting the stories they tell themselves about their losses, and forming new relationships. According to Ramsey (2012), spirituality is made up of "cognitive, affective, and relational components" that all work together to assist an individual's ability to bear the problems of later life, such as disease and loss, and to enhance the experience of ageing.

A separate study titled "Religiosity, Emotion Regulation, and Resilience in Pakistani College Students" emphasizes the strong positive relationship that exists between religiosity and emotion regulation, as well as resilience among university students. In emotionally stable, healthy, and goal-oriented university students, the study sought to investigate the effects of religiosity on emotion regulation and resilience. Comparing highly religious pupils to fewer religious kids, the results showed that the former had superior emotional regulation and resilience. The study also examined the predicted effects of religiosity on resilience and emotion control, and the gender differences in these variables as well. The research proved that there were no gender differences in religiosity, emotional regulation, or resilience, and that religiosity had a strong direct impact on these traits in university students.

The research review also stressed the significance of the religiosity as the factor that boosts the coping with the stress and emotional stability, with the religious practices and beliefs being the coping methods to the people in regaining the emotional stability and coping with the stressful situations. The research also stressed the need for students to be more religious so that they can be resilient and to manage stress better. The findings showed that the more religious a person is, the better they are at regulating their emotions and being resilient, and that the ability to know about the connection between religiosity, resilience, and emotion regulation can help the students to be more religious in order to reach the desired level of religiosity and thus have better outcomes.

Besides, the literature review also quoted other researches that confirmed the effect of religiosity on the psychological health outcomes and emotional well-being, also the positive relationship between religiosity and resilience was mentioned. Studies have proved that religiosity shapes the ways of emotional regulation and emotional experiences in both religious and non-religious origins, and that it supports the adaptation of emotional experiences and high life satisfaction.

Spirituality, resilience, and emotional control are interconnected and at the same time affect each other, thus, they cannot be separate from each other. According to the research of Smith, McCullough, and Poll (2003), the spirit, which is the source of purpose, hope, and togetherness, acts like a shield against the negative effects of stressors, thus, people become resilient. Moreover, the study by Tugade and Fredrickson (2004) has proved that the emotions regulation, which is enabled by the positive feelings that spiritual activities generate, is the key for psychological resilience and well-being.

The understanding of the way the spirituality, resilience, and emotional regulation interact has great significance for the therapy and tactics. As per Mieten et al. (2016), the therapy methods which include spiritual practices and beliefs, help the patients in becoming more resilient and in strengthening their ability to control the emotions. Besides, the next step will be to investigate if these associations can be applied to different groups and situations and to explore the causal mechanisms behind them by using experimental and longitudinal methods.

Garland et al. (2010) have carried out a research which has shown that the mindfulness-based spiritual disciplines, such as prayer and meditation, are able to enhance the regulation of emotions by promoting the acceptance of one's inner sensations and the present-moment awareness. Also, the research of Van Cappellen et al. (2016) has proved that the adaptation of emotion management techniques like cognitive reappraisal and positive reframing are related to the spiritual experiences like the feelings of awe and thankfulness.

The understanding of the connection between spirituality and emotional regulation has significant implications for both therapy and the intervention techniques. Spirituality-based interventions that also incorporate the mental therapy techniques, such as the existential psychotherapy and the mindfulness-based therapy, can be used as treatment techniques that will be able to help patients in their emotional regulation process and will also advance the overall psychological well-being (Garland et al., 2017). Besides, the research should be further conducted to clarify the causal relationships between spirituality and emotion regulation and to investigate its validity in different demographic and cultural contexts. The studies should be designed as experimental and longitudinal in order to achieve the goal.

There are scientific studies, which prove the complex connection of spirituality and emotion regulation, so the spiritual practices and beliefs must be put into consideration to understand people's emotional experiences and coping mechanisms. Scientists and doctors can generate tailor-made interventions to boost people's emotional resilience and well-being by distinguishing the ways in which spirituality impacts emotion regulation. Thus, the research in this field will be more important for the understanding of human spirituality and its consequences for mental health and wellbeing.

Resilience gives people the ability to cope with their emotional challenges and the setbacks in life and thus they can develop the adaptive coping skills. The processes of spirituality and resilience

are in separate and together interacting to either enable or regulate emotion and are very complex and multi-dimensional indeed, people can have a strength and resilience of soul past human senses, thus they are able to smoothly control and manage their emotions during difficult times. While on the other hand, it's resilient people who may find themselves in a position to turn to spiritual practices for addressing the stress and achieving the goal of finding meaning in hard times (Abedini et al., 2021). Through the knowledge of how spirituality, resilience and emotion regulation are related in this research is critical to how one can manage their emotions and to their well-being. This is where researchers can delve deeper into discovering it is through exploring these connections that it is possible to identify what avenues could be used for interventions and support that strengthen spirituality and resilience to foster effective emotional regulation. Therefore, for another step, clinicians and health professionals can integrate spirituality-based and resilience-building in programs that aim improve emotion management and strengthen psychological resilience (Macia et al., 2022).

The emotional regulation comprises the appreciation and comprehension of individual emotions that help in stabilizing their mental well-being. Although the linkages dealing with spirituality, resilience, and emotional intelligences do not seem strong, underlying them are the gripping bondages whose scarce studies were made.

CHAPTER 3 RESEARCH GAP, THEORETICAL FRAMEWORK OBJECTIVES AND HYPOTHESES

3.1 Research Gap

The research gap in the exploration of the implicit associations between spirituality and resilience is the fact that these implicit measures are not yet applied to examine this relationship. Even though a lot of researches are being done to investigate the explicit links of spirituality and resilience, there are still a lot of studies which are not using implicit measures to search for the subconscious connections that an individual may have between these two concepts.

The implicit measures, for example, the Implicit Association Tests (IATs) or priming paradigms, give a new and interesting way of looking into the automatic cognitive processes that deep-down affect individuals' perceptions, attitudes, and associations. The study of the hidden links between spirituality and resilience would be an excellent way to enhance our comprehension of the way these ideas are connected at the subconscious level.

Using implicit measures, the researchers can discover the implicit biases or associations that the individuals are not aware of, which can be the explanation for the reason why spirituality is either the factor of resilience or the factor of being associated with resilience. This would be the way to get to a better knowledge of the depth and the details of the relationship between spirituality and resilience and it would be the way to go past the self-report measures and directly to the implicit cognitive mechanisms that are at work.

Thus, the research gap lies in the absence of studies using implicit measures to investigate the implicit associations between spirituality and resilience, and filling this gap could be a big help in discovering more about the relationship between these two vital psychological constructs.

A lot of previous studies have been centered on explicit measures or self-reports, which has caused a lack of experimental evidence of the implicit connection between spirituality and resilience.

Besides, there is a scarcity of the study of the effect of spirituality on the emotional disorder. Although the literature has recognized the good effect of spirituality on coping processes for emotional regulation, this is still the case. The possible moderating effects of spirituality on emotional dysregulation, a disorder characterized by impairments in the emotion regulation processes, has not yet been thoroughly investigated, although the role that spirituality plays in enhancing the adaptive emotion regulation mechanisms has been acknowledged.

Consequently, there are two areas in which there is a deficiency in research: Firstly, the empirical research on the implicit connection between spirituality and resilience using measures such as the IAT is extremely scarce; secondly, the studies on the connection between spirituality and emotional dysregulation, especially as measured by the established scales such as the DERS, are few.

To advance the studies on the interconnection between spirituality, resilience, and emotional regulation, it is necessary to fill in these research gaps. Scientists have the capability to discover the hidden but significant links that not only cannot be recorded by explicit measurements but also the associations that are implied between spirituality and resilience in order to get to know them

better. Likewise, the research on the probable role of faith in coping with emotion dysregulation can be of great help in understanding the new possibilities for the intervention and support, especially in the clinical setting where emotion dysregulation is a serious problem. Through the completion of these research gaps, it will be possible to create the path to interventions that are more comprehensive and successful in the enhancement of psychological well-being and resilience in a diversity of populations.

3.2 Theoretical framework

Enhancing spiritual health literacy in people can be of great help in understanding and managing their emotions better, this is in accordance with the Spiritual Well-Being Model, which is called a big growth of the emotional management effect. It hones in on two components, existential and religious well-being. Making sense of experiences and finding significance in life is what constitutes the existential well-being and vital part of existential well-being. It helps people make sense of their experiences and maintain inner peace. It is a positive help regarding the lowering of emotional responsiveness and the promotion of stability. The other side of the coin, religious well-being encompasses belief patterns and involvements like a faith text and living a devotional life. Through these practices, a structure of morality, emotional support, and a system of respectful tackling the challenges of daily life are offered. Also, spiritual communities provide a framework for social connections which not only provides affirmation for them but also make the emotional needs of people much more satisfied so that people can become emotionally healthy and ultimately be more resilient. One of the components of spiritual well-being focuses also on the ultimate emotional and personal experiences such as emotional disintegration and gratitude feelings, as well as the conduction of the positive way of thinking, and the improvement of both resilience and coping with stress skills. This leads to negative feelings' reduction and an overall emotional balance. Data reveals that individuals who experience spiritual well-being tend to exhibit higher levels of emotional control, which protect them against breakdown in the face of adversity.

3.3 Aim

To check the if stronger implicit links between spirituality and resilience is related to lower emotional dysregulation.

3.4 Hypothesis

There will be a negative correlation between the strong implicit linkages between spirituality and resilience and emotional dysregulation, or stronger implicit associations between spirituality and resilience and will be associated with less emotional dysregulation.

CHAPTER 4 METHODOLOGY

4.1 Sample

The data for the pre-rating of 99 words linked to spirituality, non-spirituality, resilience, and non-resilience was acquired from 30 individuals between the ages of 18 and 30 years old. Average age of all participants was 23.13 years. The individuals who took part in rating the words were subsequently excluded from the experiment due to their prior familiarity with the words being tested. The data collected for the experiment as well as DERS came from a total of 109 participants, ranging in age from eighteen to thirty years old.

4.2 Research Design

Within subject design was used where each participant initially completed the IAT experiment and then followed by the completion of DERS. The scores from both were later correlated.

4.4 Procedure

Stimulus selection

the pre-rating of total 99 words related to spirituality, non-spirituality, resilience and non-resilience was done based on three criteria: Familiarity which is defined as How aware are the person is of the word, Frequency means How frequently the person hear/use the word in your life and Meaningfulness is How clear is the meaning of the word to the person. The participant had to rate each word on a scale of 1 (low) - 5 (high). The rating was done on total 30 participants and the words rated highly were selected to construct implicit association test.

The Implicit Association Test (IAT) is a type of gauge that shows how people unconsciously connect certain ideas. This study is focused on the relation between resilience and spirituality and non-resilience and non-spirituality. Participants engage in a series of categorization tasks where they assign words to these four categories: the relentless ones, the one-hearted ones, the ones with the spiritual forte and the ones without the spiritual forte.

The task has at the top left and right corners of the screen category labels, while the stimulus words are in the center. The participants will have to as fast as possible and with the right accuracy to the words the category to the key that is reserved ('Z' for left category, '/' for right category). The correct chore gets the next word to appear, with a small pause between trials. Wrong answers are marked with a red "X," which forces the participants to fix the mistake and then proceed.

The research is composed of five blocks of trials, where words and labels are color-coded for clarity (blue for resilience-related items and black for spirituality-related items). Each block has stimuli that are presented in a random order, with no repetition until all the words of a category have been used. Blocks 3 and 5 are designed to separate the target and attribute stimuli to cut down

on the response biases. During the whole experiment the participants keep their index fingers on the keys that are marked for the fast response times.



Trial structure

The trial terminated on correct response.

Incorrect response displays **X** in place of stimulus which is at the center until the response has been corrected (built-in error penalty)

D1 score computation

It was computed using Riediger et al. (2014)'s D1-scoring algorithm. The task's inherent error penalty determined the RTs until blocks 3 and 5 were correctly classified. Trials that had an RT greater than 10,000 ms were disqualified. For trials 1–20 and trials 21–80, the difference in the mean RTs of block 3 from block 5 was calculated independently. Trials 1–20 and Trials 21–80 yielded two scores as a result of this difference, which were then split by the pooled within-subject standard deviations of each group (across blocks 3 and 5) in RTs. Ultimately, the weighted average of the scores was used to compute the D1 metric.

Difficulties in Emotion Regulation (DERS) was administered to the same participants after their D1 scores were obtained. The scale was scored, and five sub scores—non-acceptance, goals, impulse, awareness, strategies, and clarity—were obtained from each participant before a total score was calculated. Higher scores are indicative of more emotional dysregulation.

CHAPTER 5 RESULTS

The average of D1 scores from 109 participants came out to be **0.071403171** with standard deviation of **0.576163173**

Correlations

| | | D1 scores | non-acceptance | goals | impulse | awareness | strategies | clarity | total |
|----------------|---------------------|-----------|----------------|---------|---------|-----------|------------|---------|---------|
| d1 scores | Pearson Correlation | 1 | -.596** | -.585** | -.688** | .622* | -.675** | -.597** | -.729** |
| | Sig. (2-tailed) | | .000 | .000 | .000 | .000 | .000 | .000 | .000 |
| | N | 109 | 109 | 109 | 109 | 109 | 109 | 109 | 109 |
| non-acceptance | Pearson Correlation | -.596** | 1 | .615** | .647** | .746* | .700** | .626** | .838** |
| | Sig. (2-tailed) | .000 | | .000 | .000 | .000 | .000 | .000 | .000 |
| | N | 109 | 109 | 109 | 109 | 109 | 109 | 109 | 109 |
| goals | Pearson Correlation | -.585** | .615** | 1 | .528** | .663* | .528** | .596** | .746** |
| | Sig. (2-tailed) | .000 | .000 | | .000 | .000 | .000 | .000 | .000 |
| | N | 109 | 109 | 109 | 109 | 109 | 109 | 109 | 109 |
| impulse | Pearson Correlation | -.688** | .647** | .528** | 1 | .752* | .865** | .676** | .875** |
| | Sig. (2-tailed) | .000 | .000 | .000 | | .000 | .000 | .000 | .000 |
| | N | 109 | 109 | 109 | 109 | 109 | 109 | 109 | 109 |
| awareness | Pearson Correlation | -.622** | .746** | .663** | .752** | 1 | .764** | .737** | .896** |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 | | .000 | .000 | .000 |
| | N | 109 | 109 | 109 | 109 | 109 | 109 | 109 | 109 |
| strategies | Pearson Correlation | -.675** | .700** | .528** | .865** | .764* | 1 | .661** | .886** |

| | | | | | | | | | |
|---------|---------------------|---------|--------|--------|--------|-------|--------|--------|--------|
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 | .000 | | .000 | .000 |
| | N | 109 | 109 | 109 | 109 | 109 | 109 | 109 | 109 |
| clarity | Pearson Correlation | -.597** | .626** | .596** | .676** | .737* | .661** | 1 | .814** |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 | .000 | .000 | | .000 |
| | N | 109 | 109 | 109 | 109 | 109 | 109 | 109 | 109 |
| total | Pearson Correlation | -.729** | .838** | .746** | .875** | .896* | .886** | .814** | 1 |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 | .000 | .000 | .000 | |
| | N | 109 | 109 | 109 | 109 | 109 | 109 | 109 | 109 |

** . Correlation is significant at the 0.01 level (2-tailed).

CHAPTER 6 DISCUSSION

We found that low scores on the DER subscales (signaling less difficulties in emotional regulation) are correlated with higher scores on the IAT, which indicates a stronger relationship between spirituality and resilience. The correlation values between D1 and every DERS are presented in the table. Every correlation is statistically significant ($p < 0.001$) and negative. This indicates a negative correlation between all of the subscales of emotional regulation difficulty and spirituality and resilience (as determined by the IAT).

The strongest negative association is seen for 'clarity' ($r = -.729$). It suggests that people who report higher levels of emotional clarity are also more likely to have a better correlation between spirituality and resilience (higher D1). They probably recognize their emotional condition and the causes of their emotions better. Additional Notable Negative Correlations are as follows

The correlations that are left range from $-.688$ to $.585$. These negative associations are regarded as moderately strong. This points to a persistent pattern: lower scores on all DER subscales are correlated with higher IAT scores (stronger spirituality-resilience relationship). so, those who see spirituality as a source of resilience typically report having less trouble controlling their emotions in a variety of ways.

Non-acceptance Subscale: A negative correlation here (around $-.6$) tells that those with a stronger spirituality-resilience link have less chances to struggle with accepting their emotions. It's possible that they feel more at ease expressing and feeling their emotions.

Goals: It appears from a negative correlation that people who view spirituality as a source of resilience are more likely to be aware of their emotional goals or objectives. They may have a clearer idea of their target emotional state that they aim for and planning how to reach there.

Impulse Control: A negative correlation indicates that people with higher levels of spirituality and resilience could find it easier to control their impulsive emotional reactions. They may be able to control their urges by using coping techniques that spirituality offers.

Awareness: A negative correlation tells that people with high levels of spirituality and resilience may be more conscious of their feelings as they come up. They may be better at regulating the emotions, because they are more mindful of their internal states.

It should be noted that there is a negative correlation between D1 scores and strategies scores, which implies that those with higher levels of spirituality and resilience may require fewer emotional control techniques. This can be the result of someone discovering alternative coping mechanisms, such prayer or meditation, for challenging emotions. It's intriguing to note that there is a negative correlation between D1 scores and strategies scores, which can say that people with higher levels of spirituality and resilience may require fewer emotional control techniques. This can be the result of someone discovering alternative coping mechanisms eg prayer or meditation, for challenging or difficult emotions.

It can be noted that a correlation does not establish a cause and effect. Emotional regulation may not be a result of spirituality, even though these variables are related. It's probable that both are

influenced by another basic issue. Simply put, these are correlation coefficients. They give some insightful information on possible relation, but more investigation is required to fully understand the underlying mechanisms. This preliminary investigation points to a possible advantage of considering spirituality to be a source of resilience. It could be worthwhile to look into the integration of spiritual activities with techniques for emotional management.

The present study investigated the implicit association between spirituality and resilience and its impact on emotional regulation among participants. We found a negative moderate correlation between D1 scores from the Implicit Association Test (IAT) and the Difficulties in Emotional Regulation Scale (DERS), which means that people with stronger implicit associations between spirituality and resilience were the ones with lower difficulties in emotional regulation. Hence, this goes well with the previous studies which prove the positive relationship between spirituality and resilience (Smith et al., 2019), as well as the influence of spirituality on emotional well-being (Charzyńska & Charzyńska, 2020).

Our findings are adding to the ever-increasing number of the researches that are pointing out the positive effects of spirituality on the mental health outcomes. Spirituality has been described as a factor that protects people from stress and difficulties, with the individuals who use the spiritual beliefs and practices to deal with the problems encountered in life (Pargament, 2011). Our results indicate that the implicit connection between spirituality and resilience could be a tool for the good emotional regulation, thus, preventing from harmful effect of the emotional dysregulation.

The negative moderate correlation which was found between the D1 scores and each dimension of emotional regulation, as assessed by the DERS subscales, thus, gives us the clearer idea about the specific aspects of emotional functioning which are affected by spirituality. Prior studies have shown that spirituality is the factor that helps boost emotional awareness (Ciarrocchi & Deneke, 2005) and provides the adaptive coping strategies (Koenig et al., 2012), which might be the reason for the links of emotional regulation difficulties.

It is noteworthy that while our study concentrated on implicit associations, future research could be directed towards the mechanisms behind the connection of spirituality, resilience, and emotional regulation using longitudinal designs or experimental manipulations. Moreover, the cultural and contextual factors that are the basis of the spiritual beliefs and practices of the individuals may be the reason of the more in-depth understanding of the way spirituality influences the psychological processes (Pargament et al., 2013).

The conclusions of our research imply that the possible applications of our findings are in the clinical practice, showing that interventions aimed at spirituality can be a suitable therapy for the people who are facing the problems with emotional dysregulation and resilience. Thus, the addition of spiritual elements to the already existing treatment methods, for instance, the mindfulness-based interventions or the acceptance and commitment therapy, can be a great way to increase their effectiveness in the promotion of the emotional well-being and resilience (Egan et al., 2017). However, it is essential for practitioners to approach spirituality with cultural sensitivity and respect for diverse belief systems (Hodge et al., 2006).

In conclusion, our study provides empirical support for the relationship between spirituality, resilience, and emotional regulation. By elucidating the mechanisms through which spirituality influences psychological functioning, we contribute to the development of more comprehensive models of resilience and inform the design of interventions aimed at fostering adaptive coping strategies and promoting mental health.

Psychological, social, and spiritual means of coping with stress can change the neurobiological systems in a way that the stress resistance is increased; this influence the prevention and treatment of the stress-induced psychological disorders (Southwick & Charney, 2012b). In today's world, it is more often seen that the religious involvement is the reason behind a healthy body and mind (Koenig, 2012). At the very beginning, the connection between spirituality/religion and the mental health should be noticed by the fact that spirituality/religion is a multidimensional phenomenon (Cook & Powell, 2013; Parker et al., 2003). The main reason for the development of the high-quality studies is the applied theoretical and methodological approaches which consequently has led to the rise of the mind-body connection between religious engagement and health and this now makes the acceptance of the mind-body connection between religious engagement and health much wider, as demonstrated by Koenig, King, & Carson (2012). So far, the link between the mental health and the religion is not completely known and the physiological processes that are the cause of their connection are still not discovered. On the other hand, there is proof that religious activity has a direct pathological impact on the body that eventually affects the mental health and the well-being of a person (Koenig, 2002).

The findings indicate that the spiritual or religious people can cope with the neuroendocrine consequences of stress which, in turn, become the number one health hazard in our society. The major factor that we found out from our research on female inmates was that the problems of forgiving oneself and others that they had were of great importance and used to medicate themselves and become under the influence of illegal substances or alcohol at the time of the crime. Forgiveness, rather than focusing on interpersonal transgression which is done by people, can be the reason for the decrease of the cortisol level (McCullough, Orsulak, Brandon, & Akers, 2007).

A research carried out by Tartaro, Luecken, and Gunn (2005) proved that people who are into religious or spiritual activities, have forgiving nature and practice daily praying have low cortisol responses to stress, which means they may have an effective way to control the neuroendocrine effects of stress. Religion and spirituality as both intrinsic and extrinsic forms of social support, be the factors that may enhance the resilience. The tragedies are investigated religious beliefs that bring meaning to the event and the relationships with the Divine and community help the person to cope with it.

Biological factors which are connected to the ability to deal with stress, such as positive emotions, optimism, humor, spirituality, meaning-making, social support, and active coping have been the subject of research (Southwick, Vythilingham, & Charney, 2005). Research also states that religion and spirituality are the powerful factors that are protecting the person against suicide (Brenner, Homaifar, Adler, Wolfman, & Kemp, 2009). These factors are promotive for forgiveness that is associated with the better health and the lower hostility levels (Lutjen, Silton, & Flannelly, 2012).

The literature, which is shown by the works of Koenig (2008) and Levin, Chatters, & Joseph (2011), studies the ways of religiousness and spirituality on the mental and physical health. Usually, these effects are positive, e.g., the reduction of psychological distress, depressive symptoms, and the improvement of health-related quality of life, the decrease of morbidity and mortality (Masters & Hooker, 2013; Park & Slattery, 2013) are examples. On the contrary, some studies say that religiousness and spirituality may be more helpful for keeping health than for curing the illness (Chida, Steptoe, & Powell, 2009).

As for the mortality, spirituality seems to be a more stable factor than disease-specific outcomes in the studies (Powell, Shahabi, & Thoresen). Spirituality, especially in the times of difficulties, is usually considered to be a positive force by providing the strength to face the hardship. Emotional regulation is the main problem for the painful ones since it has a great impact on the physiological processes such as the HPA and SAM axes of the brain and the inflammation.

Institutional religion mostly affects health by regulating the behaviors that then lead to the self-regulation. Spirituality is the factor that impacts the health by self-regulating the emotions. (Benjamins, Trinitapoli, & Ellison, 2006) This difference reveals the various ways in which religion and spirituality are used to change health.

To sum up, the religion and spirituality are the essential factors in the resilience and well-being, thereby affecting both the mental and physical health outcomes. The effects of these principles comprise the stress reduction, the promotion of forgiveness, and the emotional control, which together result in the better general health and the life quality.

Spirituality, which is a more intimate way of reaching the transcendence, keeps the people emotionally managed (Watts, 2007) by helping them to lower their negative arousal (e.g., heart rate variability, cardiac reactivity is reduced, and therefore the inflammatory processes are inhibited and the morbidity is decreased. Through the process of emotional self-regulation, one can also learn to control one's behavior (therefore, the dashed line in Figure 5). For a long time, the developmental psychologists have known that, an individual must have emotional control to have effective coping strategies aimed at solving the problem (Eisenberg & Zhou, 2000). Besides, Aldwin (2007) asserted that the unhealthy health behavior habits (e.g., getting high on drugs, food, and exercise) are contrary to his claim. g.), other than the unhealthy eating habits, are not the sole reasons of the bad health. g., smoking, drinking, and drug use) are usually seen as behavioral coping mechanisms for dealing with the emotions that are more of the internal ones when the people are more of the external ones. g., cognitive) strategies fail. Thus, the good emotional regulation should also force the people to do more healthy activities, which, in turn, will destroy the negative effects of sickness and death.

We thought that higher spirituality will be the backbone of the weaker emotion regulation. All in all, the spirituality of the participants is the first mediator, the ability to regulate their emotions is the second mediator, the increase of spirituality will be the effect of this process. To test this idea, we did a linear regression analysis to find out if spirituality does predict DERS. We found support for our hypothesis: The participants who said they had higher levels of spirituality also reported a higher ability to regulate emotions (this means that there were fewer emotion regulation

difficulties), $b = -.395$, $t = -5.38$, $p < .001$, $R^2 = .156$. Thus, the first mediator, in our model, has turned into the second mediator (LaFrance et al. 2021).

On the other hand, spirituality and emotional regulation are the two halves of the same coin, which is evidenced by the fact that there is a vast literature on spirituality, religiousness, and health. According to the research by Aldwin et al. (2014) the effect of spirituality on emotions regulation, which in turn, leads to the inflammation processes that are the main reasons of the diseases like cardiovascular disease and cancer. Watts (2007), in my opinion, argues that spirituality is a way to control emotions, thus negative arousal is decreased and this leads to fewer inflammation processes and in turn, morbidity is reduced.

Many studies are already there to separate religiousness and spirituality, religiousness has been associated with health behavior habits, while measures of spirituality are closer to biomarkers such as blood pressure, cardiac reactivity, immune factors, and disease progression (Aldwin et al., 2014). This separation is shown by Levin et al. (2011), who separate the components of religiousness and spirituality and their different impacts on health outcomes, so it is no wonder that they are based on indigenous theories in contemplative psychologies.

Koenig's works (2008; 1997, 1998) prove that there is a real connection between religious activities and the biological factors such as the immune system and blood pressure, especially in elderly people. The fact that there are not many scientific studies linking spirituality and physiological health outcomes yet is the proof that the connection between them is real. Literature in this field many times shows the connection between spirituality and emotional regulation, which greatly affects health outcomes. This knowledge can direct further studies and interventions that tackle at physical health through the concept of emotional self-regulation.

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Appendix A :Demographic details

Greetings! We appreciate your participation in this survey. Your responses are valuable in helping us understand and serve our community better. Please take a moment to answer the following demographic questions. Your information will be kept confidential and used solely for research purposes.

Demographic Questions:

Name

Age:

Gender:

Education Level:

Appendix B: DER Scale

| | | Almost Never | Sometimes | About half the time | Most of the time | Almost always |
|----|---|--------------|-----------|---------------------|------------------|---------------|
| 1 | I am clear about my feeling | 5 | 4 | 3 | 2 | 1 |
| 2 | I pay attention to how I feel | 5 | 4 | 3 | 2 | 1 |
| 3 | I experience my emotions as overwhelming and out of control | 1 | 2 | 3 | 4 | 5 |
| 4 | I have no idea how I am feeling | 1 | 2 | 3 | 4 | 5 |
| 5 | I have difficulty making sense out of my feelings | 1 | 2 | 3 | 4 | 5 |
| 6 | I am attentive to my feelings | 5 | 4 | 3 | 2 | 1 |
| 7 | I know exactly how I am feeling | 5 | 4 | 3 | 2 | 1 |
| 8 | I care about what I am feeling | 5 | 4 | 3 | 2 | 1 |
| 9 | I am confused about how I feel | 1 | 2 | 3 | 4 | 5 |
| 10 | When I'm upset, I acknowledge my emotions | 5 | 4 | 3 | 2 | 1 |
| 11 | When I'm upset, I become angry with myself for feeling that way | 1 | 2 | 3 | 4 | 5 |
| 12 | When I'm upset, I become embarrassed for feeling that way | 1 | 2 | 3 | 4 | 5 |
| 13 | When I'm upset, I have difficulty getting work done | 1 | 2 | 3 | 4 | 5 |
| 14 | When I'm upset, I become out of control | 1 | 2 | 3 | 4 | 5 |
| 15 | When I'm upset, I believe that I will remain that way for a long time | 1 | 2 | 3 | 4 | 5 |
| 16 | When I'm upset, I believe that I'll end up feeling very depressed | 1 | 2 | 3 | 4 | 5 |
| 17 | When I'm upset, I believe that my feelings are valid and important | 5 | 4 | 3 | 2 | 1 |

| | | Almost Never | Sometimes | About half the time | Most of the time | Almost always |
|----|---|--------------|-----------|---------------------|------------------|---------------|
| 18 | When I'm upset, I have difficulty focusing on other things | 1 | 2 | 3 | 4 | 5 |
| 19 | When I'm upset, I feel out of control | 1 | 2 | 3 | 4 | 5 |
| 20 | When I'm upset, I can still get things done | 5 | 4 | 3 | 2 | 1 |
| 21 | When I'm upset, I feel ashamed with myself for feeling that way | 1 | 2 | 3 | 4 | 5 |
| 22 | When I'm upset, I know that I can find a way to eventually feel better | 5 | 4 | 3 | 2 | 1 |
| 23 | When I'm upset, I feel like I am weak | 1 | 2 | 3 | 4 | 5 |
| 24 | When I'm upset, I feel like I can remain in control of my behaviours | 5 | 4 | 3 | 2 | 1 |
| 25 | When I'm upset, I feel guilty for feeling that way | 1 | 2 | 3 | 4 | 5 |
| 26 | When I'm upset, I have difficulty concentrating | 1 | 2 | 3 | 4 | 5 |
| 27 | When I'm upset, I have difficulty controlling my behaviours | 1 | 2 | 3 | 4 | 5 |
| 28 | When I'm upset, I believe that there is nothing I can do to make myself feel better | 1 | 2 | 3 | 4 | 5 |
| 29 | When I'm upset, I become irritated with myself for feeling that way | 1 | 2 | 3 | 4 | 5 |
| 30 | When I'm upset, I start to feel very bad about myself | 1 | 2 | 3 | 4 | 5 |
| 31 | When I'm upset, I believe that wallowing in it is all I can do | 1 | 2 | 3 | 4 | 5 |
| 32 | When I'm upset, I lose control over my behaviours | 1 | 2 | 3 | 4 | 5 |
| 33 | When I'm upset, I have difficulty thinking about anything else | 1 | 2 | 3 | 4 | 5 |
| 34 | When I'm upset I take time to figure out what I'm really feeling | 5 | 4 | 3 | 2 | 1 |
| 35 | When I'm upset, it takes me a long time to feel better | 1 | 2 | 3 | 4 | 5 |
| 36 | When I'm upset, my emotions feel overwhelming | 1 | 2 | 3 | 4 | 5 |

