

# Chapter 30

## Building Spiritual Fortitude and Resilience Following Disaster: Synthesizing the Contributions of Positive Psychology and Religion/Spirituality



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There are no greater treasures than the highest human qualities such as compassion, courage, and hope. Not even tragic accident or disaster can destroy them.—Daisaku Ikeda

Both environmental (e.g., severe weather) and human-caused (e.g., mass violence) disasters often result in cascading devastation. Losses can include the death of loved ones, no longer feeling safe, displacement from home, compromised infrastructure (e.g., emergency and medical services), disrupted rhythms of life (e.g., work and school), or destruction of or lack of access to sacred spaces (e.g., places of worship, nature). For example, as of December 2021, the COVID-19 pandemic death toll has reached five million people globally (World Health Organization, 2021). Over the last 2 years, physical distancing necessary to protect public health has limited gatherings and fueled isolation (Liu et al., 2020), and cumulative stressors (e.g., economic instability, inequitable access to healthcare) have disproportionately affected racial/ethnic minorities (Tai et al., 2021). In some places, overlapping disasters (e.g., wildfires displacing people during the pandemic) have posed particularly complex challenges.

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What relevance do positive psychology and religion/spirituality have amidst such situations? In this chapter, we (a) review the salience of religious/spiritual (R/S) processes to coping with mass trauma and (b) synthesize key strength-based theories of disaster recovery. We then introduce our systemic model of Disaster Spiritual Fortitude and Resilience (DSFR), which holistically addresses survivors' needs while attending to strengths and capacities.

## The Salience of R/S Resources and Contexts Amidst Disaster

Although many disaster recovery models focus on risks and vulnerabilities, survivors and the communities they live in also possess capacities that can help sustain and strengthen them, thus promoting fortitude and resilience. The terms *fortitude* and *resilience* capture related yet unique aspects of human experience. *Fortitude* refers to the capacity to endure persistent suffering with courage. *Resilience* speaks to adaptation and recovery. Disasters challenge our beliefs about the world, and disaster survivors who identify as R/S often turn to their faith to make sense of their disaster-related suffering (Davis et al., 2018; Park, 2016). Studies have shown that it is not how devout disaster survivors are that makes the difference in their postdisaster adaptation, but rather it is how they engage with their faith that counts (e.g., McElroy-Heltzel et al., 2018). From a relational perspective, R/S engagement can be understood dialectically, including movements toward spiritual dwelling or spiritual seeking (Sandage et al., 2020b). Spiritual dwelling includes practices that foster security, communal affiliation, affect regulation, and spiritual grounding. Spiritual seeking (often in tension with dwelling) involves grappling with uncertainties and showing a willingness to question and reshape personal views and an appreciation for paradox and complexity. Incorporating R/S concerns in psychotherapy and community intervention can improve survivor outcomes, decrease stigma, and improve accessibility to resources. It can also link survivors with valuable social capital and spiritual support networks (Aten et al., 2019; Davis et al., 2018, 2019a; Pargament & Cummings, 2010).

However, the relationship between religion/spirituality and postdisaster adaptation and growth is not just salubrious. Survivors may experience a variety of moral, existential, and R/S struggles, particularly when there is a gap between previously held beliefs (e.g., God is loving and able to protect me) and personal disaster impacts (Aten et al., 2012, 2019). R/S struggles are common and can lead to chronic distress and mental disorders, if unaddressed (Pargament & Exline, 2021). Practice-based research has found R/S struggles are linked to spiritual seeking (Sandage et al., 2020a), suggesting R/S struggles can activate a quest for transformative spiritual evolution if responded to with validation and support during survivors' spiritual reorganization. However, when struggles are viewed as sinful and R/S communities stigmatize members who are doubting, survivors may feel demoralized and stuck.

### ***Trajectories of R/S Coping Following Disaster***

The diverse ways survivors engage with and understand the sacred can affect fortitude and resilience processes (Captari et al., 2019; McElroy-Hetzel et al., 2018). Appraisals of threat (negatively valenced) and/or challenge (positively valenced) can be impacted by personal R/S dynamics, the cause and type of disaster, and survivors' personally experienced losses. Positive R/S coping (e.g., seeking God's love or assistance) may involve nurturing a secure attachment with one or more sacred entity, whereas negative R/S coping (e.g., feeling abandoned by God) often stems from attachment anxiety and/or avoidance in relation to the sacred. Although negative R/S coping has been associated with psychological, physical, and R/S distress, more positive R/S engagement (e.g., finding meaning and hope) can buffer the relationship between disaster-related resource loss and psychological distress. Put differently, R/S domains can be a source of both struggle *and* strength—often in tandem (Aten et al., 2019).

The literature suggests four main trajectories of R/S coping following disaster. R/S survivors may (a) draw closer to the sacred and a R/S community to cope (e.g., spiritual dwelling), (b) grapple with R/S dilemmas that lead to R/S evolution over time (e.g., spiritual seeking), or (c) deidentify with religion/spirituality because of unsolvable R/S dilemmas, pursuing other groups and support networks that can contribute to meaning. Finally, (d) previously non-R/S survivors may reflect on ultimate concerns following disaster and turn toward faith as a result (Counted et al., 2020). Contextual factors can also affect the relationship between survivors' experiences and outcomes. Individual differences (e.g., race, ethnicity, gender, sexual orientation, age), prior trauma, and R/S variables (e.g., R/S attributions, coping, and importance) have been found to influence (i.e., moderate) or explain (i.e., mediate) R/S and psychological outcomes (Feder et al., 2013; Shannonhouse et al., 2019). Macrolevel (e.g., R/S community) and disaster-related variables (e.g., resource loss, prior crises) are also critical to consider (Cook et al., 2013).

### **Holistic and Strength-Based Disaster Recovery Theories: A Brief Review**

Disasters can indeed catalyze a process of R/S and psychological growth over time, wherein losses, R/S struggles, and related vulnerabilities can be meaningfully addressed. A growing literature is examining the relevance of positive psychology in catalyzing community recovery and development processes in the wake of disaster (Morgado, 2020; Pargament & Cummings, 2010; Park, 2016; Southwick et al., 2016). Despite this, no model to date has synthesized the intrapersonal, interpersonal, community, and larger societal influences that may contribute to positive R/S coping and adaptation. Below, we review four key theories that serve as building blocks to a holistic, strength-based understanding of postdisaster adaptation.

## ***Disaster Recovery as a Dynamic, Evolving Process***

According to the Phases of Disaster Model (Zunin & Myers, 2000), disaster situations evoke a normative trajectory of reactions across time. Although survivors' responses may vary significantly, this framework offers a helpful heuristic for tracking common responses. In the *predisaster phase*, fear and uncertainty abound, frequently alongside minimization or denial of threat. Even when there is a warning period (e.g., a weather forecast of hurricanes), some individuals will prepare more than others, which can lead to guilt and self-blame among survivors who end up sustaining damage. Sudden and unpredictable disasters (e.g., a mass shooting) are often more disruptive to a sense of personal agency and control. During the *disaster impact phase*, people may feel a range of intense emotions (e.g., terror, rage, helplessness), tempered by survival instincts that promote swift action. In the *heroic phase*, adrenaline-induced rescue behavior (e.g., prosocial or altruistic behavior) is prevalent. This behavior can lead to dramatic shifts in emotion, described as the *honeymoon phase*, during which survivors feel incredibly bonded and fear tends to be offset by optimism. However, as the effects of stress, exhaustion, and loss become more apparent in the *disillusionment phase*, survivors may experience increased psychological distress and become more vulnerable to engaging in maladaptive coping (e.g., substance abuse). Finally comes the *reconstruction phase*, which often takes years and involves re-engaging with daily life in a forever-altered world and working through grief as a community. In cases of a protracted threat such as the COVID-19 pandemic, communities have experienced multiple impact points (e.g., waves of infection and lockdown), leading to a less linear process involving a confusing vortex of heroism, honeymoon, and disillusionment.

Integrating risks and vulnerabilities alongside human strengths, the phases of disaster model attends to the ways in which a communal focus, altruism, and optimism can help promote adaptation. However, this does not preclude survivors from also needing to grapple with and process the realities of death, displacement, and more ambiguous losses (e.g., of daily routines, freedom, dreams, and possessions). Furthermore, it is vital to distinguish truly *positive* psychology from emotional avoidance and minimization, which can masquerade as unrealistic optimism or hope and try to circumvent the slow, hard work of reconstruction. The spiritual bypass literature similarly tracks the human propensity to avoid or circumvent consideration of psychological and physical needs, which can serve as a barrier to help-seeking behaviors (Fox et al., 2020).

## ***Resource Loss and Access as Critical Junctures***

Conservation of Resources (COR) theory explains individual differences in postdisaster adaptation as stemming from resource loss and access (Hobfoll, 1989). *Resources* are defined broadly as including material objects (e.g., house,

belongings), personal characteristics (e.g., optimism, humor), relational conditions (e.g., companionship, feeling valuable to others), and energies (e.g., money, sleep). Within COR theory, the individual, family, and larger community are all viewed as having resources (Hobfoll et al., 1995). Although resources lost at an individual level (e.g., losing one's job during the pandemic) can affect a person and their household, resources lost at a community or larger level (e.g., inability to gather for celebrations, funerals, and religious rituals) may also result in less-successful coping at the individual level. Research has found resource loss to predict increased anxiety, depression, and post-traumatic stress (Aten et al., 2019; Davis et al., 2018). In contrast, resource access can promote resilience, as resources help mitigate stressors and restore a sense of personal agency (Hobfoll, 2011). There is some evidence R/S coping might be involved in these associations, such that negative R/S coping may explain how resource loss provokes psychological distress, and positive R/S coping may buffer adverse effects of resource loss (Cook et al., 2013; Shannonhouse et al., 2019).

Disasters can trigger “loss spirals” (Hobfoll, 1989, p. 519) particularly for vulnerable populations (e.g., children, older adults, or minorities), who often have fewer resources and greater levels of prior trauma and therefore are often more affected psychologically by disasters. However, increased access to resources can catalyze “gain spirals” (Hobfoll, 2011, p. 133) that bolster survivors' sense of agency, adaptive capacities, and community connections. In a study of racially diverse older adults, the demographic group hit hardest by the COVID-19 pandemic, those who were already socially isolated, had a low income and had chronic health conditions—that is, low levels of crucial resources—were particularly susceptible to further resource loss (Shannonhouse et al., 2021). In particular, losses in relational (i.e., not feeling valuable to others) and personal (i.e., losing one's sense of optimism) domains were tied to increased suicidality. COR theory's holistic framing of resources as physical, psychological, and relational—and as situated in individual and systemic contexts—captures much of the complexity of human experience. Assessing survivors' areas of resource loss and access can help tailor interventions strategically to address specific areas of need, rather than taking a one-size-fits-all approach.

### ***The Human Drive to Find Meaning Amidst Tragedy***

Meaning-making is a vital process survivors engage in to make sense of disaster (Park, 2016). Park's (2010) Meaning-Making Model describes survivors' global meaning, which consists of beliefs, goals, and subjective feelings developed across the lifespan (e.g., a sense of safety, controllability, and justice). Global meaning also includes motives, hopes, and purpose, which may stem from a R/S tradition, salient identities, cultural groups, or family heritage. According to this model, when a disaster occurs, it can be interpreted in relation to survivors' global meaning system. If a survivor's situational meaning (specific to the disaster experience) is discrepant

from their global meaning, they may feel distressed and be motivated to resolve this cognitive dissonance. However, if their appraisal of the disaster is congruent with their global meaning, they will not experience distress, so further processing is unneeded. The greater the discrepancy between global and situational meanings, the greater the distress experienced (Park, 2010, 2016).

R/S survivors often draw on their faith to reduce discrepancies between global and situational meanings and restore a global view of the world as meaningful, their losses as comprehensible, and life as worthwhile (Hall et al., 2018). Engaging faith as a meaning system can include drawing on R/S beliefs, practices, and virtues (e.g., hope, courage, gratitude). In this context, successful resolution may result not only in a reduction of the discrepancy between global and situational meanings but also in perceived psychological or spiritual growth (Cook et al., 2013; Davis et al., 2019a). To illustrate, in the context of the COVID-19 pandemic, for a person whose global meaning includes theodicies of divine protection from suffering, losing loved ones may evoke situational attributions of divine judgement or abandonment, precipitating a search for revised meaning. In contrast, a person whose global meaning includes viewing adversity as an inevitable human experience amidst which God is present may possess greater inherent capacities to metabolize suffering, and this is often bolstered by the reinforcement of a faith community. Although Park's (2010) Meaning-Making Model focuses mainly on cognitive processes (and less on other aspects of human experience), it highlights the human drive to find meaning and how R/S beliefs can serve as risk or protective factors in disaster recovery.

### ***Recovery Processes as Unfolding Within Relationships***

Disaster unfolds in a social context, and survivors' social relationships can significantly influence their postdisaster adjustment process. The Social Ecology of Post-Traumatic Stress theory points out that human-caused disaster events produce greater risk for post-traumatic stress, potentially because survivors' relational schemas (e.g., are other people safe or a source of threat?) are more substantially affected (Charuvastra & Cloitre, 2008). Relatedly, perceived social support *before* and *after* a potentially traumatic event uniquely predicts psychological functioning across time and can buffer against the development of post-traumatic stress. This speaks to the ways in which meaning-making and resilience processes unfold within close relationships and community connections, which can provide instrumental support (e.g., practical, tangible help) and emotional support (e.g., facilitating coregulation of trauma-related affect and restoration of a sense of safety). However, close relationships can be the context for either (a) empathic support and facilitative processing of disaster-related shame, guilt, and anger *or* (b) emotional invalidation, conflict, and disagreements that further exacerbate postdisaster psychological vulnerabilities (Maercker & Horn, 2013). At a broader societal level, community and government psychological responses can similarly be the context for either (a) collective grieving and memorializing of the disaster's broad-based impact and/or (b) segregation

and prejudice toward nonmajority populations (who are frequently scapegoated as causing the disaster; e.g., in the United States, COVID-19 was caricatured as the “China virus,” leading to increased hate crimes toward Asians and Asian Americans).

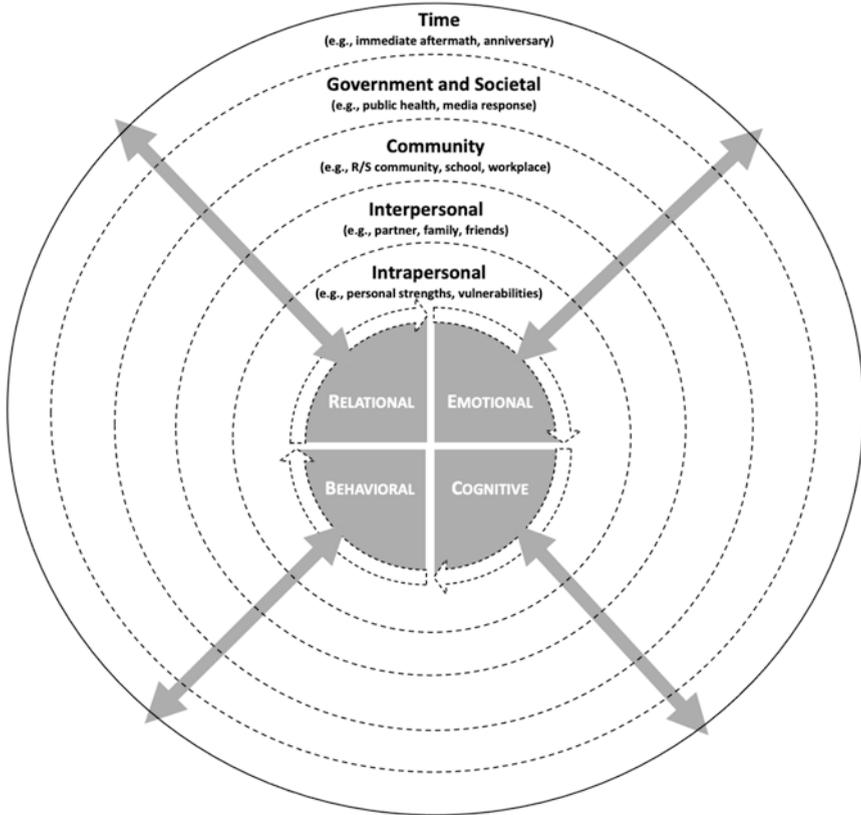
A focus on postdisaster social ecology interweaves positive psychology and R/S perspectives. For many survivors, their faith community is a primary context within which they feel a sense of belonging and companionship through suffering (see Wang et al., Chap. 29, this volume). Virtues such as hope, fortitude, and courage are not only intrapersonal strengths but also are capacities nurtured in an interpersonal matrix. For example, a parishioner overwhelmed with despair after the death of loved ones in a community tragedy may draw hope from the steady, responsive presence of their church, synagogue, or mosque. In sum, although the Social Ecology model only deals with the psychosocial aspects of disaster response, it offsets individualistic perspectives of disaster recovery by highlighting interactions between survivors’ postdisaster adaptation and their relational, community, and societal milieu (ecological system).

## **A Systemic Model of Disaster Spiritual Fortitude and Resilience (DSFR)**

Each of these leading disaster theories offers a unique vantage point, but moving disaster science forward necessitates the development of a model that overtly synthesizes contributions from religion/spirituality and positive psychology. We also find it important to capture how social location, intersectionality, and structural oppression—as well as empowerment, liberation, and capacity-building—are inextricably intertwined with postdisaster adaptation. In our systemic Disaster Spiritual Fortitude and Resilience (DSFR) model (see Fig. 30.1), we frame disaster recovery as a complex, dynamic, and multidimensional process that (a) involves relational, emotional, cognitive, and behavioral domains and (b) unfolds across time in intrapersonal, interpersonal, community, and larger societal contexts. Next, we describe this model in detail.

### ***Domains of Human Experience***

The DSFR model views fortitude and resilience as emerging from adaptive responses in four domains of human experience: (a) relational (e.g., expecting the sacred and close others to be unreliable and punishing vs. responsive and supportive), (b) emotional (e.g., fear and despair vs. hope and optimism), (c) cognitive (e.g., appraisals of threat vs. opportunity), and (d) behavioral (e.g., erratic/maladaptive vs. strategic/health-enhancing actions). These domains are shaped and reinforced across the lifespan based on experience, and past traumatic events can lead to both



**Fig. 30.1** Systemic model of Disaster Spiritual Fortitude and Resilience (DSFR). Disaster adaptation and recovery involves relational, emotional, cognitive, and behavioral domains of experience unfolding across time and within multiple contexts: intrapersonal, interpersonal, community, governmental/larger society, and time

survival-oriented biases (e.g., hypervigilance to threat) and distinct strengths (e.g., creativity, adaptability). Each domain can be the site of psychological and R/S vulnerabilities that increase risk for maladjustment, or psychological and R/S strengths that catalyze fortitude and resilience. Thus, postdisaster adaptation involves a complex set of relational, emotional, cognitive, and behavioral interactions, unfolding over time within multilevel social contexts.

Drawing on the attachment and social neuroscience literatures, the *relational domain* captures how survivors' relational spirituality dynamics contribute substantially to postdisaster psychological and spiritual outcomes, shaping "the course, intensity, and way of grieving" and overall adaptation (Stroebe et al., 2005, p. 58). Believers who have a sense of spiritual dwelling carry the relational expectation of their higher power(s) and R/S community as loving, emotionally present, and

responsive to their suffering. Amidst tragedy or disaster, although they may be angry or confused, R/S survivors are often motivated to seek experiential closeness to whatever they deem sacred as a means of comfort and support (Davis et al., 2019a, b). Indeed, Massengale et al. (2017) found that secure attachment to God following Hurricane Katrina weakened the link between loss of tangible resources and psychological distress. In a longitudinal study of flood survivors, Davis et al. (2019b) found that divine attachment security facilitated emotional processing and spiritual meaning-making, including appraisals of God's providence and benevolence. In contrast, individuals with attachment insecurity in relation to the sacred may be at greater risk of psychological distress following traumatic death of a loved one (Captari et al., 2020) and disaster-related losses (Massengale et al., 2017). Taken together, survivors' relational schemas can either buffer or exacerbate a disaster's psychological impacts.

Secondly, the *emotional domain* captures both the deleterious impacts of trauma-related affect (e.g., fear, anxiety, guilt) and the health-enhancing influences of positive emotions (e.g., curiosity, love, hope; see Van Cappellen et al., Chap. 20, this volume). Although emotion dysregulation is a common factor in psychopathology, the broaden-and-build theory of positive emotions offers an additional perspective. Affect regulation includes an individual's ability to modulate emotional states in order to respond adaptively to their environment. In the context of disaster, emotions such as fear and anxiety can serve important adaptive functions in promoting survival-oriented and risk-reduction behaviors (e.g., evacuating, taking shelter, following health precautions). However, if not well-regulated, these emotions can be paralyzing and counterproductive over time. Within the DSRF model, the emotional domain also involves the upregulation of positive emotions, which can promote an upward spiral of cultivating psychological, R/S, and social resources (Van Cappellen et al., Chap. 20, this volume). Regulation can occur individually (self-regulation) and relationally (co-regulation). Adaptive regulation allows survivors to experience emotions more fully (rather than dissociating or avoiding) and use them productively (as cues about underlying needs, desires, and motivations).

Synthesizing contributions from the R/S coping and meaning-making literatures, the *cognitive domain* captures (a) the ways in which disasters may challenge or shatter previous beliefs about oneself, others, the world, and the sacred as well as (b) the role that positive or redemptive meanings can play in promoting resilience and adaptation. Many R/S survivors draw on their faith as they attempt to reconcile global meanings with painful disaster effects, often reducing dissonance by altering or expanding theodicies of suffering. This can include distress-perpetuating negative appraisals, such as blaming themselves or society at large (e.g., viewing the disaster as punishment for sin) or accusing God (e.g., viewing the divine as wrathful, cruel, or untrustworthy). Alternatively, believers can reaffirm a divine purpose and plan (e.g., seeing God as at work amidst the disaster) and make positive attributions about unity, sanctification, or potential R/S growth. For instance, in a longitudinal disaster study, Davis et al. (2019a, p. 6) found evidence that survivors engaged in resilience-promoting R/S appraisals about *cause* ("God did not cause the disaster but did allow it to happen"), *purpose* ("God has used the disaster to accomplish

higher benevolent purposes”), and *presence* (“God has been a source of love, comfort, strength, and hope for survivors”). Metabolizing exposure to suffering, chaos, and death may occur via R/S narratives, rituals, and symbols that facilitate redemptive meaning-making.

Finally, the *behavioral domain* captures how in the context of danger, our bodies are physiologically primed to act, even as disasters upend our normal routines and rhythms of life. Survivors may exhibit erratic, disorganized action or antisocial behaviors and utilize maladaptive behaviors to cope. Or, on the contrary, survivors may restore a sense of personal agency and realistic control through engaging in adaptive coping strategies, altruism, and prosocial behaviors that meaningfully address community needs. As Vollhardt (2009) has noted, “Suffering may actually enhance the motivation to help other disadvantaged members of society, including outgroups” (p. 53). As one example, the resurgence of racial protests in the United States during the pandemic can be understood through this lens, as people spoke up and demanded justice for the bodies and lives of the oppressed. Yet altruistic action is not without its liabilities, and it can at times lead to counterproductive efforts (e.g., Penta et al., 2020) and exacerbated traumatization. Considering cultural norms, Lee and Kim (2020) found collectivism to be associated with greater prosocial behavior through the mediator of increased psychological closeness. This effect was particularly prominent among survivors reporting greater mortality salience, suggesting that awareness of life’s fragility can orient people toward collaborative action in disaster recovery.

### ***The Influence of Systemic Contexts***

Although many disaster recovery models focus on individual vulnerabilities, research has documented that the aforementioned domains of human experience are nested within community, R/S, and governmental contexts. Thus, as Fig. 30.1 depicts, human experience unfolds within—and is influenced by—multiple levels of social ecology (see also Davis et al., Chap. 18, this volume). Critically, helping professionals and community leaders can look at each of these levels as potential intervention points. First, in the *intrapersonal* realm, personal strengths (e.g., resourcefulness, problem-solving) can buffer the psychological impacts of disaster-related losses and disruptions by facilitating social support, emotion regulation, benevolent R/S appraisals, and prosocial behaviors. Alternatively, survivors’ stress-and-coping trajectory may be burdened by personal vulnerabilities (e.g., past trauma history, insecure attachment, mental or physical health problems), increasing risk for isolation, emotional dysregulation, malevolent religious appraisals, and maladaptive behaviors.

Second, with regard to *interpersonal* contexts, survivors’ social relationships (e.g., social support from a partner, family members, and friends) can offer powerful

sources of fortitude and resilience. Couple and family systems enable co-regulation of difficult affect, restore a sense of safety, and co-create benevolent, generative, and hope-filled meanings. For instance, parents can help their children adjust by developing a shared family narrative about surviving the disaster, drawing on R/S teachings and theodicies to make redemptive meaning of suffering and take prosocial action to support others. Alternatively, interpersonal contexts may exacerbate disaster-related loss and lead to maladaptive coping due to heightened conflict, intimate partner violence, or abuse/neglect. Relationships that are unpredictable and unsafe (rather than stable and comforting) can fuel trauma-related affect, appraisals of threat, and desperate behaviors.

Third, *community* contexts, such as one's neighborhood, workplace, school, and faith community play vital roles. These formal and informal social networks have been described as a lynchpin in facilitating disaster preparation, response, and recovery at grassroots levels (Andrew et al., 2020). Schools are a safety net for vulnerable students, providing daily structure, socioemotional support, and nutritious meals (Lai et al., 2019). Workplaces offer daily continuity and opportunities for peer support. Churches, synagogues, temples, and mosques are uniquely poised to help mitigate postdisaster social isolation because they are embedded within impacted communities and thus can serve as "social bridges [which] may in turn engender other sources of cohesion, such as trust, and further establishment of support networks and norms" (Vinson, 2004, p. 33). Community leaders' responses can help validate, contain, and support survivors in metabolizing suffering through adaptive coping, thereby providing contexts that facilitate mourning and meaning-making. Or faith communities, learning environments, and local organizations can exacerbate disaster effects when leaders are reactionary, offer aid inequitably, or promulgate narratives that elicit fear and mistrust (rather than unity and collaboration). This can pit community members against each other, isolate vulnerable groups, and fuel maladaptive coping. Furthermore, communities themselves may be reeling from the effects of disasters and thus may be less able than usual to provide adequate support to individuals, families, and groups.

Finally, the responses of *governments and larger society* also influence fortitude and resilience processes. Public health initiatives and media responses can buffer negative outcomes through addressing multiple domains of human experience. This may include cultivating a sense of community cohesiveness and solidarity, down-regulating fear and anxiety by providing clear and direct information, fostering appraisals of rising to the challenge rather than minimizing or catastrophizing threat, and facilitating collaborative action to address survivors' needs. Alternatively, organizations and governments may compound disaster impacts when responses are uncoordinated, reactive, mismanaged, or inequitable. Such responses can precipitate feelings of invisibility (especially for nonmajority groups), fuel emotional reactivity and traumatic stress, promote distress-perpetuating meanings, and provoke dysregulated or erratic behavior.

## Community Implications and Future Research Directions

This systemic model of DSFR integrates the contributions of R/S resources with positive psychology perspectives in ways that consider both catalysts and impediments to postdisaster adaptation across multiple contexts. We invite clinicians, R/S leaders, and community/government stakeholders to use this model as an orienting framework to understand and assess survivors' strengths and vulnerabilities holistically and within their socioecological situatedness. Helping survivors identify and draw on culturally embedded strengths, R/S practices, and community supports can bolster their sense of fortitude amidst chaos and collectively orient people toward resilience. Below, we offer several practical recommendations to guide such a disaster response.

**Be Responsive to Survivors' Needs in the Moment, Recognizing Changes Across Time.** For those involved in disaster response and spiritual care, it is vital to utilize a trauma-responsive approach, especially with respect to normative stress reactions and survivors' changing needs. For example, in the immediate aftermath, interventions that connect survivors with resources and help restore a felt sense of safety are advisable; practitioners can focus on offering survivors comfort, validation, and support. Survivors' meaning-making processes often unfold once their relational and emotional domains of experience are attended to, so practitioners should avoid jumping to theological concepts (e.g., quoting Scripture), which might be experienced as insensitive or invalidating. In research, mediation and moderation analyses can explore individual (e.g., R/S coping), familial (e.g., disaster narratives), and community (e.g., social support) variables that explain or influence post-disaster adaptation. Social network analysis, longitudinal studies, and ecological momentary assessment can also help explore these nuances.

**Consider Overlapping Disaster Impacts and Each Person's Sociohistorical and Religious Context.** Disasters do not happen in isolation. Communities that are already vulnerable (due to historical trauma, oppression, and/or marginalization) are often hardest hit when a disaster strikes. Ongoing research is needed to explicate how these factors may affect the ways in which survivors view and relate to the sacred, as well as to develop culturally adapted forms of disaster spiritual and emotional care. Understanding differential effects of particular types of R/S coping can assist practitioners and R/S communities in offering effective culturally and spiritually responsive care.

**Intervene Across Multiple Domains and Contexts to Bolster Survivors' Strengths and Resources.** Clergy responses can help foster R/S coping and adaptive meaning-making within their spiritual communities in the aftermath of disaster. Community leaders can work to procure additional resources from larger government agencies that can help supplement and rebuild community resources, taking care to offer equitable supports and identify those most vulnerable. In addition to providing direct psychological care, mental health practitioners can partner with

faith communities, schools, and other groups to create opportunities for memorializing and mourning, drawing on relevant R/S and cultural practices to foster hope, comfort, and support.

**Collaborate with and Contribute to Faith Communities.** Ongoing community partnerships between clergy, emergency/disaster response personnel, community leaders (e.g., school principal, mayor), and mental health practitioners are a key aspect of disaster preparedness and response. Clinicians should not deploy individually or attempt to intervene on their own, and R/S leaders should not work outside their competency by trying to provide psychological care. Public health efforts can also be much more effective when clergy are involved, given that many people trust and look to their spiritual leaders amidst crises. Research efforts should always be grounded in community-based participation and support. Wheaton College's Humanitarian Disaster Institute (<https://www.wheaton.edu/academics/academic-centers/humanitarian-disaster-institute/>) offers a hub for developing and enriching these types of community partnerships.

## Conclusion

This chapter has synthesized the contributions of leading disaster theories and proposed a systemic model integrating positive psychological and R/S perspectives. We invite researchers, clinicians, and community stakeholders to use this model to inform empirical investigations and community-based interventions. By considering the interplay of human strengths and capacities for positive adaptation alongside R/S processes of struggle and transformation, we all can support individuals, families, and communities in not just surviving disasters but transcending them by moving through seasons of mourning and disorientation toward horizons of new meanings, deeper connections, and hopeful possibilities.

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