



Building recovery resilience through culture, community, and spirituality

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Please note that we have renumbered the references to maintain sequential order.

Recovery, Student Life, Community College

ABSTRACT

In this article, the author presents a discussion of resilience as it relates to recovery. Recovery is viewed through the lens of an individual's community, culture, and spirituality. Resilience recovery creates a context in which the focus of life is no longer primarily based on problems but instead emphasizes solutions and the facilitation of wellness in a holistic sense. To sustain a life of positive well-being, one must embrace a redistribution of energy that encompasses the community's culture and spirituality. Within a resilience-oriented setting, cultural competence is a fundamental ingredient that helps to develop trust and understanding of how members of different cultural groups define health, illness, and healing. Finally, faith and spirituality are dimensions of human existence beyond the biopsychosocial framework that can facilitate and enhance resilience and bring understanding to how people express themselves, evolve, and heal. Social service educators, practitioners, and individuals receiving services need to expand their framework to include a spiritual dimension. This paradigm shift will facilitate the change toward a holistic model of recovery and resilience which embraces a "person-first perspective."

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Resilience in recovery is a person's ability to sustain a positive outlook on all of life's experiences. The individual is no longer focused primarily on problems but instead emphasizes solutions and the facilitation of wellness. A resilient life process is viewed through the lens of the individual's culture, community, and spirituality.

Coping with stress and adversity and returning to a healthy state of daily functioning are what is meant by resilience. For many, resilience is most commonly understood as a process and not a trait of an individual [1]. An individual's resilience is the result of a goal-directed, action-oriented person being able to interact with individuals, groups, families, and communities [2]. Positive well-being is related to one's capacity to navigate and negotiate resources that sustain a positive outlook on all of life's experiences. These resources involve psychological, social, cultural, and physical.

For many, resilience creates a context in which the focus is no longer primarily on problems but instead emphasizes solutions and the facilitation

of wellness in a holistic sense. There appears to be a relationship between the high levels of resilience and low levels of depression [3]. Moreover, resilient people exhibit minimal difficulties regulating negative emotions and demonstrate strength-based reactions to daily stressful life events (e.g., addiction and the loss of a loved one). In general, resilient people are believed to possess positive emotions, and such feelings, in turn, influence their responses to adversity [4].

If the above is true, how is it possible that some individuals emerge from their life challenges fraught with trauma and adversity showing little or no signs of biopsychosocial and spiritual damage. While others who have experienced similar degrees of behavioral health challenges are found to be displaying radically different outcomes? What factors appear to give rise to such discrepancy? [5] Are some people just innately invincible?

The studies on resilience show that the primary factors in modifying the harmful effects of adverse life situations, such as addiction, are to have

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relationships that: (1) provide care and support, (2) create love and trust, and (3) encourage and, to some extent, create both internal and external balances between a person's family and community. Werner [6] distinguished three contexts for resiliency as a protective factor: (1) personal attributes, including outgoing, bright, and positive self-concepts; (2) close bonds with at least one family member or an emotionally stable parent; and (3) receiving support or counsel from peers and/or community. Other factors that promote resilience appear to be: the ability to cope with stressful challenges effectively, having excellent problem-solving skills, having the ability to seek help from others, believing that there is something one can do to manage one's feelings, having a social support network, being able to self-disclose trauma to loved ones, having a sense of one's spirituality, identifying as a survivor as opposed to a victim, and finding positive meaning in the one's trauma [7]. Long-term health in individuals involves a body, mind, and spiritual balance characterized by positive emotion, constructive thoughts, and responsible actions while supporting the notion of the physical, emotional, social, and spiritual integration of the whole person [8].

If resilience is the ability to sustain a positive outlook on all of life's experience, the abuse of alcohol and other drugs disrupt, which experience by reinforcing the presence of emotional and economic insecurity. Mainly due to a circle of poverty, racism, and societal neglect, it becomes easy for behaviorally challenged individuals to find "*cheap grace*" or become "*self-actualized*" for a few days or a few hours by taking mind-altering substances. Many practitioners believe that the constant focus on basic needs (food, clothing, and shelter) coupled with a public policy of inadequate health care and little or no marketable work skills are significant contributors to the high relapse rates. If one cannot gain mastery over one's basic needs, it becomes increasingly challenging to feel that you have control of your life [9]. Without the thought of having some control over life events, it is complicated to build a formal process that reflects resilience. To sustain a life of positive well-being, one must embrace a redistribution of energy. Consciousness must form a new psychic balance that encourages and, to some extent, creates both the internal and external harmonies [10].

Many individuals in recovery stop substance use and abuse but cannot visualize a satisfying life without alcohol or other drugs. Instead, they live a life of endless meetings that fill time, avoiding people,

places, things, and situations without reentering the mainstream of society and enjoying one's sobriety. Recovery resilience must be a time to enjoy work, live in a community, participate in physical and recreational activities, and gain more knowledge through education. Sobriety cannot be an end in itself; it must be means to serenity. Self-help groups must continue to be a significant factor in a person's recovery however not the only path to a life of serenity.

Role of Community in Building Resilience

Neighborhoods play a considerable role in fostering resilience and recovery. Benard [11] identified three resilient qualities of communities that promote and support a positive view of developmental growth:

1. There must be social organizations that provide an array of resources to residents.
2. There must be a consistent expression of social and group norms so that community members understand what constitutes desirable behavior.
3. There must be opportunities for children and youth to participate in the life of the community as valued members.

Reducing barriers and providing community supports enhance opportunities that lead to greater participation and presence in the community for numerous disenfranchised groups. More significant opportunities and involvement in the life of one's community will enhance a person's well-being, health, and wellness. The fulfillment of individual's hopes and dreams is not only an individual aspiration but also a community goal. Connecting people through full involvement in their communities requires that neighborhoods and service delivery systems use the assets of individuals, their families, and their communities. An example of this connection is the recovery community center movement, which embraces a philosophy that healing takes place in the neighborhood over the long term with the support of others in the community that is natural, reciprocal, and not burdened by traditional treatment approaches [12].

A transformed healthcare system must embrace the concept that the health of individuals is affected by the health of the overall community. Provider agencies exist within the community. As a provider of service, they have a responsibility to assist and improve the overall health of the city. In conjunction with physical and traditional behavioral health

interventions, a comprehensive health management system must embrace a holistic approach geared toward: (1) the elimination of stress in the overall community; (2) be attentive toward environmental factors such as divorce, death, and illness; and (3) support and provide opportunities for better housing, increased employment opportunities, and positive family activities. Without attention to these communal interventions, one will continue to live in a static environment or a neighborhood in decline, which becomes a toxic wasteland for individuals, their families, and their community [9,12].

Those in recovery desire to be like others living in their community and to be valued for their uniqueness and abilities by wanting to:

- Go to work;
- Go to school;
- Be housed in the community;
- Have friendships with both peers in recovery and those who are not;
- Have meaningful social roles, such as parenting, being married or otherwise involved in intimate relationships, and being a child or sibling;
- Engage in recreational and physical activities;
- Participate as a citizen, including volunteering, engaging in the political process, and other aspects of civic life;
- Engage in spiritual and religious activities;
- Make choices about treatment and in all other areas of one's life to the same degree that other people can and do [13].

Role of Culture in Building Resilience

Learning is a way of trying to understand one's relationship to a stressful life event and how a person's cultural history interprets those events. Certain behaviors and personality styles, when taken out of their ethnic or cultural context, could be viewed as deviant or dysfunctional when, in fact, they are culturally congruent. There is an increasing pressure for clinicians to become more knowledgeable, comfortable, and skilled in working with individuals from different races, ethnic backgrounds, sexual and religious minorities, as well as other populations that are not bound by contemporary Western standards [14]. In discussing culture in clinical practice, Cory [15] established some practical guidelines for working effectively with people from diverse populations:

- ✓ Learn more about your own culture and how it has influenced your behavior and thoughts about others,
- ✓ Identify for yourself basic assumptions about culture, race, ethnicity, gender, etc.,
- ✓ Expand your knowledge and experience with other cultural groups,
- ✓ Learn to find your common ground with people of diverse backgrounds,
- ✓ Recognize the importance of being flexible in the application of techniques that benefit different cultures [15].

Within a resilience-oriented setting, cultural competence is a fundamental ingredient that helps to develop trust and understanding of how members of different cultural groups define health, illness, healing, and health care [16]. A culturally competent model of recovery/resilience acknowledges the person's cultural strengths, values, and experiences while encouraging behavioral and attitudinal change [17].

Recovery/resilience-oriented models of care that are culturally responsive are characterized by:

- ✓ Helpers' knowledge of the native languages of the people receiving service,
- ✓ Helpers' sensitivity to the cultural nuances of those receiving services,
- ✓ Helpers' backgrounds representative of those of the people receiving services,
- ✓ Recovery/resilience models that reflect the cultural values and needs of the people receiving services,
- ✓ Representation of the people receiving services in decision-making and policy implementation.

The articulation of multicultural recovery/resilience-oriented models of care that inform practice and training is important to build resilience models that reflect the needs of people receiving the service. A specific attention to cultural competencies in working with the LGBT recovery community has been identified as a subset of these overall cultural competencies [18]. Over time, a significant amount of variability and change in the dialogue, perceptions, experiences, and attitudes toward gender identities and sexual orientations have occurred across cultures [19].

Neither these features, each by itself, do constitute cultural competence nor do they automatically create a culturally competent system. Culturally

relevant systems include behavioral norms for both the counseling staff and organization; standards must be built into the organization's mission, structure, management, personnel, program design, and recovery/resiliency protocols. In other words, culturally competent systems need to implement cultural competence at various levels: attitude, practice, policy, and structure [20].

Cultural resilience considers how culture, cultural values, and language, etc., help individuals and communities to overcome adversity. It suggests that individuals and communities can deal with and overcome adversity not only based on individual characteristics alone but also from the support of broader sociocultural factors [21]. A culturally-focused resilient adaptation has to do with how the culture and sociocultural context influence resilient outcomes. The question presented by this concept is to consider those more significant environmental variables that help individuals to overcome the obstacles they face. Culturally-focused resilient adaptation contends that adversity is a dynamic rather than static process that includes character traits, a person's cultural background, values, and supportive aspects of the sociocultural environment [22].

Role of Faith and Spirituality in Building Resilience

Spirituality is a dimension of human existence beyond the biopsychosocial framework that can facilitate and enhance resilience and bring understanding to how people express themselves, evolve, and heal. Social service educators, practitioners, and individuals receiving services need to expand their framework to include a religious/spiritual dimension [9].

We know that when youth join a faith-based institution, their academic performance improves. Religious activities that are associated with young people appear to help them academically. Affiliation with a religious institution helps to develop the physical, social, and emotional health of students [23]. Attending a place of worship has been shown to increase a child's social networking skills. It also provides a feeling of cohesion and belonging in a person's community and promotes a sense of personal control and a protective sense of social justice when threatened by life events [24]. Integrating resilience with a spiritual perspective facilitates a person's ability to: (1) acknowledge connectedness, (2) suspend judgment, (3) trust the

universe, (4) create new realities, and (5) walk the path with the heart [25].

(1) Acknowledging connectedness – means underscoring the interdependence between the person and persons in the world. It goes to the heart of building warm, empathic, and genuine relationships. It recognizes our mutual journey on the path of life and gives credibility to self-disclosure. It is mainly through the power of stories and storytelling that one can find new ways to view a situation [25].

(2) Suspend judgment – means shifting the focus away from blame toward acceptance and respect for the dignity and worth of persons. It also means moving away from diagnostic labels and acknowledging our participation in our own lives and the potential to deconstruct our lives so that we may more fully empower ourselves to challenge life more holistically [25]. In the process of suspending judgment, we move from linearity to circularity and create a reality that is more participatory and less causal, therefore allowing for a more empowering model of behavior devoid of negative values.

(3) Trusting the universe – involves adopting a life stance of mystery and awe with a fundamental faith in ourselves and a power beyond ourselves. Of all the soul healing principles, this is the most difficult for the secular healer (professional counselors) to appreciate and the easiest for the faith healer to acknowledge and embrace. Trusting the universe is when an individual finds meaning in a coincidence (e.g., Jung's concept of synchronicity), a dream, a clear vision, etc., for which there appears to be no scientific or rational explanation. Western psychological practices with its linear thoughts are usually at odds with the nonlinear intuitive modes of knowing, such as dream analysis, painting, dancing, music, and meditation [25].

(4) Creating new realities – suggests that we are participants in forming the realities that we experience and that we have the capacity for awareness of ourselves as cocreators of our experiences. If we acknowledge that one creates their existence, then it is easy to view a change as transformative and responsive to new information. A search for meaning and purpose and a connection to the sacred is a fundamental value in mental and physical well-being [25]. Many of the cognitive-behavioral interventions (meditation, emotive imagery, reframing, prayer, etc.,) are ways to access new information and create new behaviors [25].

(5) Walking the path with heart – means living and working in such a way that human potential

is more fully developed and that the goals of compassion and peace are integrated into our daily lives. One's path is usually a disciplined life with self-awareness and self-control, which, for many, leads to positive self-esteem. The irony of the road is that it is not only looking for a destination but also to be going in the direction of awareness [24].

If one embraces the above commitment to solutions, it is a smooth transition to find a pluralist/shared faith perspective that honors all belief systems and establishes a "*person-first perspective*." This paradigm shift will facilitate the change toward a holistic model of recovery and resilience that embraces the spiritual dimension, which encompasses traditional as well as nontraditional belief systems as a part of an integrated model of behavioral health challenges that complement the body and minds of people.

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