

THE ROLE OF FAITH AND OPTIMISM IN COPING WITH STRESS

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Rationale: Virtues are an important component in counselling and psychotherapy. Faith and optimism are often viewed as crucial for coping with stress and critical life events. Generally, optimism is considered as interchangeable with faith. However, certain distinction exists between faith and optimism.

Aims and objectives: To examine the nature of faith and optimism and to discuss their role in coping with stress and critical life events.

Methods: Philosophical and conceptual analyses.

Results: Both faith and moderate optimism exhibit properties, which are protective against distress and stressful life events. However, prudent faith tends to be better for whole person's functioning.

Conclusions: The compound virtue of faith provide a comprehensive approach to coping with stressful life events.

Key words: faith, optimism, stressful life events, crisis, coping.

1. Introduction

March 22, 2016, Brussels, Belgium: More than 300 injured and 32 people killed in three coordinated nail bombings. Officials said the bombs were detonated just seconds apart at opposite ends of the departures hall. Witnesses said people ran from the site of the first blast, only to run into the second blast, near the main entrance. The bombings were the deadliest act of terrorism in Belgium's history. The Belgian government declared three days of national mourning (BBC online).

The tragedy in Belgium reported by BBC left behind hundreds of relatives and friends of the victims devastated and mourning over the loss of their loved ones. Some of the mourners might never fully recover from the shock and pain. Others might be able to return to the lives they were living before the event had occurred. Among those affected are also the injured survivors, whose lives will probably never be the same, and the rescue personnel. Although those affected by the tragedy may have similar first responses, namely shock, disbelief and defensive retreat the specific impact on each individual may be different. Some have lost a child or spouse; others have faced death in the hospital. Unfortunately, major accidents such as terror attack, earthquakes or airplane crashes, just to name a few, happen quite frequently in our contemporary world. Nevertheless, they take most people by surprise and require major readjustment efforts, altering the course of their biographies. Some experiences may have a long-lasting impact on a person's mental and physical health, while others exert only a short-term influence. This article presents a brief overview of theoretical concepts and critical issues related to stressful life event research and focusses on faith as crucial technique for coping with stress and critical life events.

2. Stressful Life Events

There is no agreement among researchers about the definition of stress. When people say, "I feel a lot of stress," they refer to their response to some adverse situation. The focus is on the way their organism reacts. However, there are certain distinctions that have been applied to characteristics of stressful life events and disasters. Objective characteristics of a stressful encounter influence the way people appraise them cognitively as challenges, threat, harm, or loss. Severity, duration, and ambiguity of a stressor, among other characteristics, make a difference when it comes to appraisal, emotions, coping, and outcomes. Loss of loved ones, academic failure, car accident, job loss, divorce, and natural and technological disasters that affect an entire community can be categorized along a number of dimensions, including predictability, controllability, suddenness, and strength of impact, etc.

Emotional tension and distress can lead to higher level of coping with the new situation or to

worsened life functioning and although there are situations appraised as stressful for most of the people, only some of them will experience these stressful events as a life crisis (Stoykova, 2011). There is a common distinction between normative and non-normative stressful life events. Normative refers to anticipating a certain class of events that naturally happen to many individuals at certain times during their lives and are expected (e.g. transitions, marriage, childbirth, academic exams, retirement, death of parents). In contrast, non-normative events pertain to rare or unexpected events, such as disasters, accidents, or diseases (Schwarzer & Schulz, 2001).

2.1. Controllability

Perceived controllability is deemed as an important dimension when it comes to categorizing the characteristics of stressful life events. The feeling of being in control of something that happens to oneself is considered important for coping with that event. Further, a sudden versus a slow onset, its duration, and its intensity are the other major determinants in evaluating the stress impact (Schwarzer & Schulz, 2001).

2.2. General adaptation syndrome – critical overview

Selye (1956) has distinguished between a stressor (the stimulus) and stress (the response). He postulates that physiological response to a stimulus follows the same typical three-stage pattern in men and animals, called the general adaptation syndrome (GAS). According to GAS, the body initially defends itself against adverse circumstances by activating the sympathetic nervous system. This has been called the *alarm reaction*. It mobilizes the body for the “*fight or flight*” response - an adaptive short-term reaction to emergency situations. In many cases, the stress episode is mastered during the alarm reaction stage. Often, however, stress is a longer encounter, and the organism moves on to the *resistance stage*, in which it adapts more or less successfully to the stressor. Although the person does not make the impression of being under stress, the organism does not function well and becomes ill. According to Selye, the immune system is compromised, and some typical “diseases of adaptation” develop under persistent stress, such as ulcers and cardiovascular diseases.

Finally, in the *exhaustion stage*, the organism’s adaptation resources are depleted, and a breakdown occurs. This is associated with parasympathetic activation that leads to illness, burnout, depression, or even death. This response-based perspective of stress has some merits, and it is still dominant in the biomedical sciences, but not in psychology. The main reason that it is no longer supported in psychology is that Selye has neglected the role of emotions and cognitions by focusing solely on physiological reactions in animals and humans. Selye claimed that all these organisms show a nonspecific response to adverse stimulations, no matter what the situation looks like. In contrast, modern psychological theories highlight the individual’s interpretation of the situation as a major determinant of a stressful encounter (Schwarzer & Schulz, 2001).

3. Faith and optimism as coping strategies

Life events and coping are inevitably intertwined. In many studies, coping has been identified as a mediating link between stress and imminent health outcomes. The coping has two main functions: dealing with the problem that causes distress (problem-focused coping) and regulation of emotions, so-called emotion- focused coping (Folkman S., Lazarus R., 1988). Although it is found that problem-oriented type of coping is more likely to occur in the situations, which are assessed as manageable and subject to positive change, C. Carver & M. Scheier (1989) believe that coping strategies, focused to the problem are more likely to be used by people who expect positive change to occur.

Beginning with most widely accepted transactional stress and coping paradigm of Lazarus and Folkman (1984), over the past three decades there has been substantial amount of research devoted to understanding the role of coping in stressful life events. According to Lazarus, coping refers to cognitive and behavioural efforts to manage disruptive events that tax the person’s ability to adjust (Lazarus, 1981).

According to Folkman (2010), coping refers to “the thoughts and behaviours people use to manage the internal and external demands of stressful events” (p. 902).

Also in an empirical research, it was found that the coping strategy of direct action is effective in terms of reducing pessimism and anxiety (Stoeva, 2003). The result is similar to the established link between this strategy and the improvement of the emotional status in the research of S. Folkman (1984).

3.1. Stress and religiosity

Cultural differences in response to stressful events can lead to diverse attitudes toward loss and grief. Often, those attitudes are closely related to religious beliefs within each culture. Gillard and Paton (1999) examined the role of religious differences for distress following a hurricane in the Fiji Islands. They compared the impact of hurricane Nigel in 1997 on Christian Fijians, Indians following Islam, and Indians practicing Hinduism. Results indicated that religious denomination had a differential impact on vulnerability. Gillard and Paton show that one major difference between all three groups lies in the amount of assistance that was provided for the victims of the disaster. Moreover, the unfulfilled expectations of Muslims and Hindus as to support provision constitute a stressor that may increase their vulnerability.

Somatic and mental health reactions in the aftermath of stressful life events are largely determined by the impact of an event, e.g., material damage, number of casualty, loss of a loved one. As a consequence, if those goods (or people) we value are threatened or lost, stress increases. However, societal structures as well as cultural norms and values largely determine the way individuals respond to the incident. Although it is often believed that such valuable goods or resources are the same across cultures, the weight given to each resource varies (Hobfoll, in press).

4. Faith

The concept faith can be used in various ways. In the context of distress faith often is part of colloquialisms such as ‘keep the faith’, ‘my faith gets me through’, or ‘you should have faith’. According to Merriam Webster Dictionary, one of the definitions of faith is “firm belief in something for which there is no proof; complete trust” (Merriam-Webster Dictionary online). Faith description is also often associated to a relationship with God (Dyess, 2011).

Faith in specialized literature is suggested to be a philosophical entity or an approach for coherence to support activities that find meaning in one’s world and it is identified as ‘the most primary force in human nature’ (Hartrick 2002, p. 29). Some researchers (Dyess, 2011; Fowler, 1996) revealed and highlighted the interaction and the importance of faith as it supported the creation of meaning in the lives of many people. Faith is seen by Dyess (2011) as the very foundation that enables human beings to make sense of their world and circumstances.

Numerous authors include faith within their research discussion about resilience (Edward et al. 2009), connectedness (Mok et al. 2010) and coping (Meisenhelder & Cassem 2009). As Fichter (1981) pointed out, ‘a strong religious faith would cause people to turn to religion as an easy and readily coping mechanism in times of crisis’ (p. 61).

The story of 46-years old patient reveals the personal meaning of dependence on faith a in the most stressful period of her life:

“I have lost all I valued the most. Firstly, I lost my husband, my health and ability to work, my slender figure and my friends. All I had is faith. So I just relied on my faith at that point nothing else could help me”

Based on limited in-depth qualitative interviews with religious couples experiencing stressful life events (SLEs), Wang, et. al. (2014) have found that:

- The participants used their religion to reappraise the SLE and adopted several religious coping strategies to deal with it.

- After intensively dealing with their SLE, the participants reported that their religious faith continued to grow.

- During the coping process, participants were searching for meaning, trying to understand why the SLE occurred, and re-evaluating the SLE.

- During the entire coping process, the cognitions of the participants were continuously changing. They found that God was working with and in them; that they were able to discover positive aspects of a negative event; that they put God first in their lives; that they realized what it means to be real Christians; that they were limited human beings; and that they became more aware of themselves.

- After the confrontation with the SLE, the increased religious faith has led to two significant outcomes: (1) It has served as a stress buffer; and (2) It has brought a positive impact on the marital relationship.

Often people who live with faith affiliate to some religious group, whom they are sharing this faith with. Attendance at faith-based services is additional resource that instils a spirit of hope, and help people to cope with distress and life crisis.

5. Optimism

Studies have shown that optimism is related to good health, whereas depression can be a precursor of sickness (Carver, 2001). Other researchers have pointed out, that optimism (defined as generalized expectations for a positive future) is inversely related to suicidal thoughts and behaviours (Bryan et al., 2013; Chang et al., 2013).

Optimists cope better with failure, are more persistent in the face of challenges and engage in more adaptive and active coping with stress (Grevenstein, et. al., 2016). Dispositional optimism was linked to various positive mental as well as physical health outcomes by Carver and Scheier (2014).

According to Collins Dictionary (online), optimism is “the tendency to expect the best and see the best in all things”. The word optimism derives from Latin *optimus* (best, superlative of *bonus* good). C. Carver & M. Scheier (1989) suggest that the dispositional optimism has implications for the ways in which people cope with stressful situations. The style of dealing with the stressful situations (so-called coping), according to these authors, can be seen as driven by the expectations of the occurrence of a positive or negative result. Optimism and optimistic appraisal are considered to be personal attributes related to resilience to stress, along with activity, initiative, self-confidence and emotional stability (Stoykova, 2011).

Although faith and optimism have some similarities and both seem to have positive effect on personal health and well-being, there are certain differences between faith and optimism. As seen in definition above, optimism tends to see the best part in all things (events or conditions) while ignoring the bad part. On the contrary, faith turns out to be more realistic and accepts both good and bad parts of the thing (events or conditions) believing, that things will turn out well, as stated by St. Paulus: “And we know that in all things God works for the good of those who love him, who[a] have been called according to his purpose” (Romans 8,28)

6. Conclusion

While our article confirms the positive effect of faith and optimism and seems to be consistent with a considerable amount of previous research, our hope is to inspire other scholars to invest in more research on this topic. As seen above, there are many researches suggesting that stronger faith is related to better outcomes in physical and mental health and psychological adjustment (see also: Snyder, 2002). Development of knowledge related to the role of faith in stressful life events will provide better insight to optimize therapy methods.

The purpose of this integrative review was to synthesize current knowledge and theory about the

role of faith and optimism in the health and well-being of distressed people. Although faith and optimism share some similarities, certain distinctions exist between the both concepts. Psychologists and other mental health providers can enhance, maintain and instil faith and optimism in their patients who go through critical life events.

References:

1. The Bible (2011), Biblica, New International Version, retrieved from: <https://www.biblegateway.com/passage/?search=Romans+8%3A28> on 16. June 2016
2. Bryan, C.J., Ray-Sannerud, B.N., Morrow, C.E., Etienne, N. (2013). Optimism reduces suicidal ideation and weakens the effect of hopelessness among military personnel. *Cogn.Ther.Res.* 37, 996 e 1003.
3. Cantrell, M. A., & Lupinacci, P. (2004). A predictive model of hopefulness for adolescents. *Journal of Adolescent Health*, 35, 478–485. <http://dx.doi.org/10.1016/j.jadohealth.2004.02.011>.
4. Carver, C., Scheier, M. (1989). Assessing coping strategies: A theoretically based approach, *Journal of personality and social psychology*, 56, 2.
5. Carver, C. S., (2001), Depression, hopelessness, optimism and health. In N. J. Smelser & P. B. Baltes (Eds.), *The international encyclopedia of the social and behavioral sciences*. Oxford, England: Elsevier.
6. Carver, C. S., & Scheier, M. F. (2014). Dispositional optimism. *Trends in Cognitive Sciences*, 18, 293–299. <http://dx.doi.org/10.1016/j.tics.2014.02.003>.
7. Chang, E.C., Yu, E.A., Lee, J.Y., Hirsch, J.K., Kupfermann, Y., Kahle, E.R. (2013). An examination of optimism/pessimism and suicide risk in primary care patients: does belief in a changeable future make a difference? *Cogn.Ther.Res.* 37, 796 e 804.
8. Collins Dictionary online: <http://www.collinsdictionary.com/dictionary/english/optimism>, last visited on: 16.June 2016
9. Dyess S. M.. (2011). Faith: a concept analysis. *Journal of Advanced Nursing* 67(12), 2723–2731. doi: 10.1111/j.1365-2648.2011.05734.x
10. Edward K., Welch A. & Chater K. (2009). The phenomenon of resilience as described by adults who have experienced mental illness. *Journal of Advanced Nursing* 65(3), 587–595.
11. Fichter, J. H. (1981). *Religion and pain: The spiritual dimensions of health care*. New York: Crossroad Press, p. 61
12. Folkman S., Lazarus R. (1988). The relationship between coping and emotion. *Social science and medicine*, 26.
13. Folkman, S. (2010). Stress, coping, and hope. *Psycho-Oncology*, 19, 901–908.
14. Fowler J. (1996). *Faithful Change; the Personal and Public Challenges of Postmodern Life*. Abingdon Press, Nashville.
15. Gillard, M., & Paton, D. (1999). Disaster stress following a hurricane: The role of religious differences in the Fijian Islands. *The Australasian Journal of Disaster and Trauma Studies*, (Internet publication: <http://www.massey.ac.nz/~trauma/issues/1999-2/gillard.htm>).
16. Grevenstein, D., Aguilar-Raab, C., Schweitzer, J., Bluemke, M. (2016) Through the tunnel, to the light: Why sense of coherence covers and exceeds resilience, optimism, and self-compassion, *Personality and Individual Differences* 98 (2016) 208–217, retrieved from: <http://www.journals.elsevier.com/personality-and-individual-differences>
17. Hartrick G.A. (2002). Beyond the polarities of knowledge: the pragmatics of faith. *Nursing Philosophy* 3, 27–34.
18. Hobfoll, S.E. (in press). The influence of culture, community, and the nested-self in the stress process: Advancing conservation of resources theory. In N. J. Smelser & P. B. Baltes (Eds.), *The*

international encyclopedia of the social and behavioral sciences. Oxford, England: Elsevier.

19. Jevne, R. (1993). Enhancing hope in the chronically ill. *Humane Medicine*, 9(2), 121–130.
20. Lazarus, R. S. (1981) The stress and coping paradigm. In *Models for Clinical Psychopathology*, ed. C. Eisdorfer, D. Cohen, A. Kleinman, P. Maxim, pp. 177-214. New York: Spectrum.
21. Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer.
22. Meisenhelder J. & Cassem E. (2009). Terrorism, posttraumatic stress, coping and mental health. *Journal of Spirituality and Mental Health* 11(3), 218–230.
23. Merriam-Webster Dictionary, available on: <http://www.merriam-webster.com/dictionary/faith>, last visited on 27 May 2016.
24. Mok E., Wong F. & Wong D. (2010). The meaning of spirituality and spiritual care among the Hong Kong Chinese terminally ill. *Journal of Advanced Nursing* 66(2), 360–370.
25. Pattison, G. (2016). Hope, *Political Theology*, 17:2, 199-205, DOI: 10.1080/1462317X.2016.1161305.
26. Schwarzer R., Schulz U. (2001). The role of stressful life events, retrieved on 31. May from: <http://userpage.fu-berlin.de/health/materials/lifeevents.pdf>
27. Selye, H. (1956). *The stress of life*. New York: McGraw-Hill.
28. Snyder, C. R. (2002). Hope theory: Rainbows in the mind. *Psychological Inquiry*, 13, 249–275.
29. Stoeva, T. (2003). *Cognitive appraisal and anxiety*, Propeller, Sofia (BG)
30. Stoykova, Zh. (2011). *Psychological counselling – theories, models and practices*. Trakia University, Media-systems, Stara Zagora, ISBN 978-954-314-064-0, p. 121
31. Stoyles, G., Chadwick, A., & Caputi, P. (2015). Purpose in life and well-being: The relationship between purpose in life, hope, coping, and inward sensitivity among first-year university students. *Journal of Spirituality in Mental Health*, 17, 119–134. <http://dx.doi.org/10.1080/19349637.2015.985558>.