

Conceptualizing Resilience: A Process-Oriented Approach

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Resilience is the capacity of a system to recover from adversity and maintain or restore its functioning. This process-oriented approach to resilience focuses on the dynamic interactions between individual, community, and environmental factors that influence a system's ability to withstand and bounce back from stressors. Key components of resilience include exposure to adversity, the presence of protective factors, and the activation of coping mechanisms. This approach emphasizes the role of social support, community resources, and individual strengths in fostering resilience. Research has shown that resilience is not a fixed trait but a process that can be cultivated through various interventions and policies. Understanding the underlying mechanisms of resilience can help inform the development of effective strategies to support individuals and communities in the face of adversity.

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Theoretical Perspectives on Stress and Coping

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Table 4. Correlation among main study variables

	1	2	3	4	5	6	7	8	9	10	11
1. Awar	1.00										
2. Gender	-.11	1.00									
3. Koro	.09	-.09	1.00								
4. Rape	.03	.45	.14	1.00							
5. Death	-.03	.06	.05	.10	1.00						
6. Avoidance	.11	-.12	-.02	-.01	.01	1.00					
7. Approach	.06	-.09	-.09	-.10	-.14	-.22	1.00				
8. ITR	-.05	.0001	.16	.04	.18	-.01	-.36	1.00			
9. ETR	-.01	-.07	.21	-.04	.01	-.10	-.03	.40	1.00		
10. AAT	.15	-.22	-.08	-.11	.007	.34	-.15	.07	-.09	1.00	
11. PTSD	-.01	.03	.24	.07	.18	.06	-.41	.61	.25	.01	1.00

1.61, $p = .04$), and approach coping (b = 1.30, $p = .08$).

Gender, age, and mental health. The effect of age on PTSD symptoms was not significant ($b = 0.02$, $p = .88$). Gender was a significant predictor of PTSD symptoms ($b = 2.07$, $p = .03$). Rape and death were significant predictors of PTSD symptoms ($b = 0.28$, $p = .006$).

Coping and mental health. Avoidance coping was a significant predictor of PTSD symptoms ($b = 0.28$, $p = .006$).

approach coping (b = 0.73, $p < .001$). It also predicted PTSD symptoms (b = 0.20, $p = .06$), and ETR (b = 0.20, $p = .08$). Avoidance coping was a significant predictor of PTSD symptoms (b = 1.47, $p < .001$), and PTSD symptoms (b = 0.75, $p = .005$), and PTSD symptoms (b = 2.01, $p < .001$).

Mediation through approach and avoidance coping

The effect of PTSD symptoms on PTSD symptoms was not significant (Tab 6). Women were more likely to use avoidance coping than men.

Table 5. Estimated regression models predicting Wave 3 mental health outcomes from baseline war exposures, gender, age, and coping with autoregressive controls

	ITR B (SE)	ETR B (SE)	AAT/Proca B (SE)	PTSD B (SE)
Koro	1.41* (0.69)	1.60** (0.53)	-1.45 (0.78)	3.17*** (0.82)
War	-0.72 (1.06)	-0.51 (0.74)	-0.24 (1.03)	-0.36 (1.16)
Par	1.30 (0.73)	0.13 (0.54)	0.86 (0.71)	1.61* (0.75)
Fa	-1.05 (0.89)	-0.45 (0.64)	-2.07* (0.87)	0.02 (0.90)
A at T 3	-0.11 (0.09)	0.01 (0.07)	0.28** (0.10)	-0.03 (0.10)
ITR at T 1	0.10 (0.06)	0.03 (0.03)	0.05 (0.06)	0.08 (0.06)
ETR at T 1	-0.02 (0.09)	0.09 (0.06)	-0.13 (0.10)	-0.01 (0.10)
ETR at T 2	0.00 (0.09)	0.07 (0.06)	0.04 (0.09)	0.02 (0.10)
AAT at T 1	-0.09 (0.05)	0.07 (0.04)	0.08 (0.06)	0.02 (0.06)
AAT at T 2	0.05 (0.05)	-0.04 (0.03)	0.11* (0.05)	-0.02 (0.06)
PTSD at T 2	-0.07 (0.89)	-0.01 (0.04)	0.07 (0.06)	-0.10 (0.08)
Avoidance	-0.20 (0.11)	-0.20 (0.10)	0.73*** (0.13)	-0.05 (0.14)
Approach	-1.47*** (0.23)	-0.12 (0.18)	-0.75** (0.26)	-2.01*** (0.25)

Note: Coefficient, standard error for each predictor; SE, standard error for each predictor. $p \leq .1$. * $p \leq .05$. ** $p \leq .01$. *** $p \leq .001$.

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