

# 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 adapt and thrive in the face of challenges. This approach emphasizes the role of protective factors and the importance of fostering resilience through supportive environments and interventions.

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Individual resilience is the capacity of an individual to recover from adversity and maintain or restore their functioning. This approach to resilience focuses on the dynamic interactions between individual, community, and environmental factors that influence an individual's ability to adapt and thrive in the face of challenges. This approach emphasizes the role of protective factors and the importance of fostering resilience through supportive environments and interventions.

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Table 4. Correlation among main study variables

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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. Approach	.11	-.12	-.02	-.01	.01	1.00					
7. Avoidance	.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 ( $b = 0.02$ ,  $p = .87$ ). Gender was a significant predictor of PTSD symptoms ( $b = 2.07$ ,  $p = .03$ ). Rape, death, and PTSD symptoms were significant predictors of PTSD symptoms ( $b = 2.07$ ,  $p = .03$ ). Rape, death, and PTSD symptoms were significant predictors of PTSD symptoms ( $b = 2.07$ ,  $p = .03$ ).

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

avoidance coping (b = 0.73,  $p < .001$ ). It also predicted PTSD symptoms (b = 0.20,  $p = .06$ ), and PTSD symptoms (b = 0.20,  $p = .08$ ). Approach 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). PTSD symptoms were significant predictors of PTSD symptoms.

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)
Approach	-0.20 (0.11)	-0.20 (0.10)	0.73*** (0.13)	-0.05 (0.14)
Avoidance	-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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