

Conceptualizing Resilience: A Process-Oriented Approach

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Conceptualizing resilience in the context of the African American community, we propose a process-oriented approach to resilience that focuses on the dynamic interplay of individual, family, and community factors. This approach is grounded in the understanding that resilience is not a static trait but a process that evolves over time and across contexts. We argue that resilience is a multifaceted phenomenon that involves the ability to adapt to and recover from adversity. This process is influenced by a variety of factors, including individual characteristics, family processes, and community resources. We discuss the implications of this approach for research and practice, and we provide a conceptual model of resilience that highlights the role of these various factors. This model suggests that resilience is a dynamic process that is shaped by the interaction of individual, family, and community factors. We argue that this process-oriented approach to resilience is more useful than traditional trait-based models because it allows us to understand how resilience is developed and maintained over time and across contexts. We discuss the implications of this approach for research and practice, and we provide a conceptual model of resilience that highlights the role of these various factors. This model suggests that resilience is a dynamic process that is shaped by the interaction of individual, family, and community factors. We argue that this process-oriented approach to resilience is more useful than traditional trait-based models because it allows us to understand how resilience is developed and maintained over time and across contexts.

Conceptualizing Resilience: A Process-Oriented Approach

Individuals who are resilient are able to adapt to and recover from adversity. This process is influenced by a variety of factors, including individual characteristics, family processes, and community resources. We discuss the implications of this approach for research and practice, and we provide a conceptual model of resilience that highlights the role of these various factors. This model suggests that resilience is a dynamic process that is shaped by the interaction of individual, family, and community factors. We argue that this process-oriented approach to resilience is more useful than traditional trait-based models because it allows us to understand how resilience is developed and maintained over time and across contexts.

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

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

Mediation through approach and avoidance coping

The effect of PTSD symptoms 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, death, and PTSD symptoms were significant predictors of PTSD symptoms ($b = 2.07$, $p = .03$).

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, and p-value for each predictor; SE, standard error; ITR, internalizing trauma; ETR, externalizing trauma; AAT, approach coping; PTSD, post-traumatic stress disorder. * $p < .05$. ** $p < .01$. *** $p < .001$.

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References

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