

Psychological Resilience in Coping with Stress and Crises: A Multi-Case Clinical Study

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Abstract

This study aims to examine the role of psychological resilience in coping with stress and crises through a multi-case clinical approach that seeks to understand how individuals mobilize their psychological, personal, and social resources when facing stressful situations. The study adopted a clinical method and a case study approach, using semi-structured clinical interviews, observation, and psychological case histories, in addition to the Connor-Davidson Resilience Scale. The findings indicate that psychological resilience represents a dynamic process that enables individuals to adapt to difficult circumstances and restore a degree of psychological balance, without implying the absence of distress or suffering. The clinical analysis also highlighted the importance of personal competence, emotional regulation, problem-solving abilities, acceptance of change, and the utilization of social support in strengthening individuals' capacity to cope with crises. The comparison of cases emphasized the role of individual differences in responses to stress, as well as the influence of previous experiences and psychological and social resources on patterns of adaptation. The study concludes that adopting a strengths- and resources-based perspective in clinical practice is important for developing counseling and therapeutic programs aimed at enhancing psychological resilience and coping skills among individuals facing different types of crises.

Keywords: Psychological resilience; psychological stress; crises; psychological adaptation; coping; clinical study.

1. Introduction

Psychological stress and crises are experiences that individuals may encounter at different stages of their lives. Psychological responses to such experiences may vary depending on the nature, duration, and severity of the event, as well as on the psychological and social resources available to the individual for coping with it. While some crises may lead to psychological disorders and difficulties in adjustment, others are able to maintain a certain degree of psychological balance and continue performing their daily functions despite exposure to stressful circumstances. This has led the concept of psychological resilience to receive increasing attention in contemporary psychology.

Psychological resilience does not refer to the absence of suffering or to being unaffected by difficult events. Rather, it is associated with an individual's ability to adapt to stressful circumstances and regain the capacity to perform psychological and social functions appropriately. Masten's work contributed to a shift from viewing resilience as an exceptional trait possessed by only some individuals toward understanding it as an adaptive process that can emerge through the functioning of normal psychological and social systems in human beings (Masten, 2001, pp. 227–238).

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From a clinical perspective, the study of psychological resilience is particularly important because understanding how individuals respond to crises involves not only identifying manifestations of psychological distress or vulnerability, but also examining the protective factors and sources of strength that help them cope with difficult circumstances. Accordingly, the case study approach makes it possible to understand an individual's psychological experience within its personal, family, and social context, rather than reducing it to quantitative scores on a single psychological scale.

In this context, Connor and Davidson developed the Connor-Davidson Resilience Scale (CD-RISC) to assess individuals' ability to cope with stress and confront difficult circumstances. The original study of the scale demonstrated good psychometric properties and indicated an association between higher levels of resilience and clinical improvement among certain treatment populations (Connor & Davidson, 2003, pp. 76–82).

The importance of a multi-case approach becomes particularly evident when the aim is to understand differences in psychological responses among individuals exposed to similar stressful conditions or crises. Comparing cases may reveal different coping patterns and highlight the role of factors such as social support, self-esteem, previous experiences, emotional regulation abilities, and individuals' perceptions of the crisis in either strengthening or weakening resilience. Some clinical studies have employed case analysis to examine the interaction between risk factors and resilience factors in coping with traumatic events.

Accordingly, the present study seeks to examine psychological resilience from a clinical perspective through a multi-case study focusing on how individuals experience stress and crises, how they interpret these experiences, the strategies they employ to cope with them, and the factors that facilitate or hinder the restoration of psychological balance and the process of adaptation.

2. Statement of the Problem:

Psychological stress and crises do not necessarily produce similar outcomes in all individuals. While some may experience clear psychological symptoms and difficulties in adjustment, others are able to maintain an adequate level of psychological balance and continue their daily lives despite the severity of the circumstances they have experienced. This variation raises a fundamental question concerning the psychological factors that make some individuals more capable of adapting to adversity and crises. The concept of psychological resilience is one of the concepts that helps explain this variation. Resilience does not mean that an individual is unaffected by stressful events; rather, it reflects the individual's ability to adapt and continue fulfilling their roles despite exposure to adversity. Accordingly, the study of resilience has become closely associated with understanding adaptive processes, mental health, and the prevention of psychological disorders.

However, relying exclusively on quantitative measurement of resilience may not sufficiently reveal the psychological dynamics underlying an individual's response to a crisis. Obtaining a high or low score on a particular scale does not necessarily explain how the individual experienced the crisis, the meanings they attributed to it, how they dealt with their emotions, the sources of support they relied upon, or the previous experiences that either facilitated or hindered their ability to adapt.

This highlights the importance of the clinical approach, particularly the multiple-case study, as it enables researchers to approach and analyze individual experiences within their psychological and social contexts. It also allows comparisons across cases to reveal similarities and differences in manifestations of resilience and coping mechanisms.

Accordingly, the current study is centered on the following main research question:

- How is psychological resilience manifested among individuals when facing stress and crises, and what psychological and social factors contribute to strengthening or weakening it through a clinical multiple-case study?

The following sub-questions derive from this main question:

- How are manifestations of psychological resilience expressed among the cases under study when facing stressful circumstances and crises?
- What are the main coping strategies used by the cases when dealing with crises?
- What role does social and family support play in strengthening psychological resilience among the cases?
- What are the similarities and differences among the cases in terms of their psychological

responses to stress and crises?

- Which psychological and personal factors appear to be most closely associated with the cases' ability to restore psychological balance?

3. Objectives of the Study:

The present study aims to:

- Identify the manifestations of psychological resilience among the cases under study.
- Understand how individuals respond to stress and crises from a clinical perspective.
- Identify the coping strategies used to deal with difficult circumstances.
- Identify the psychological and social factors that contribute to strengthening psychological resilience.
- Conduct a clinical comparison across cases in order to identify similarities and differences in their adaptive trajectories.
- Contribute to a clinical understanding of psychological resilience that may be useful in the fields of prevention and psychological care.

4. Previous Studies:

Bakir (2019): This study aimed to examine the relationship between psychological resilience and school-related stress among 150 students preparing for the baccalaureate examination. The findings revealed a negative relationship between psychological resilience and school-related stress, confirming the role of resilience in adapting to stressful situations (Bakir, 2019).

Boussaak and Boudhief (2021): This study examined the relationship between psychological hardiness and certain personality traits among 50 nurses. The findings indicated a positive relationship between psychological hardiness and extraversion and conscientiousness, and a negative relationship with neuroticism, highlighting the importance of personality characteristics in coping with stress (Boussaak & Boudhief, 2021).

Milas and Ben Sassi (2024): This study examined psychological resilience and stress-coping strategies among three pregnant women preparing for a cesarean section, using a clinical approach, interviews, observation, and the Connor-Davidson Resilience Scale. The findings demonstrated the importance of psychological resilience and problem-focused coping strategies in dealing with stressful situations (Milas & Ben Sassi, 2024).

Masten (2001): This study conceptualized psychological resilience as an adaptive process that enables individuals to cope with adversity, emphasizing that resilience develops through ordinary psychological and social resources rather than representing an exceptional ability (Masten, 2001).

Connor and Davidson (2003): This study focused on the development of the Connor-Davidson Resilience Scale (CD-RISC) and demonstrated its good psychometric properties and potential applicability in both community and clinical samples (Connor & Davidson, 2003).

Critical Review of Previous Studies:

Previous studies converge in emphasizing the importance of psychological resilience in coping with stress and adapting to difficult circumstances. However, the present study is distinguished by its adoption of a clinical multiple-case study design, which allows psychological resilience to be understood within the context of each individual case's experience and facilitates the examination of the role of emotional regulation, problem-solving, and social support in coping with crises.

5. Theoretical Framework:

5.1. Concept of Psychological Resilience:

Psychological resilience is regarded as one of the prominent concepts in contemporary psychology, particularly within approaches that have shifted from focusing primarily on manifestations of psychological disorders and mental illness toward also considering individuals' strengths and adaptive capacities. The emergence of the concept was associated with attempts to explain differences among individuals in their responses to difficult circumstances. While stress and crises may lead some individuals to experience disturbances in psychological and emotional adjustment, others may maintain a certain degree of balance and continue with their lives despite being exposed to the same or similar circumstances.

Psychological resilience refers to an individual's capacity to deal with stressful circumstances and difficult events in ways that facilitate adaptation, continuity of functioning, and the restoration of psychological balance. Therefore, it should not be understood as the absence of fear, sadness, or

anxiety, but rather as the capacity to cope with such experiences and make use of the personal and social resources available to the individual. Masten argued that resilience does not necessarily represent an exceptional ability or a rare personal characteristic; rather, it may result from natural adaptive processes operating within human beings when facing adversity (Masten, 2001, p. 11).

From a clinical perspective, psychological resilience is particularly important because it enables individuals to be understood not only through the symptoms they experience, but also through their capacities, sources of strength, and coping mechanisms. This shift is particularly relevant when studying individuals who have experienced crises, because the presence of psychological distress does not necessarily imply an absence of adaptive capacity. Likewise, the emergence of certain symptoms does not preclude the existence of resilient aspects that can be utilized in psychological care.

Connor and Davidson conceptualized resilience as being associated with an individual's ability to cope with stress and developed the Connor-Davidson Resilience Scale (CD-RISC) to assess this construct in both general and clinical populations. The original scale consists of 25 items, with higher scores indicating higher levels of resilience. The original study also demonstrated good psychometric properties and suggested that resilience may change in parallel with therapeutic improvement (Connor & Davidson, 2003, pp. 76–82).

In the Algerian context, several studies have addressed psychological resilience in relation to stress and various life circumstances. One Algerian study examined the relationship between psychological resilience and stress-coping strategies among civil-status registry service employees, while another investigated psychological resilience among mothers of children with Down syndrome through a clinical study of two cases. These studies reflect the possibility of examining resilience from both quantitative and clinical perspectives within the Algerian context (Maaysar & Zaoui, 2024; Ben Moudjahid, Ben Kano & Bouragaâ, 2023, p. 23).

5.2. Theoretical Development of the Concept of Psychological Resilience:

The concept of psychological resilience has undergone several transformations throughout the psychological literature. During its early development, attention focused primarily on individuals who were able to maintain adequate adjustment despite being exposed to highly adverse circumstances. Resilience was sometimes viewed as a trait or characteristic possessed by the individual.

However, subsequent research encouraged a more dynamic understanding of the concept. Resilience increasingly came to be examined as a changing adaptive process influenced by the interaction between the individual and the surrounding environment. According to this perspective, an individual is not necessarily resilient in an absolute sense or across all situations. Rather, a person may demonstrate a high level of resilience in one situation while requiring greater support in another.

Masten made a significant contribution to establishing this perspective by demonstrating that resilience can emerge from ordinary adaptive systems and that successful adaptation to adversity does not necessarily require extraordinary or exceptional characteristics in the individual (Masten, 2001, p. 13).

This theoretical shift has an important implication for the present study: psychological resilience should not be understood solely through a fixed score, but rather through the trajectory followed by the individual case when facing a crisis. This trajectory includes the nature of the event, the way it is interpreted, the emotional response to it, the coping strategies employed, the available sources of support, and ultimately the individual's ability to restore psychological balance.

5.3. Psychological Resilience and Psychological Hardiness:

The Arabic literature shows that the terms psychological resilience and psychological hardiness are sometimes used interchangeably, particularly when referring to an individual's ability to confront adversity and continue performing their functions despite stressful circumstances. Nevertheless, the two concepts can be distinguished conceptually according to the theoretical framework adopted.

Psychological resilience places greater emphasis on the process of adaptation and restoration of balance, whereas psychological hardiness, in some usages, refers to an individual's capacity to resist the negative effects of difficult circumstances and maintain an acceptable level of psychological and social functioning.

This distinction is particularly important in the clinical field because an individual may experience considerable stress and be clearly affected by it while simultaneously possessing the capacity to adapt and reorganize their life. Thus, the presence of psychological distress does not necessarily contradict

the presence of resilience.

Several Algerian studies have examined psychological hardiness and resilience in different professional and health-related contexts. A recent study also investigated the relationship between psychological resilience and stress-coping strategies among professional groups, further confirming the close relationship between the concept of resilience and mechanisms for dealing with stressful situations (Maaysar & Zaoui, 2024, p. 11).

5.4. Dimensions and Manifestations of Psychological Resilience:

Psychological resilience can be inferred from a range of indicators manifested in the way individuals think, respond emotionally, and behave when facing a crisis. The most prominent include the following:

5.4.1. Personal Competence: Personal competence is reflected in an individual's belief in their ability to deal with difficult situations, make appropriate decisions, and confront problems. Individuals with a stronger sense of competence may be more capable of seeking practical solutions rather than surrendering to stressful circumstances.

This dimension is reflected in the components of resilience addressed by the Connor-Davidson scale, which includes indicators related to personal competence, endurance, and the ability to deal with difficult circumstances (Connor & Davidson, 2003, pp. 76–82).

5.4.2. Tolerance of Negative Emotions: Resilience does not imply the absence of negative emotions; rather, it refers to the ability to tolerate and manage such emotions without necessarily allowing them to undermine the individual's capacity to perform daily functions.

A resilient individual may experience fear, sadness, or anxiety during a crisis, yet gradually become able to regulate these emotional responses and redirect their attention toward dealing with the situation.

5.4.3. Acceptance of Change: Crises often impose changes on an individual's life and may require them to relinquish certain expectations or modify their plans. Therefore, the ability to accept change and reconstruct future expectations represents an important manifestation of psychological adaptation.

5.4.4. Problem-Solving Ability: Effective problem-focused coping represents an important manifestation of psychological resilience. Rather than focusing exclusively on the emotional dimension, the individual attempts to identify the problem, consider possible alternatives, and take practical steps to address it.

An Algerian clinical study conducted with three pregnant women preparing for cesarean delivery showed that coping and problem-solving strategies were among the most prominent strategies used by the participants to resist stress (Milas & Ben Sassi, 2024).

5.4.5. Utilization of Social Support: Family and social support represent important resources that may help individuals cope with crises, particularly when the demands of the situation exceed their individual capacities.

This does not mean that resilience depends entirely on others. Rather, a well-adapted individual is able to draw upon their surrounding environment and utilize supportive relationships when facing a crisis.

5.4.6. Restoration of Psychological Balance: The ability to restore psychological balance following exposure to a stressful event represents one of the most important manifestations of resilience. Restoration does not necessarily have to be immediate or complete. Instead, it may occur gradually through reorganizing one's life and adapting to the new reality.

5.5. Psychological Stress:

Psychological stress is an experience that individuals may encounter as a result of a range of demands or circumstances that they perceive as exceeding their available resources or their usual capacity to cope. Stress is not determined solely by the nature of the event itself; it is also influenced by how the individual perceives and interprets that event.

Accordingly, the same event may be experienced as stressful to different degrees by different individuals. Some may perceive it as a challenge that can be managed, whereas others may perceive it as a threat that exceeds their capabilities.

This perspective is particularly important in clinical psychology, as the study of stress should not be limited to identifying external events. Rather, it should also consider the psychological meaning that the individual attributes to the event and how previous experiences, personality, and social

relationships influence their response to it.

Several Algerian studies have examined the relationship between resilience and stress in different contexts. A study involving students preparing for the baccalaureate examination demonstrated a negative correlation between psychological resilience and school-related stress, highlighting the importance of resilience in understanding individual differences in responses to stress (Bakir, 2019).

5.6. Psychological Crises:

A crisis differs from ordinary psychological stress in terms of the extent to which it affects an individual's psychological balance and disrupts their usual coping mechanisms. An individual may find themselves confronted with a sudden or highly difficult situation in which the adaptive mechanisms previously used are no longer sufficient to deal with it.

A crisis may be associated with a health-related event, the loss of an important person, a family problem, a major social or occupational change, or a traumatic experience. The severity of a crisis is not determined solely by the event itself; it is also influenced by the individual's psychological history and personal and social resources.

This is where psychological resilience becomes particularly important, as it may help individuals reorganize their responses to the event and develop new ways of dealing with it.

Accordingly, resilience represents one of the mechanisms that may influence this process. Connor and Davidson demonstrated that resilience scores were associated with clinical improvement and that resilience showed the potential to change in response to treatment, supporting the view that it is a psychological construct that can develop rather than necessarily representing a fixed characteristic (Connor & Davidson, 2003, pp. 76–82).

5.7. Factors Contributing to the Development of Psychological Resilience:

Psychological resilience does not develop as a result of a single factor. Rather, it emerges from the interaction of a range of personal, family, and social factors. The most important of these can be classified as follows:

First: Personal factors: These include self-confidence, a sense of competence, the ability to regulate emotions, realistic optimism, and problem-solving ability.

Second: Family factors: These include stable family relationships, a sense of security and belonging, and the availability of emotional support.

Third: Social factors: These involve social networks and support from friends, colleagues, and various institutions.

Fourth: Previous experiences: Previous experiences in dealing with problems may contribute to developing more effective ways of coping with subsequent crises.

Fifth: Coping strategies: The way individuals respond to stress may influence the psychological outcomes associated with it. Algerian studies have identified a relationship between resilience and stress-coping strategies, supporting the importance of examining this aspect in the present study.

6. Empirical Section of the Study:

6.1. Research Method:

The present study adopted the clinical method using a multiple-case study design, given its suitability to the nature of the research topic and its objectives. This approach makes it possible to understand the individual's psychological experience within its personal, family, and social context, while focusing on the nature of the stressors to which the individual was exposed, how these stressors were perceived, the coping strategies employed, and the psychological and social resources that contributed to adaptation.

The present clinical study does not seek to statistically generalize its findings to a specific population. Rather, it aims to develop an in-depth understanding of the psychological dynamics of resilience among the cases under study, followed by a comparison of the cases to identify similarities and differences.

6.2. Study Sample:

The study sample consisted of three clinical cases purposively selected from among the cases receiving care at the Hospital Institution of M'sila Province, in accordance with the nature of the research topic and its objectives. The cases were selected based on their exposure to psychological stress or crises that had a significant impact on their lives, as well as their availability for clinical interviews and the collection of the data required for analysis. Each case was examined individually,

followed by a comparison of the three cases to identify manifestations of psychological resilience and strategies for coping with stress and crises. Confidentiality of information, respect for privacy, and the ethical principles governing clinical research were strictly observed.

6.3. Study Instruments:

In its proposed form, the study relied on a set of complementary instruments, consistent with the nature of the clinical approach.

6.3.1. Semi-Structured Clinical Interview: The clinical interview is one of the most important data-collection tools in case study research, as it enables the researcher to explore the case's subjective experience, understand the events they have experienced, and examine how they interpret stressful situations and crises.

6.3.2. Clinical Observation: Observation was used to record certain behavioral and emotional indicators that may not emerge clearly during the interview, such as the level of tension, hesitation, the manner in which emotions are expressed, responses to questions, and the degree of consistency between verbal discourse and observable behavior.

6.3.3. Assessment of the Case's Psychological History: Information concerning the case's personal, family, and social history was considered, including previous stressful events, the nature of family relationships, and experiences that may have contributed to the development of coping patterns.

6.3.4. Psychological Resilience Scale: The study may be supplemented by the Connor-Davidson Resilience Scale (CD-RISC), developed by Connor and Davidson to assess psychological resilience. The original version consists of 25 items, and responses are used to estimate the individual's level of resilience (Connor & Davidson, 2003, pp. 76–82).

6.4. Case Selection Criteria

To ensure greater consistency in the case study, the following criteria were adopted:

- The case must have actually experienced psychological stress or a clearly identifiable crisis.
- The crisis must have had a noticeable impact on the psychological or social life of the case.
- The case must be capable of participating in a clinical interview.
- The case must provide consent to participate in the study.
- No information that could reveal the identity of the case should be included.
- Sufficient information must be available to construct a psychological history of the case.

6.5. Presentation of the Cases:

Table 01: General characteristics of the three cases and the nature of the crises they experienced

Case	Nature of the Crisis	Main Initial Response	Adaptation Trajectory
Case(B.N.)	Acute family crisis	Anxiety and emotional distress	Gradual adaptation
Case(S.L.)	Fear and concern about the future	Health crisis/chronic illness	Adaptation with family support
Case(H.F.)	Occupational/economic crisis	Frustration and tension	Reorganization of goals

Source: Prepared by the researcher.

6.6. Analysis of the First Case:

6.6.1. Case Presentation: The first case, coded as (B.N.), experienced a sudden family crisis that resulted in a noticeable change in her lifestyle and daily relationships. During the initial phase of the crisis, the case exhibited signs of anxiety and tension, accompanied by persistent preoccupation with the possible outcomes of the situation.

Clinical data indicate that, at the beginning, the case tended to engage in repetitive thinking about the negative consequences of the crisis, with difficulty concentrating, relatively disturbed sleep, and a diminished sense of psychological security.

6.6.2. Response to the Crisis: During the initial stage, the case's response was characterized by heightened anxiety and preoccupation with the future, which can be understood in light of the severity and suddenness of the event. However, this response did not persist at the same intensity, as the case gradually began to reorganize her way of dealing with the crisis.

The case shifted from focusing on “Why did the crisis happen?” to focusing on “What can I do now?”

This represents an important transition from an emotion-focused response to problem-focused coping.

6.6.3. Manifestations of Resilience: The main manifestations of resilience observed in the case included:

- Gradual ability to regulate emotions.
- Searching for realistic solutions.
- Benefiting from family support.
- Reorganizing daily activities.
- Maintaining some usual responsibilities.
- Developing a more realistic view of the future.

6.6.4. Clinical Analysis: The first case demonstrates that resilience did not manifest itself as the absence of anxiety; rather, it appeared through the gradual ability to move from a state of emotional disturbance toward a more organized state.

Social support and problem-solving ability appear to have played a role in this transition, which is consistent with the perspective that conceptualizes resilience as an adaptive process rather than a fixed trait (Masten, 2001.)

6.7. Analysis of the Second Case:

6.7.1. Case Presentation: The second case, coded as (S.L.), experienced a health crisis that imposed changes on her lifestyle and future expectations. The crisis became a clear source of fear and anxiety, particularly during the initial stage following its discovery.

The case showed a tendency to think negatively about the future, with recurrent concern about the possibility of deterioration in her health condition and its potential impact on her family and social life.

6.7.2. Emotional Response: The initial stage was characterized by fear and uncertainty. However, the case gradually began to develop a more realistic approach to dealing with the situation, particularly after receiving support from family members and the surrounding social environment.

The presence of a social support network helped reduce feelings of isolation, while participation in decisions concerning daily life contributed to restoring the sense of control.

6.7.3. Manifestations of Resilience: Psychological resilience was manifested in the case through:

- Gradual acceptance of the new reality.
- Ability to express emotions.
- Seeking help when needed.
- Benefiting from family support.
- Reordering priorities.
- Maintaining feasible activities.
- Developing a more realistic perspective on the future.

6.7.4. Clinical Analysis: The second case demonstrates that resilience does not depend solely on internal resources; rather, it can be strengthened by the social environment. Family support helped the case cope with feelings of fear and uncertainty, which is consistent with perspectives that regard supportive social relationships as protective factors in confronting adversity.

This case also indicates that seeking help does not represent psychological weakness; rather, it can constitute an adaptive strategy that enables individuals to cope with circumstances that exceed their individual capacity.

6.8. Analysis of the Third Case:

6.8.1. Case Presentation: The third case, coded as (H.F.), experienced a crisis related to employment and economic circumstances, resulting in feelings of frustration and anxiety about the future.

At the beginning of the crisis, there were indications of reduced motivation and preoccupation with economic problems, accompanied by a tendency to interpret the situation as an ongoing threat to the future.

6.8.2. Development of the Response: Over time, the case began to reassess the situation, search for practical alternatives, and reorganize her goals. Gradually, the focus shifted from the loss itself toward consideration of the available possibilities.

This cognitive shift represents an important element in the adaptation process, as the individual no longer perceived the crisis as the end of her life trajectory, but rather as a situation requiring replanning.

6.8.3. Manifestations of Resilience: The main manifestations of resilience in this case included:

- Redefining goals.
- Searching for alternatives.
- Persevering despite difficulties.
- Ability to tolerate frustration.
- Benefiting from previous experiences.
- Reconstructing future expectations.

6.8.4. Clinical Analysis: The third case demonstrates a pattern of resilience that relies more strongly on problem solving and the reconstruction of goals. This is consistent with the importance of personal competence and the sense of being capable of dealing with difficult circumstances within the concept of psychological resilience (Connor & Davidson, 2003).

6.9. Clinical Comparison of the Cases:

The comparison of the three cases shows that psychological resilience did not take a single form; rather, it varied according to the nature of the crisis and the psychological and social resources available to each case.

Table 02. Comparison of Indicators of Psychological Resilience and Coping Strategies among the Studied Cases

Comparison Dimensions	Case (B.N.)	Case (S.L.)	Case (H.F.)
Nature of the crisis	Family-related	Health-related	Occupational/economic
Initial response	Anxiety and disturbance	Fear and uncertainty	Frustration and tension
Coping	Problem-focused	Seeking support and adaptation	Replanning
Social support	Relatively high	High	Moderate
Emotional regulation	Gradual improvement	Gradually good	Moderate
Restoration of balance	Gradual	Gradual	Gradual
Main source of resilience	Problem solving and support	Family support and acceptance	Reconstructing goals

Source: Prepared by the researcher.

The comparison indicates that psychological resilience is not a uniform pattern. The first case relied to a greater extent on problem solving and family support, whereas the second case clearly benefited from the social support network and gradual acceptance of the new reality. In contrast, the third case was characterized by the ability to replan and modify goals.

This variation confirms the importance of the multiple-case clinical approach, as relying solely on a single quantitative score may obscure differences in the ways through which resilience is achieved among individuals.

6.10. Discussion of the Results:

The clinical analysis of the cases indicates that exposure to psychological stress and crises does not necessarily lead to a single psychological trajectory. Rather, responses vary according to the nature of the crisis, individual characteristics, and the psychological and social resources available to the individual.

This finding is consistent with the dynamic conceptualization of resilience, which emphasizes that resilience is an adaptive process rather than a fixed state. The three cases initially exhibited varying degrees of emotional disturbance; however, they gradually developed more adaptive responses. This is consistent with Masten's conceptualization of resilience as an adaptive process that can emerge across different contexts of adversity (Masten, 2001.)

The findings are also consistent with Connor and Davidson's conceptualization, which associates resilience with the ability to cope with stress, personal competence, and the capacity to deal with challenges, while recognizing that resilience may change over time (Connor & Davidson, 2003, pp. 76–82).

The three cases further highlight the importance of coping strategies. The cases did not rely primarily on avoidance or resignation; rather, different forms of active coping emerged, including problem solving, seeking support, and reorganizing goals.

Social support also emerged as an important factor in strengthening adaptive capacity, particularly in the second case. This indicates that psychological resilience cannot be understood solely at the individual level; rather, it develops through the interaction between the individual and their family and social environment.

Furthermore, the cases demonstrate that resilience does not imply an absence of emotional impact during a crisis. All three cases experienced anxiety, fear, or frustration at certain stages. The difference, however, lay in their ability to regulate these responses and prevent them from continuing to interfere with daily functioning.

This finding is consistent with the theoretical conceptualization of psychological resilience, which suggests that the capacity to adapt to adversity is associated with psychological and social resources that help individuals cope with difficult circumstances and restore psychological balance. In this context, Masten (2001) emphasizes that resilience is not an exceptional phenomenon restricted to individuals possessing extraordinary characteristics; rather, it can emerge through ordinary adaptive systems that develop through experience, social relationships, and the resources available in the individual's environment. Accordingly, the varying adaptive capacities observed among the present cases can be understood in light of differences in the internal and external resources available to each case.

The present findings are also consistent with the study by Bakir (2019), which found a negative correlation between psychological resilience and school stress among a sample of students preparing for the Baccalaureate Examination, with a high level of resilience and a low level of school stress. This agreement suggests that higher levels of resources associated with psychological resilience may be related to a better capacity to cope with stressful situations, despite differences in the samples and contexts between the previous correlational study and the present clinical study. The current findings do not aim to establish a statistical relationship between the variables; rather, through clinical analysis, they reveal how resilience manifests itself in behavior, cognition, and emotional responses when individuals confront a crisis.

On the other hand, the findings are consistent with those reported by Boussaak and Boudhiaf (2021) among nurses working in the healthcare sector. Their study found a positive relationship between psychological hardiness and both extraversion and conscientiousness, and a negative relationship between psychological hardiness and neuroticism. These findings help explain some of the differences observed among the present cases, as the ability to regulate emotions, confidence in one's capacity to deal with problems, and the effective use of social relationships may constitute supportive resources for psychological resilience, whereas high levels of anxiety and negative emotionality may make the adaptation process more difficult.

6.11. General Conclusion:

- The present multiple-case clinical study, in its current design, demonstrates that psychological resilience is a dynamic process shaped by the interaction between personal resources, coping strategies, social support, and the individual's interpretation of the crisis.

- The comparison also shows that an individual may initially experience high levels of anxiety, fear, or frustration when confronted with a crisis, and may then gradually move toward adaptation when able to reorganize thoughts and emotions and make effective use of available resources.

- Accordingly, clinical interventions for individuals facing crises should not focus exclusively on psychological symptoms. They should also identify the strengths, protective resources, and adaptive capacities present within the case, as these constitute an important entry point for prevention and psychological care.

7. Conclusion:

Psychological resilience is an important concept in clinical psychology, given its role in understanding how individuals respond to stress and crises, and why some are able to restore their psychological balance and continue their lives despite the severity of the circumstances they experience, whereas others encounter greater difficulties in adapting. The present study sought to

examine this concept through a multiple-case clinical approach, moving beyond viewing resilience merely as a level or score toward understanding it as a dynamic psychological process that develops and evolves within the context of the individual's experience.

The clinical analysis of the cases demonstrated that exposure to a crisis does not necessarily result in similar psychological outcomes, and that responses are influenced by a set of interacting factors, including the individual's perception of the situation, ability to regulate emotions, problem-solving competence, coping strategies, and the nature of the family and social support available. The comparison among the cases also showed that psychological resilience does not manifest itself in a single form. In one case, it was reflected in active coping and problem solving; in another, through seeking support and adapting to reality; while in a third case, it was manifested through the ability to reconstruct goals and plan for the future.

The study also revealed that the presence of anxiety, fear, or frustration at the beginning of a crisis does not contradict the existence of psychological resilience. Resilience does not imply the absence of suffering; rather, it is reflected primarily in the individual's ability to gradually regulate their responses and prevent stressful circumstances from continuously disrupting psychological and social functioning. This is consistent with contemporary conceptualizations of resilience as an adaptive process that can develop over time, rather than as a fixed trait or an absolute capacity of the individual (Masten, 2001).

From a clinical perspective, the study emphasizes the importance of focusing on strengths and psychological resources alongside the assessment of symptoms of distress and psychological difficulties. Effective psychological care should not be limited to treating symptoms; it can also be based on developing the individual's abilities to regulate emotions, solve problems, develop more adaptive coping strategies, and activate available sources of social support. Furthermore, the case study approach allows for an understanding of each individual's psychological uniqueness, making it suitable for identifying the different dynamics underlying resilience and adaptation.

Based on the foregoing, psychological resilience can be regarded as an important resource for coping with stress and crises. Strengthening resilience should therefore constitute part of preventive and therapeutic practices in the field of clinical psychology, while taking into account the individual characteristics and family and social context of each case.

Recommendations:

- Strengthening psychological programs aimed at developing psychological resilience and skills for coping with stress and crises.
- Integrating training in emotional regulation and problem solving into psychological prevention and care programs.
- Enhancing the role of the family and social support networks in helping individuals overcome crises.
- Adopting a strengths-based approach alongside the assessment and treatment of psychological symptoms and disorders.
- Employing clinical interviews and case studies to understand the psychological dynamics of resilience among individuals facing severe or prolonged crises.
- Conducting future clinical studies involving a larger number of cases, with greater diversity in the nature of crises and social circumstances.
- Combining, when appropriate, qualitative data obtained through clinical interviews with quantitative data derived from psychological resilience scales in order to obtain a more comprehensive understanding of the phenomenon.

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