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Behaviour Research and Therapy 42 (2004) 1129–1148

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# Social cognitive theory of posttraumatic recovery: the role of perceived self-efficacy

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Received 18 April 2003; received in revised form 28 July 2003; accepted 8 August 2003

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## Abstract

The present article integrates findings from diverse studies on the generalized role of perceived coping self-efficacy in recovery from different types of traumatic experiences. They include natural disasters, technological catastrophes, terrorist attacks, military combat, and sexual and criminal assaults. The various studies apply multiple controls for diverse sets of potential contributors to posttraumatic recovery. In these different multivariate analyses, perceived coping self-efficacy emerges as a focal mediator of posttraumatic recovery. Verification of its independent contribution to posttraumatic recovery across a wide range of traumas lends support to the centrality of the enabling and protective function of belief in one's capability to exercise some measure of control over traumatic adversity.

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*Keywords:* Diathesis-stress model; Proactive agentic model; Guided mastery; Perceived self-efficacy; Posttraumatic recovery; Social cognitive theory; Stress

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## 1. Introduction

Millions of people undergo traumatic experiences annually. These traumas take diverse forms, including criminal assaults, terrifying accidents, large-scale terrorist carnage, technological disasters, military combat, and mass destruction by natural disasters wrought by hurricanes, raging fire storms, flash floods, earthquakes and volcanic eruptions. Acute distress is a normative response to trauma. However, a small percent of the people who have undergone traumatic

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experiences continue to exhibit severe stress reactions long after the trauma. The posttraumatic reactions are widely generalized across different modes and spheres of functioning. They include re-experiencing of the traumatic event in flashbacks, recurrent nightmares and intrusive memories, hypervigilant arousal, impaired concentration, depression, sleep disturbances, self-devaluation, avoidance of reminders of traumatic experiences, emotional detachment from others, and disengagement from aspects of life that provide meaning and self-fulfillment. In functional assessments these recurrent reactions seriously impair intrapersonal, interpersonal, and occupational functioning (Van der Kolk, McFarlane, & Wersaeth, 1996).

This article integrates findings from diverse studies of traumatization on the role of perceived coping self-efficacy in recovery from traumatic experiences within the framework of social cognitive theory. In the present context, this self-belief refers to the perceived capability to manage one's personal functioning and the myriad environmental demands of the aftermath occasioned by a traumatic event. For purposes of convenience, this belief system will be referred to with the shortened label, "self-efficacy". It focuses on the chronic and disabling form of stress of traumatic origin rather than common adverse life events. The key features of traumatic stressors include perilousness, unpredictability, and uncontrollability. Unpreventability of the traumatic event is also a feature of many natural disasters, such as earthquakes and volcanic eruptions.

In the DSM-IV-TR diagnostic criteria for PTSD, an individual must have "experienced, witnessed, or been confronted with an event or events that involve actual or threatened death or serious injury, or a threat of the physical integrity of self or others" (p. 467). In addition, the individual must experience a sense of intense fear, helplessness, or horror in response to the traumatic stressor. Diverse lines of research have been conducted to clarify the determinants and processes of posttraumatic stress. These include epidemiological studies of prevalence rates and the temporal course of the disorder (Breslau et al., 1998; Creamer, Burgess, & McFarlane, 2001; Helzer, Robins, & McEvoy, 1987). Other studies have sought to identify vulnerability factors that predispose individuals to develop chronic difficulties following traumatic stress (Paris, 2000; Silva et al., 2000). Other programs of research analyze the psychological processes, such as fear conditioning and dissociation, that may affect the severity and chronicity of the disorder (Foa, 1997; Spiegel, 1993). Another line of research examines information processing activities as reflected in perceptual, attentional, and memory biases (Buckley, Blanchard, & Neill, 2000; Coles & Heimberg, 2002; Witvliet, 1997). And still other studies have investigated the neurobiological changes produced by exposure to traumatic events (Pitman, Shin, & Rauch, 2001; Heim et al., 2000; Newport & Nemeroff, 2000; Yehuda, 2001).

The theories and some of the empirical findings of these different lines of research have been extensively analyzed elsewhere and will not be re-examined here, except as they bear on particular issues addressed in the present article. It focuses on the role of perceived coping self-efficacy in posttraumatic recovery and its independent contribution within constellations of other potential determinants. Before addressing the issue of posttraumatic recovery, the following section provides the theoretical framework for the self-efficacy mechanism, delineates the different processes through which a low sense of coping efficacy contributes to persisting stress reactions, and contrasts the proactive agentic model with the diathesis-stress model.

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