A Qualitative Study on External Resources and Post-Traumatic Growth in the Lived Experiences of Emerging Adults with Childhood Trauma in Klang Valley, Malaysia

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ABSTRACT

The exposure of childhood trauma is widespread in societies globally. Despite exhaustive research on post-traumatic stress disorder following these traumas, less is known about the post-traumatic growth that can transpire from such experiences. Thus, this study seeks to explore the various external resources utilised to achieve post-traumatic growth by emerging adults with childhood trauma and provide an in-depth exploration of their lived experiences in Klang Valley, Malaysia. This study employed a phenomenological approach within a basic qualitative research design. Eight participants aged between 18 and 29 were recruited through purposive and snowball sampling methods, and one-on-one semi-structured interviews were conducted to gather the data. Thematic analysis of the interview transcripts verbatim revealed five emerging themes: (1) Social Support: encompassing social networks and professional services; (2) Creative Outlet: entails activities like journalling and other personal hobbies, (3) Catalyst for Change: refers to the facilitation of progress and adaptation to make meaningful changes despite challenges, (4) Protective Factor: highlights elements that safeguard individuals through healthy coping mechanisms, and (5) Setback in Seeking Support: identifying barriers such as stigma and financial limitations. The findings may help educate counsellors in providing tailored programs that support individuals who may need assistance in emotional adjustment and facilitate effective coping with trauma-related challenges. A key limitation is the potential bias from retrospective reporting, as participants' recollections may be influenced by hindsight and memory biases when reflecting on past events. To address this issue, conducting longitudinal studies would provide a more comprehensive understanding of the lived experiences of individuals with childhood trauma.

Keywords: Childhood Trauma, Emerging Adults, External Resources, Klang Valley, Post-Traumatic Growth

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INTRODUCTION

Childhood trauma is acknowledged as a substantial determinant shaping an individual's psychological well-being and life trajectory (De Bellis & Zisk, 2014). Childhood adversities and trauma significantly increase the risk of developing anxiety and depressive disorders in adulthood, and their impact extends beyond mental health, affecting biological processes such as stress system dysregulation, accelerated biological aging, and brain alterations (Kuzminskaite et al., 2021). These early experiences can lead to emotion dysregulation, which mediates the relationship between adverse childhood experiences and anxiety symptoms (Poole et al., 2017).

Existing research establishes a connection between adverse childhood experiences, which include traumatic events and maltreatment, and their detrimental effects on the mental well-being of individuals from adolescence into adulthood (Hughes et al., 2017). In a regional study in Singapore, children experiencing severe maltreatment and trauma during their formative years face an increased risk of early-onset mental disorders, engage in health-compromising behaviors, and exhibit poorer social, educational, and vocational outcomes during adolescence and

adulthood (Devi et al., 2019). Research also highlights that gender has a strong influence on help-seeking behaviors, the behaviour of seeking help, with women generally being more likely than men to seek psychological and general health services (Shawcroft & Coyne, 2022). This gender difference may be attributed to media representations of masculinity, which are associated with emotional repression, strength, and independence (Shawcroft & Coyne, 2022).

Formation of identities persists throughout emerging adulthood, usually between the ages of 18 and 29 (Arnett, 2015). The developmental phase known as emerging adulthood is marked by a variety of traits, including self-awareness, a tendency to straddle social roles and responsibilities, an experience of being somewhere between childlike adolescence and capable adulthood, opportunities and optimism for the future, and identity exploration; experimenting with different ideas about what kind of individual to become and what kind of life one wants to live (Syed, 2015). Before adopting any lasting decisions in life, individuals, particularly those enrolled in college, tend to consider various options for their identities and to investigate other life paths more than at any other stage of development (Arnett, 2000).

Previous literature asserted that traumatic experiences could impact identity formation, which could lead individuals to scrutinise and reassess their existing identity commitments, potentially giving rise to identity diffusion (Berman et al., 2020). Nonetheless, contradictory results have emerged from recent studies examining the relationship between trauma and identity in teenage populations. For instance, no connections between identity processes and stressful life events were found in the general population (de Moor et al., 2019). On the other hand, instances of physical and emotional neglect, together with sexual and emotional abuse, were linked to dispersed and more unfavourable identity outcomes among teenage psychiatric patients (Penner et al., 2019). Furthermore, negative correlations between stressful life experiences and future career-related commitment were found in a mixed sample of emerging adults and teenagers (van Doeselaar et al., 2019). Nevertheless, qualitative research suggests that in young adulthood, post-trauma, identity formation is shaped by the lens of traumatic experiences, influencing self-understanding in both detrimental and beneficial ways (van Doeselaar et al., 2019).

Experiencing challenging or traumatic life events is recognised as a fundamental mechanism driving what Tedeschi and Calhoun (2004) have termed "positive psychological change" (p.1). This positive change, referred to as post-traumatic growth (PTG), manifests in five areas: finding new opportunities in life, enhancing relationships with others, subjectively feeling more empowered, developing a greater appreciation for life, and going through spiritual development (Tedeschi & Calhoun, 2004). Some research focusing on PTG have specifically examined traumatic experiences, which are distinguished by exposure to actual or threatened death, serious injury, or sexual violence, either through direct experience, witnessing, learning that the event happened to a loved one, or experiencing extreme exposure to distressing details (American Psychiatric Association, 2013). The psychological process emerging from adversity is demanding and may necessitate individual, interpersonal, and sociocultural characteristics (Tedeschi et al., 2018).

Moreover, research indicates that children facing adversity can develop resilience as they transition into emerging adulthood, primarily due to support from their social networks (Leung et al., 2020). In this context, resilience and PTG are interconnected, as both are essential for trauma recovery, with resilience facilitating coping and PTG fostering positive transformation following adversity. Resilience, characterised as the capacity and extent to which an individual can endure the negative impacts of adversity and recover to achieve a satisfactory state, promotes adjustment through growth, flexibility, and foresight (Southwick et al., 2014). The rate of physical maturation is different from that of emotional and cognitive maturation, by which, the limbic and prefrontal cortex in the brain is not fully developed in younger individuals compared to adults (Agosmustaram & Cheang, 2023). Research on PTG and resilience in childhood trauma reveals complex relationships between these two variables. Resilience mediates the effect of post-traumatic stress symptoms on PTG, with childhood trauma moderating this mediation (Lee et al., 2020), whereas emotional resilience and event centrality mediate PTG following adverse childhood experiences (Tranter et al., 2020). Protective factors associated with resilience and PTG include family support, optimism, and positive religious coping (Schaefer et al., 2018).

Cultural variations affect the emotional implications of receiving support, with European Americans anticipating feelings of self-esteem and pride, while Japanese anticipate shame and guilt, with these differences mediated by influence and adjustment goals, respectively (Ishii et al., 2017). Individuals from Western individualistic cultures, such as Australia and the United States, perceive the self as independent, distinctive, and value personal goals (Markus & Kitayama, 2010). Furthermore, individuals from collectivistic cultures are more cautious about disturbing their social networks when seeking support (Kim et al., 2006). Conversely, individuals from Asian

collectivistic cultures, like Malaysia and China, view the self as interdependent, closely connected with others, and prioritize relationship harmony (Markus & Kitayama, 2010). These cultural distinctions have a notable impact on interpersonal interactions, influencing the decision to seek support, the way support is sought, the choice of individuals from whom support is sought, and the associated advantages and drawbacks of seeking support.

The theoretical framework guiding this study is the Social Support Theory and the Resilience Theory. Social Support Theory emphasises the social relationships that help aid one's health and/or wellbeing (Drageset, 2021). According to literature, social support, encompassing tangible assistance, informational aid, emotional encouragement, esteem support, and peer support, serves as a buffer against the negative effects of stress and trauma, promoting psychological well-being (Drageset, 2021). Complementing this is the resilience theory, which focuses on individuals' capacity to adapt positively despite significant adversity (Zimmerman, 2013). It highlights the dynamic processes that enable individuals to maintain or regain mental health in the face of hardship, emphasizing internal strengths and external protective factors (Zimmerman, 2013). Taken together, these theories offer a sound framework for exploring how resilience and supportive relationships contribute to post-traumatic growth among emerging adults who have experienced childhood trauma (see Figure 1).

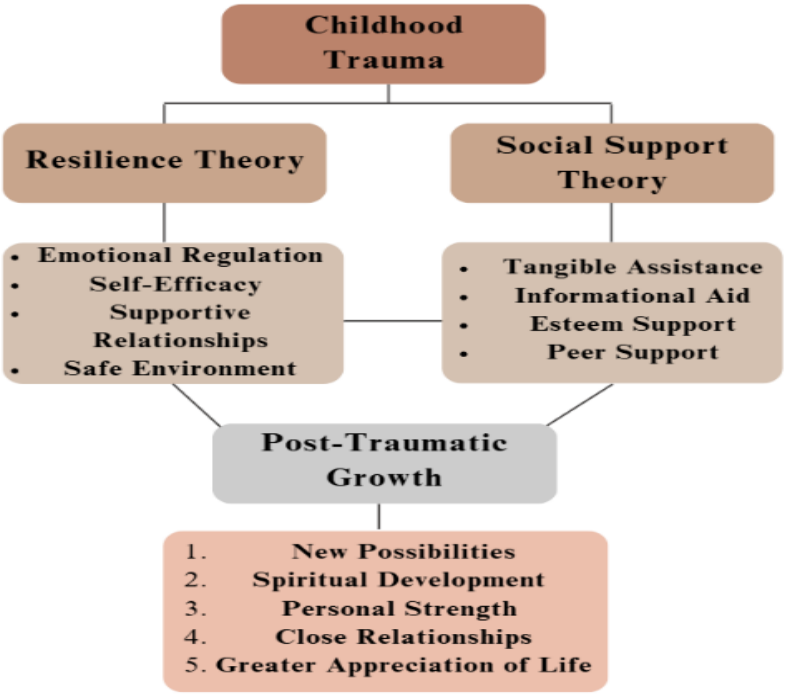

Figure 1: Theoretical Framework for Posttraumatic Growth

BACKGROUND OF STUDY

The exposure to traumatic experiences is widespread, transcending gender, age, race, ethnicity, and sexual orientation (American Psychiatric Association, 2013). In Malaysia, a substantial portion of adolescents have encountered childhood trauma (Ghazali et al., 2017). Statistics indicate that the lifelong rampancy for emotional abuse spread from 13.5% to 72.3% and 1.8% to 63.3% for physical abuse (Cheah et al., 2016), and the predominance of childhood abuse, mainly resulting from parental physical maltreatment, is notably prevalent in Malaysia (Ahmed et al., 2015). Moreover, the impact of childhood trauma is a noteworthy issue, carrying potentially severe repercussions. Bakken (2022) suggests that childhood trauma, marked by a deficiency in empathetic and nurturing emotional support during crucial developmental stages, is closely associated with increased stress within social relationships. This connection might contribute to the development of psychological issues in adulthood, encompassing conditions like anxiety disorders, depression, and heightened vulnerability to emotional dysregulation (Jayawickreme et al., 2020).

While the adverse effects of trauma have been extensively studied, recent research has shifted focus to exploring positive transformations in individuals following trauma, originating the concept of post-traumatic growth (PTG) (Cho & Park, 2013). PTG is characterized by individuals exhibiting enhanced functionality following their exposure to traumatic events (Tedeschi & Calhoun, 2018). This improvement is evident in a heightened appreciation for life, strengthened relationships, increased personal resilience, recognition of new possibilities, and spiritual development (Tedeschi & Calhoun, 1996). Significantly, traumatic stress reactions and PTG can coexist, challenging the assumption that growth implies the absence of emotional distress (Paul, 2015). Individuals facing significant life crises mention experiencing post-traumatic stress; however, the literature indicates that traumatic experiences can also serve as "catalysts" for promoting positive transformations, as observed in PTG (Henson et al., 2022).

In addition, PTG could be achieved through external resources, which play a crucial role in facilitating recovery after a challenging event (Calhoun et al., 2022). External resources refer to the environmental and relational factors that support individuals, such as access to healthcare, community engagement, religious or spiritual institutions, and familial networks. These resources may vary across cultural contexts, for instance, collectivist societies, like in Malaysia, often emphasise interdependence and familial support, which can shape the way individuals experience and interpret trauma recovery (Triandis, 2015). Social support, recognised as a pivotal external resource in the recovery from trauma, has been identified as a strong predictor of high levels of PTG (Panjikidze et al., 2019). The concept of social support is commonly understood in two dimensions: perceived and received social support (Eagle et al., 2018), both of which help individuals cope with psychological distress; and the absence of such support may worsen physical and psychological outcomes (Juth et al., 2015).

Previous research has primarily explored the impact of external resources on PTG in various traumatic contexts, such as dealing with illnesses such as cancer (Casellas-Grau et al., 2017) and HIV (Rzeszutek & Gruszczyńska, 2018), experiencing war and immigration (Şimşir et al., 2018), natural disasters (García et al., 2015), disputes (Simsir & Dilmac, 2018), and the mourning period (Michael & Cooper, 2013). Notably, research on PTG has predominantly focused on Western perspectives, raising questions about its cross-cultural validity (Splevins et al., 2010). While the concept of PTG appears universally applicable, its operationalization may reflect Western individualistic assumptions (Kashyap & Hussain, 2018). Cultural elements significantly influence post-traumatic behaviour, affecting rumination, cognitive strategies, and growth processes (Kashyap & Hussain, 2018). This cultural divergence could significantly influence the role and perception of external resources in the PTG process, presenting a critical population gap in research concerning perceptions of external resources in the context of PTG among emerging adults who have faced childhood trauma in the Asian context.

Despite existing research, there is a knowledge gap in terms of understanding the perceived utilisation of external resources in fostering PTG among emerging adults with childhood trauma in Klang Valley, from a qualitative research perspective. A qualitative approach is particularly well-suited for this study as it allows for an in-depth exploration of personal experiences, meaning-making processes, and culturally embedded perceptions that cannot be fully captured through quantitative methods (Lim, 2024). Klang Valley was selected as the geographical focus of this study primarily due to its accessibility and practicality to the researchers. Additionally, Klang Valley's demographic diversity and status as an urban centre provide a representative sample of emerging adults from various cultural and socioeconomic backgrounds, thereby enriching the contextual depth of the study findings. To our current knowledge at this point of writing, the number of these studies is minimal. Hence, addressing these research gaps becomes valuable for comprehending whether external resources function differently or are perceived differently in fostering PTG among emerging adults from diverse cultural backgrounds in Klang Valley, particularly within the context of childhood trauma.

Hence, this study seeks to: (i) investigate the various external resources that emerging adults with a history of childhood trauma access or seek during their journey of post- traumatic growth in Klang Valley, and (ii) explore and gain an in-depth understanding of the lived experiences and perceptions of emerging adults with a history of childhood trauma regarding the role and impact of external resources in their journey of post-traumatic growth in Klang Valley.

METHOD

This study employed a phenomenological approach within a basic qualitative research design and one-on-one semi-structured interviews were conducted to gather data from participants. A phenomenological study emphasises on the different lived experiences of a phenomenon from several individuals (Creswell, 2009). Thus, a comprehensive understanding of the experience is constructed, yielding a more nuanced and reflective interpretation of the underlying phenomenon (Creswell, 2009). Therefore, this study explored the perspectives of

emerging adults with a history of childhood trauma in Klang Valley concerning external resources and PTG. Table 1 illustrates the participants' demography in this study.

Pseudonyms	Age	Gender	Ethnicity	Nature of Childhood Trauma
Anna	25	F	Malay	Emotional Abuse
Belle	29	F	Chinese	Physical/Sexual Abuse
Cinder	27	F	Malay	Emotional/Physical Abuse
Diana	20	F	Chinese	Emotional Abuse
Eric	28	M	Malay	Separation/Loss
Elsa	27	F	Malay	Emotional Abuse
Fiona	21	F	Chinese	Physical Abuse
Jasmine	28	F	Malay	Separation/Loss

Table 1: Participant Demographics

The first stage of the sampling process involved establishing the inclusion and exclusion criteria for the study. Thus, to partake in this study, participants had to fulfil the study's inclusion criteria: (i) be between the ages of 18 to 29 in Klang Valley, (ii) have a history of childhood trauma: experiences such as physical abuse, emotional abuse, sexual abuse, neglect, witnessing traumatic events, or any other adverse experiences during their formative years, (iii) experienced PTG at least once, and (iv) able to communicate and understand English. Participants were required to communicate and understand in English to ensure clarity during the interview and maintain consistency in data analysis, as well as it being the language the primary researcher and interviewer were most fluent in. English is also the shared communication language among the diverse ethnic groups in Klang Valley, as well as an international language medium for both locals and expatriates. Participants who were diagnosed with and experiencing severe mental health or cognitive conditions that, in the judgment of a qualified mental health professional, may pose a risk to their well-being or the safety of others were excluded from participation.

The next stage involved implementing specific sampling techniques. A total of eight participants were recruited through purposive snowball sampling via text-messaging over WhatsApp and LinkedIn (see Table 1). Purposive sampling entailed identifying and selecting individuals highly knowledgeable about or experienced with a phenomenon of interest (Palinkas et al., 2013). Additionally, snowball sampling, a purposeful data collection method advantageous for reaching hard-to-access populations, was utilised in this study to effectively access vulnerable groups by having existing participants recruit future participants from their social networks (Naderifar et al., 2017).

The final stage included the sampling process and screening procedures. The Post-Traumatic Growth Inventory (PTGI) and the Adverse Childhood Experience (ACE) questionnaires were used as screening surveys. The PTGI exhibited strong internal reliability, as indicated by Cronbach's alpha coefficients ranging from 0.75 to 0.88. Conversely, the Cronbach's alpha coefficient was 0.60 for the ACE Questionnaire. Higher PTGI scores show significant post-traumatic growth, while an ACE score of four or more signifies a higher level of childhood trauma. Both questionnaires were distributed to potential participants, along with a brief study description and demographic survey to ensure eligibility. Following this, participants received an invitation email containing a study information sheet outlining the nature of the research and an informed consent form. Subsequently,

participants who expressed willingness to participate in the interview received follow-up emails to confirm their participation and reconfirm interview details.

Personal interaction is the most effective way of conducting interviews, as it allows for monitoring any behavioural changes that may occur during the interview (Chong, 2022). The 45-to-90-minute one-to-one semi-structured interviews were conducted in person in a private space within IMU University, or those facing travel constraints could join the interviews online via Microsoft Teams for a virtual interview. Participants were explicitly informed of their right to withdraw from the study at any point. A sample interview question was "What types of external resources have been most helpful to you in coping with your childhood trauma and achieving post-traumatic growth?" The conversational style of semi-structured interviews facilitates the collection of rich data, often revealing unanticipated information (Adams, 2015). All interview sessions were recorded and transcribed.

Data analysis was conducted using Thematic Analysis (TA), a technique for examining qualitative data that involves looking for, interpreting, and reporting recurring patterns throughout data collection (Kiger & Varpio, 2020). The TA process includes six steps, they were: (1) participants' transcript verbatim was read through multiple times to establish familiarity with the data, (2) initial codes were created capturing significant ideas, concepts, phrases that emerged from the data, (3) initial coding were then organized and clustered into themes across all participant's transcripts verbatims, (4) the potential themes were reviewed and refined to ensure their coherence and relevance, (5) defining and naming the identified themes, (6) lastly, a final report was produced that presented the themes and their associated sub-themes, supported by illustrative quotes from the data which culminated the analysis procedure (Braun & Clarke, 2006).

Furthermore, member checking, audit trail, and bracketing were utilised to ensure the credibility and transferability of the data collected in this study. Member checking was used by sharing the research findings or interpretations with the participants to verify the accuracy of their experiences (Birt et al., 2016). Also, an audit trail was maintained throughout the research, by which detailed records were documented of the data collection methods, data coding and analysis procedures, and any unexpected events or challenges encountered during the research, to provide transparency (Carcary, 2021). Finally, following the practice of bracketing by Tufford and Newman (2010), the researcher minimized any unintended biases or preconceptions by maintaining the objectivity of the research. Some pre-identified biases may include personal experiences related to the research topic, cultural values that influence interpretations, and a professional background that shapes expectations about outcomes.

RESULTS

This study explored ways in which emerging adults who had childhood trauma experiences were able to integrate external resources to foster their post-traumatic growth. The results section illustrates the use of thematic analysis to uncover and interpret the participants' experiences and perceptions. The analysis revealed several key themes that shed light on how these individuals utilize and perceive external resources. The organization of the findings into overarching themes and subthemes highlights the complex interactions between external resources, childhood trauma, and post-traumatic growth. Table 2 below presents the main themes along with their associated subthemes.

Table 2: Main themes and subthemes

Research Question	Emerging Theme	Sub-Themes
RQ1. What are the key external resources that facilitate the phenomenon of post-traumatic growth in the lived experiences of emerging adults with a history of childhood trauma in Klang Valley?	1. Social Support	1. Mental Health Services 2. Social Circles
	2. Creative Outlet	1. Intellectual Stimuli 2. Hobbies
RQ2: How do emerging adults with a history of childhood trauma perceive the utilization of external resources in their lived experiences, contributing to their journey towards the phenomenon of post-traumatic growth in Klang Valley?	3. Catalyst for Change	1. Motivation and Drive 2. Personal Development
	4. Protective Factor	1. Safe Environment 2. Coping Mechanism
	5. Setback in Seeking Support	1. Stigma 2. Financial Constraints

Theme 1: Social Support

The first theme explores how social support plays a pivotal role in enhancing individuals' well-being, manifesting through both formal and informal means.

Sub-theme 1.1: Mental Health Services

When asked about the external resources that participants utilised to facilitate their post-traumatic growth, almost all participants acknowledged some form of professional support in trauma recovery. In this case, two participants disclosed how the supportive and comforting nature of the therapist facilitated a deeper level of communication and healing. Belle and Diana shared their experiences when they had gone for therapy sessions.

> "*I think seek therapy and a therapist that you feel that you can work with, and an empathetic psychologist. That would be very, very important, because you need to have a safe space among all people. If there are people that you can't trust out there, at least trust one. One that is bounded by the law that which must be private and confidential.*" (Belle)

> "*I think one of the most helpful ones is most probably counselling, especially with a professional really helps and gives you the tools and support that a person needs to go through the trauma that they have to deal with."* (Diana)

Sub-theme 1.2: Social Circles

Additionally, most participants highlighted the role that their social circles played in their trauma recovery, which consisted of their immediate family members, friends, and other personal connections. These relationships provided essential emotional support and understanding. For example, Eric highlighted the comforting presence of a grandparent as a significant source of support:

> *"The most important external resource would have been my time with my granddad."* (Eric)

Similarly, Jasmine found family support, especially from an aunt, to be particularly helpful:

> "*I would say the family support was the most helpful one and talking to, as I said earlier, talking to my auntie, which helped me a lot.*" (Jasmine)

Fiona also spoke about sharing her experiences with her partner and friends:

> *"I talk to my partner and my friends, even though they don't understand what I'm going through. Atleast I'm able to just share."* (Fiona)

Theme 2: Creative Outlet
Next, participants also shared personal interests, such as music, journaling, and reading, as some of the critical external resources used to foster post-traumatic growth.

Sub-theme 2.1: Intellectual Stimuli
Some participants highlighted how journaling and engaging with motivational content served as important outlets that assisted in the healing and self-reflection process. For instance, Diana found journaling to be a valuable tool for processing both positive and negative experiences:

> "*Journaling was really helpful to remind me of the good things and the bad things as well as help me take the time to really deduce whatever I have face."* (Diana)

Elsa described how writing, inspired by childhood experiences with diaries in media, provided her with a means to express her emotions:

> *"I used to read a lot of manga and watch a lot of teen movies during my childhood, so usually in the movie, the female lead would have a cute little diary, right? So, I try to write my own diary as well. I usually write it when I'm feeling upset or angry or suicidal."* (Elsa)

Additionally, Jasmine and Eric spoke about how engaging with motivational talks and podcasts offered them intellectual stimulation and inspiration:

> *"I developed this habit of listening to motivational talks, which are quite useful for uplifting your mental and spiritual health (religious and casual both)."* (Jasmine)

> *"Like watching a lot of shorts, podcast and all that […] All these people, they did help because some of the times they can see inspirational stuff […]. So rather than listening to my own doubts or my own voices, the voices from this podcast became clearer. So, I would take a lot from all those sayings. All those quotes that they said, to then implement into what I do in my daily life."* (Eric)

Sub-theme 2.2: Hobbies
Moreover, individuals highlighted that engaging in hobbies, particularly music and sports, served as a medium that facilitated coping and emotional expression. These activities provided them with a means to process their feelings and find solace from their tribulations. For example, Elsa described how listening to music offered a form of emotional release and connection:

> *"I also realised that listening to music helps me to cope with it because whenever the conflict occurs, I don't have the space or time to cry or to get upset, so I would listen to sad or depressing music, and it does help me feel a bit relieved […] I feel like I can relate to the lyrics."* (Elsa)

Similarly, Diana found that music played a significant role in articulating and managing their emotions:

> *"I think music was a helpful resource. It can help you release or help you put words to how you're feeling."* (Diana)

Likewise, Eric described how he turns to sports or engages in physical activities like weightlifting when the support he expects falls short, noting:

> *"Then once I didn't get what I expected the support would be, I would immediately shut off and go to sports or lift weights."* (Eric)

Cinder echoes this sentiment, revealing that despite feeling inadequate due to past abuse, she now finds comfort and a sense of accomplishment through sports:

> *"Whenever I joined sports, but I think it was just because of all the abuse that made me feel so small about myself, thinking that I couldn't do it. But now I've been playing Futsal, Frisbee."* (Cinder)

Theme 3: Catalyst for Change

This theme explores the intentions and the driving force to seek the utilisation of these external resources to challenge their traumatic experiences, which served as a trigger for significant personal growth and transformation.

Sub-theme 3.1: Motivation and Drive

Over half of the respondents noted reaching a critical juncture where they recognised the importance of taking responsibility for their lives. They described how this realisation motivated them to actively seek external resources as a means of fostering post-traumatic growth. For Belle, the decision to address her unresolved trauma became evident during her higher education selection process:

> *"I am aspiring to become a clinical psychologist. I found the importance of resolving my own trauma. I think if I were to really, go ahead in really. excelling in my career. So, then I feel that I had a lot to overcome before."* (Belle)

For Cinder, coming to terms with her past faults and initiating change involved a deep process of self-reflection, which she acknowledged as both challenging and transformative:

> *"These external resources have helped me to reflect a lot and come to terms with the things that I am at fault for before, [...] I would say it's very uncomfortable, but when you read sometimes articles or like someone quotes, you know, quotes from psychologists, or things like that, or even movies, sometimes they can also give very profound statements."* (Cinder)

Diana reflected on how she felt disorganized and overwhelmed until she found that exploring external resources helped her regain a sense of calm and order:

> *"I feel like everything was a mess, and after having and seeking out external resources, everything felt more peaceful. Everything felt calmer, and I feel like everything was more organized in that sense."* (Diana)

Sub-theme 3.2: Personal Transformation

All the participants identified a newfound awareness that empowered them to pursue external resources to support their personal growth actively. This awareness illustrates their determination to harness empowerment as a means of reclaiming control and steering their lives in a more positive direction. For Belle, the decision to address her unresolved trauma became evident during her higher education selection process:

> *"Moving into therapy, really confronting this sort of thought and taking more responsibility in my own emotions. That grew a lot of self-empowerment, I think, on the positive way of thinking, nobody can really build me up other than myself in a positive way."* (Belle)

For Diana, coming to terms with her past faults and initiating change involved a deep process of self-reflection, which she acknowledged as both challenging and transformative:

> *"I think I've become more confident, more forgiving, more self-soothing, [...] I am more forgiving towards myself due to my external resources and personal growth."* (Diana)

Theme 4: Protective Factor

This theme highlights how factors, such as creating supportive spaces and utilizing diverse coping strategies, played a crucial role in helping individuals manage adversity and foster resilience throughout their journeys.

Sub-Theme 4.1: Safe Environment

Participants reflected the need for a supportive and non-judgmental environment to seek external resources to enhance their resilience and well-being actively. Cinder's experience exemplifies this concept:

> *"This space is where I can make mistakes and not immediately punish myself for it, because I think that comes with being resilient […] when you try to normalize making mistakes and knowing that that doesn't mean that it's over for you."* (Cinder)

Similarly, Anna reflects on her experiences how therapy, acknowledging that if she feels uncomfortable with a therapist, she tends to switch therapists rather than fully engaging with the session:

> *"If they're like a therapist that I didn't get comfortable with, […] I just changed the therapist and didn't take the insight that they provided me with during the therapy."* (Anna)

Furthermore, Belle gives credit to her peers for providing her a safe space to talk about traumatic experiences, in turn making her feel she was not alone.

> *"I would really give it to my peers at that time during my postgraduate studies. Because we gave each other a safe space. […] Others also opened up about their difficulties, so I didn't feel like I was the only one struggling."* (Belle)

Sub-theme 4.2: Coping Mechanism

Most of the participants identified various forms of external support, such as relationships with loved ones, therapeutic practices, and digital platforms, in managing their emotional well-being and promoting personal growth. For Belle, the value of external resources as a coping mechanism became apparent when she recognised the importance of seeking support to have better relationships with loved ones.

> *"Therapy in particular did help a lot in keeping good relationships with my friends and family because at some point, I did develop resentment towards them. In therapy, all that I went through all these emotions and came out. So, with the help of therapy, I really managed to resolve these sorts of thoughts that I have with all my friends and family around me."* (Belle)

Similarly, for Jasmine, the partial relief provided by journaling highlighted the need to address her coping needs fully.

> *"Like I said earlier, because when I was doing things like journaling, which I did by myself, there was some sort of relaxation. It helped me to cope with the situation."* (Jasmine)

Additionally, for Diana, Instagram served as a vital source of comfort and validation during her post-traumatic growth.

> *"External resources teach you to find healthy coping mechanisms, […] especially now Instagram, that's a lot of people that talk about that comforts you, not just comforts you but validates your feelings […]. And personally, I feel like recently these kinds of stuff are really helping me through my post-traumatic growth as well, because it's super comforting."* (Diana)

Theme 5: Setback in Seeking Support

The last theme highlights the setbacks that participants have experienced in utilizing the external resources, in terms of stigma (self and public) as well as financial constraints. This theme is important as it ties to the difficulties in achieving meaningful post-traumatic growth.

Sub-theme 5.1: Stigma

Interestingly, most participants highlighted how societal attitudes and personal self-stigma impeded their willingness to seek help. This stigma often stems from cultural perceptions and personal fears of judgment, creating an environment where individuals may feel hesitant or ashamed to reach out for the support they need. For instance, Diana highlighted the pervasive stigma surrounding mental health in Malaysia as a significant obstacle:

> *"I think it's the stigma in Malaysia that no one really wants to go out and seek help."* (Diana)

Additionally, many expressed the fear of being judged by family and friends as a significant barrier to seeking help. For instance, Belle mentioned her concerns about opening up to loved ones due to worries about their reactions and feelings:

> *"I think it's gauging whether or not they were able to accept the things that I was to tell them, or I think I was more concerned about how they felt about what I had gone through, rather than what is the purpose of my telling you there?"* (Belle)
>
> (Belle/Line 270-273)

Diana's reflection reveals her frustration with the inadequacies in the training and qualifications of mental health professionals, which she believes impede the quality and effectiveness of the support available:

> *"I think one of the barriers I encountered is that Malaysian education is failing us. The system is failing us. How could they put a person not in psychology or does not even have the proper techniques or training to become a counsellor to aid with children who have probably some issues."* (Diana)

Furthermore, Elsa and Fiona expressed concerns about the limitations of relying on friends for support, noting the challenges of confiding in them:

> *"I think, because like my friend and we are all human, right? So, she had her limitations as well. So, there's the time where she's unable to give me the support that I needed."* (Elsa)
>
> *"It's quite hard talking to a friend because your friends can betray you too."* (Fiona)

Sub-theme 5.2: Financial Strains

Financial constraints also emerged as a notable barrier, as illustrated by Belle, who struggled with the costs of therapy as a student:

> *"Finances, because I was still a student. So having to go through therapy secretly on my own, was challenging because to get proper resources, I had to pay for it."* (Belle)

Eric echoed this concern, noting the difficulties in affording such support:

> *"Monetary wise, […], even up to now, I know there are some best things. If professional help, but sometimes professional help is kind of out of reach for the average Joe, so especially he becomes worse when he is struggling financially."* (Eric)

DISCUSSION

This study's findings demonstrate the influence of different types of social support on the process of trauma healing, from therapists, friends, family, to relatable peers. This implies that the presence and quality of social support can greatly impact an individual's ability to recover from trauma, as is consistent with Dursun (2016), who highlighted that meaningful relationships contribute to life philosophy changes and effective PTG. For instance, one participant reflected on how exploring external resources helped her regain a sense of calm and order, illustrating that meaningful relationships with the therapist contribute to personal growth. This reveals that participants value therapy's non-judgmental, patient nature and the opportunity to build trusted relationships (Meuwese et al., 2021). Similarly, findings from another study showed that catalysts played a crucial role in helping participants reevaluate their responses and emotions regarding past trauma. This is because even with immediate coping strategies during bullying incidents, after-effects can persist once the bullying stops (Agosmustaram & Alexuis, 2023).

Additionally, previous research findings suggest that spending more time with social networks is a key element in increasing the level of resilience and effective trauma recovery (Howell & Miller-Graff, 2014), which was replicated in this study. Past literature revealed that higher levels of social support, from friends and family are associated with greater resilience that lower mental health problems in young adults who have experienced childhood violence, albeit the protective effects may vary depending on the type and pattern of trauma experienced, with family support being particularly valuable across different trauma profiles (Butler et al., 2022). Peer support can help young adults feel happier, more confident, and have better coping mechanisms while also lowering their levels of anxiety, loneliness, and depression (Richard et al., 2022).

Moreover, this study's findings reinforce the premise that gender influences PTG. Female participants of this study were likely to seek social support, whilst Eric preferred solitude, which could sometimes resemble a trait of showing resilience or masculinity, strength, and independence (Shawcroft & Coyne, 2022) from a male's

perspective. Nonetheless, such masculinity traits may suppress emotion processing and self-reflection that are crucial in reaching PTG. This is also consistent with the meta-analysis, which found that women tend to have higher levels of posttraumatic growth than men (Vishnevsky et al., 2010). Women's tendency to engage in deeper, more reflective thought, including productive and contemplative thinking about their experiences, may contribute to this difference. This reflective process is thought to enhance PTG, as women's deeper engagement with their trauma can lead to recognizing and reporting more benefits from their coping efforts. Thus, women's greater inclination towards deliberate thought appears to facilitate higher levels of posttraumatic growth. This may explain the gender differences in PTG to a certain extent, however, it is worth studying the male perspectives more in-depth.

After trauma, individuals can turn pain into growth and resilience through creative expression (Hass-Cohen et al., 2018). The results of this study indicate that participants were more likely to utilize creative outlets to overcome their trauma when social support was not available. This implies that engaging in personal interests such as music, journaling, sports, and motivational content played a role in their healing process compared to relying solely on social support. This finding aligns with existing evidence that such interventions provide a means for self-reflection, emotional release, and the transformation of traumatic experiences into meaningful narratives (Richman, 2013). Besides, journal writing is acknowledged as a successful, empirically supported strategy for fostering PTG, as it facilitates psychological growth by assisting individuals in identifying coping mechanisms and deciphering the significance of their traumatic experiences through emotional disclosure and introspection (Creely, 2018).

Trauma profoundly changed the trajectory of the participants' lives. In this context, disclosing their experiences was crucial in healing, allowing them to process their suffering. Despite it all, participants expressed gratitude for these difficult experiences, noting how sharing their stories contributed to their personal growth and positively influenced their outlook on life. Thus, this study's findings reflect the process of disclosing one's childhood trauma is gradual and not immediate. This suggests that for some individuals there is a need to establish a trusting relationship with one's therapist before they feel at ease discussing their childhood trauma. It is known that individuals who have experienced childhood trauma are more inclined to share their experiences with healthcare staff they view as compassionate, non-judgmental, respectful, and interact on the same level as the victims (Jeffreys et al., 2010), not surprisingly that building a relationship with other mental health professionals may require time to develop.

Stigma remains a profound barrier to seeking help, particularly in cultures where mental illness is stigmatized. This study's findings indicate that participants were significantly deterred from seeking support due to the fear of being labelled and the associated "loss of face" within their communities. This aligns with the evidence that shame is the strongest negative predictor of willingness to seek help in a general population sample (Schulze, 2020). In Asian cultures, the stigma associated with mental illness often reflects broader cultural values of collectivism, where individual problems can be perceived as family failures (Ahad et al., 2023). For instance, one participant expressed hesitation in seeking therapy due to concerns about societal judgment, illustrating the cultural impact on their willingness to seek help. This aligns with the notion that stigma can create an environment where individuals are reluctant to access mental health resources due to fear of social repercussions (Ahad et al., 2023).

Furthermore, personal concerns, such as trust issues and negative self-beliefs, further complicate the process of seeking help. Participants reported delays in seeking support due to doubts about the validity of their experiences and fear of others' reactions. This hesitation is consistent with Truss et al. (2023), who identified fear of re-experiencing trauma and negative self-beliefs as significant barriers. Trust issues, particularly with professionals who may not fully understand or respect their experiences, can lead to prolonged self-management and avoidance of trauma-related thoughts (Stige et al., 2013). As highlighted by Panaite et al. (2024), peer support networks can play a critical role in bridging these gaps, offering trusted pathways to formal interventions and helping individuals navigate the complexities of seeking professional help.

Additionally, financial constraints also play a crucial role in limiting access to support. Participants noted that the cost of therapy was a significant barrier, particularly for those still in school or with limited financial resources. Research supports this perspective, highlighting that trauma survivors often face economic challenges that complicate their ability to afford necessary mental health services (Voth Schrag et al., 2018). Financial strain can compound existing difficulties, making it harder for individuals to seek timely and effective help (Ross & Coambs, 2018). The necessity for trauma-informed financial therapy, as suggested by Ross and Coambs (2022), could provide a valuable approach to addressing these barriers by integrating financial support with mental health services.

In terms of practical implications, mental health services and educational institutes could integrate creative outlet activities and improve support systems, to facilitate emotional adjustment and effective coping strategies for trauma-related challenges. Moreover, this study provides actionable insights for emerging adults in Klang Valley dealing with childhood trauma to utilize social support and creative outlets as part of their recovery process. The results of this study could empower trauma survivors to take proactive steps in their recovery, enhancing their resilience and overall quality of life. In terms of theoretical implications, this study further strengthens the interplay between Social Support Theory and Resilience Theory that frame the process of attaining PTG out of individuals' traumatic experiences. The consolidation between external resources of social support and creative outlet demonstrate that emerging adults in the Klang Valley utilise support from their social circles, and strengthen resilience through creative actions, thus, facilitating the achievement of a transcendent PTG experience out of traumatic experiences.

LIMITATION OF STUDY

While this study provides valuable insights into how external resources contribute to post-traumatic growth in emerging adults with childhood trauma, this study is not without limitations. Firstly, this study had predominantly female participants. This gender imbalance may not fully capture the experiences and viewpoints of male emerging adults with childhood trauma, thus, limiting its generalisability. Additionally, the reliance on retrospective reporting could strain the data collection process. Participants may unknowingly be influenced by hindsight biases and memory gaps in their recollection of past events and experiences. Such biases may affect the accuracy and reliability of the data, as participants might unintentionally alter or omit details based on their current perspectives and emotional states. Lastly, this study may not have sufficiently accounted for the variability of childhood trauma experienced by participants, which could influence their utilisation of external resources.

RECOMMENDATION

Future research could include quantitative studies to measure and analyse the statistical impact of external resources on PTG, providing a clearer quantification of the relationships between external resources and PTG. Furthermore, future studies should aim for a more gender-balanced sample, ensuring equal representation of male and female participants. Finally, incorporating a longitudinal study would enhance the understanding of the impact of external resources over time, and assessing long-term effects on PTG from different types of childhood trauma.

CONCLUSION

In conclusion, this study found that various external resources play a crucial role in fostering post-traumatic growth among individuals with a history of trauma in Klang Valley. It also emphasises fostering supportive surroundings and encourages the use of external resources to improve emotional well-being. It does take a supportive village to help one thrive despite having been through traumatic experiences. Essentially, as aptly expressed by one of our participants, the core message of this study:

> *"The essence of growth is really just sitting with the adversity, but with kindness and seeking support that is patient with your growth"* (Cinder)
>
> (Cinder/Line 957-958)

AUTHOR DECLARATION

Study design and Conceptualization: F.A.B. and L.Y.D.; Data collection: F.A.B.; Data analysis: F.A.B. and L.Y.D. Writing—original draft, F.A.B..; writing—review and editing, F.A.B., L.Y.D, and S.I.

DECLARATION OF STATEMENT

The authors declare that this manuscript is the author's original work and the manuscript has not been published before this and is not under consideration for publication elsewhere.

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CONFLICT OF INTEREST STATEMENT

The authors declare that they have no conflict of interest.

REFERENCES

Agosmustaram, A. A., & Cheang, A. W. (2023). The experience of overcoming school bullying among young adults in Malaysia. *The Malaysian Journal of Qualitative Research*, *9*(2), 224-239. https://doi.org/10.61211/mjqr090209

Ahad AA, Sanchez-Gonzalez M, Junquera P. (2023). Understanding and Addressing Mental Health Stigma Across Cultures for Improving Psychiatric Care: A Narrative Review. *Cureus. 15*(5), e39549. doi: 10.7759/cureus.39549. PMID: 37250612; PMCID: PMC10220277.

Ahmed, A., Choo Wan-Yuen, Marret, M. J., Cheah Guat-Sim, Othman, S., & Karuthan Chinna. (2015). Child maltreatment experience among primary school children: A large-scale survey in Selangor State, Malaysia. *PLOS ONE, 10*(3), e0119449. https://doi.org/10.1371/journal.pone.0119449

Agosmustaram, A.A.N., Alexius Cheang W.O. (2023). The Experience of Overcoming School Bullying Among Young Adults in Malaysia, *Malaysian Journal of Qualitative Research, 9*(2), 224-239 https://doi.org/10.61211/mjqr090209

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders. *American Psychiatric Association*. https://doi.org/10.1176/appi.books.9780890425596

Andreea-Cătălina Panaite, Desroches, O.-A., Warren, É., Rouly, G., Castonguay, G., & Boivin, A. (2024). Engaging with peers to integrate community care: Knowledge synthesis and conceptual map. Health Expectations: *International Journal of Public Participation in Health Care and Health Policy, 27(*2), e14034. https://doi.org/10.1111/hex.14034

Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist, 55*(5), 469–480. https://doi.org/10.1037/0003-066x.55.5.469

Arnett, J. J. (2015). Introduction to the special section. *Journal of Adolescent Research, 30*(6), 655–660. https://doi.org/10.1177/0743558415602556

Bakken, N. R., Hannigan, L. J., Alexey Shadrin, Hindley, G., Ask, H., Reichborn-Kjennerud, T., Tesli, M., Andreassen, O. A., & Havdahl, A. (2023). Childhood temperamental, emotional, and behavioral characteristics associated with mood and anxiety disorders in adolescence: A prospective study. *Acta Psychiatrica Scandinavica, 147(*2), 217–228. https://doi.org/10.1111/acps.13522

Berman, S. L., Montgomery, M. J., & Ratner, K. (2020). Trauma and identity: A reciprocal relationship? *Journal of Adolescence, 79*(1), 275–278. https://doi.org/10.1016/j.adolescence.2020.01.018

Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member Checking: A tool to enhance trustworthiness or merely a nod to validation? *Qualitative Health Research, 26*(13), 1802–1811. https://doi.org/10.1177/1049732316654870

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Butler, N., Quigg, Z., Bates, R., Jones, L., Ashworth, E., Gowland, S., & Jones, M. (2022). The contributing role of family, school, and peer supportive relationships in protecting the mental wellbeing of children and adolescents. *School Mental Health, 14*(3), 776–788. https://doi.org/10.1007/s12310-022-09502-9

Calhoun, C. D., Stone, K. J., Cobb, A. R., Patterson, M. W., Danielson, C. K., & Bendezú, J. J. (2022). The role of social support in coping with psychological trauma: An integrated biopsychosocial model for posttraumatic stress recovery. *The Psychiatric Quarterly, 93*(4), 949–970. https://doi.org/10.1007/s11126-022-10003-w

Casellas-Grau, A., Ochoa, C., & Chiara Ruini. (2017). Psychological and clinical correlates of posttraumatic growth in cancer: A systematic and critical review. *Psycho-Oncology, 26*(12), 2007–2018. https://doi.org/10.1002/pon.4426

Cho, D., & Park, C. L. (2013). Growth following trauma: Overview and current status. *Terapia Psicológica, 31*(1), 69–79. https://doi.org/10.4067/s0718-48082013000100007

Chong, S. L. (2022). Interviewing in qualitative research. *The Malaysian Journal of Qualitative Research, 8*(1), 110-116. https://doi.org/10.61211/mjqr080110

Chun, S., & Lee, Y. (2008). The experience of posttraumatic growth for people with spinal cord injury. *Qualitative Health Research, 18*(7), 877–890. https://doi.org/10.1177/1049732308318028

Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches (*3rd ed.). Sage Publications.

De Bellis, M. D., & Zisk, A. (2014). The biological effects of childhood trauma. *Child and Adolescent Psychiatric Clinics of North America, 23*(2), 185–222. https://doi.org/10.1016/j.chc.2014.01.002

de Moor, E. L., Van der Graaff, J., Van Dijk, M. P. A., Meeus, W., & Branje, S. (2019). Stressful life events and identity development in early and mid-adolescence. *Journal of Adolescence, 76*(1), 75–87. https://doi.org/10.1016/j.adolescence.2019.08.006

Devi, F., Shahwan, S., Teh, W. L., Rajeswari Sambasivam, Zhang, Y. J., Lau, Y. W., Ong, S. H., Fung, D., Gupta, B., Chong, S. A., & Subramaniam, M. (2019). The prevalence of childhood trauma in psychiatric outpatients. *Annals of General Psychiatry, 18*(1), 15. https://doi.org/10.1186/s12991-019-0239-1

Drageset, J. (2021). *Social Support. Health Promotion in Health Care – Vital Theories and Research*, Chapter 11, 137–144. https://doi.org/10.1007/978-3-030-63135-2_11

Eagle, D. E., Hybels, C. F., & Proeschold-Bell, R. J. (2019). Perceived social support, received social support, and depression among clergy. *Journal of Social and Personal Relationships, 36(*7), 2055–2073. https://doi.org/10.1177/0265407518776134

Elisabeth, Van, Dijk, V., Wim Meeus, & Branje, S. (2019). Stressful life events and identity development in early and mid-adolescence. *Journal of Adolescence, 76*(1), 75–87. https://doi.org/10.1016/j.adolescence.2019.08.006

Eranda Jayawickreme, Infurna, F. J., Kinan Alajak, Blackie, L. E. R., Chopik, W. J., Chung, J. M., Dorfman, A., Fleeson, W., Forgeard, M. J. C., Frazier, P., Furr, R. M., Grossmann, I., Heller, A. S., Laceulle, O. M., Lucas, R. E., Luhmann, M., Luong, G., Meijer, L., McLean, K. C., & Park, C. L. (2021). Post-traumatic growth as positive personality change: Challenges, opportunities, and recommendations. *Journal of Personality, 89*(1), 145–165. https://doi.org/10.1111/jopy.12591

García, F. E., Cova, F., Rincón, P., & Vázquez, C. (2015). Trauma or growth after a natural disaster? The mediating role of rumination processes. *European Journal of Psycho-traumatology, 6*(1), 26557. https://doi.org/10.3402/ejpt.v6.26557

Ghazali, S. R., Chen, Y. Y., & Aziz, H. A. (2018). Childhood maltreatment and symptoms of PTSD and depression among delinquent adolescents in Malaysia. *Journal of Child & Adolescent Trauma, 11*(2), 151–158. https://doi.org/10.1007/s40653-017-0196-2

Hass-Cohen, N., Bokoch, R., Findlay, J. C., & Witting, A. B. (2018). A four-drawing art therapy trauma and resiliency protocol study. *The Arts in Psychotherapy, 61,* 44–56. https://doi.org/10.1016/j.aip.2018.02.003

Henson, C., D Truchot, & A Canevello. (2022). Factors that hinder post-traumatic growth: A systematic review. *L'Encephale, 48*(5), 560–562. https://doi.org/10.1016/j.encep.2022.02.001

Howell, K. H., & Miller-Graff, L. E. (2014). Protective factors associated with resilient functioning in young adulthood after childhood exposure to violence. *Child Abuse & Neglect, 38*(12), 1985–1994. https://doi.org/10.1016/j.chiabu.2014.10.010

Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., Jones, L., & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. The Lancet. *Public Health, 2*(8), e356–e366. https://doi.org/10.1016/s2468-2667(17)30118-4

Ishii, K., Taraneh Mojaverian, Kanami Masuno, & Kim, H. S. (2017). Cultural differences in motivation for seeking social support and the emotional consequences of receiving support: The role of influence and adjustment goals. *Journal of Cross-Cultural Psychology, 48*(9), 1442–1456. https://doi.org/10.1177/0022022117731091

Jeffreys, M. D., Leibowitz, R. Q., Finley, E., & Nedal Arar. (2010). Trauma disclosure to health care professionals by veterans: Clinical implications. *Military Medicine, 175*(10), 719–724. https://doi.org/10.7205/milmed-d-10-00054

Juth, V., Smyth, J. M., Carey, M. P., & Lepore, S. J. (2015). Social constraints are associated with negative psychological and physical adjustment in bereavement. Applied Psychology. *Health and Well-Being, 7*(2), 129–148. https://doi.org/10.1111/aphw.12041

Kashyap, S., & Hussain, D. (2018). Cross-cultural challenges to the construct "posttraumatic growth." *Journal of Loss & Trauma, 23*(1), 51–69. https://doi.org/10.1080/15325024.2017.1422234

Kiger, M. E., & Varpio, L. (2020). Thematic analysis of qualitative data: AMEE Guide No. 131. *Medical Teacher, 42*(8), 846–854. https://doi.org/10.1080/0142159X.2020.1755030

Kim, H. S., Sherman, D. K., Ko, D., & Taylor, S. E. (2006). Pursuit of comfort and pursuit of harmony: culture, relationships, and social support seeking. *Personality & Social Psychology Bulletin, 32(*12), 1595–1607. https://doi.org/10.1177/0146167206291991

Kuzminskaite, E., Brenda, Anne-Laura van Harmelen, Elzinga, B. M., Jacqueline, & Vinkers, C. H. (2021). Childhood trauma in adult depressive and anxiety disorders: An integrated review on psychological and biological mechanisms in the NESDA cohort. *Journal of Affective Disorders, 283*, 179–191. https://doi.org/10.1016/j.jad.2021.01.054

Lee, D., Yu, E.-S., & Kim, N. H. (2020). Resilience as a mediator in the relationship between posttraumatic stress and posttraumatic growth among adult accident or crime victims: the moderated mediating effect of childhood trauma. *European Journal of Psychotraumatology, 11*(1), 1704563. https://doi.org/10.1080/20008198.2019.1704563

Leung, D. Y. L., Chan, A. C. Y., & Ho, G. W. K. (2022). Resilience of emerging adults after adverse childhood experiences: A qualitative systematic review. *Trauma, Violence & Abuse, 23*(1), 163–181. https://doi.org/10.1177/1524838020933865

Lim, W. M. (2024). What is qualitative research? an overview and guidelines. *Australasian Marketing Journal, 33*(2), 199–229. https://doi.org/10.1177/14413582241264619

Lotte van Doeselaar, McLean, K. C., Wim Meeus, Denissen, J. J. A., & Klimstra, T. A. (2020). Adolescents' identity formation: Linking the narrative and the dual-cycle approach. *Journal of Youth and Adolescence, 49(*4), 818–835. https://doi.org/10.1007/s10964-019-01096-x

Mahin Naderifar, Goli, H., & Fereshteh Ghaljaie. (2017). Snowball sampling: A purposeful method of sampling in qualitative research. *Strides in Development of Medical Education, 14(*3). e67670. https://doi.org/10.5812/sdme.67670

Markus, H. R., & Kitayama, S. (2010). Cultures and selves: A cycle of mutual constitution. Perspectives on Psychological Science: *Journal of the Association for Psychological Science, 5*(4), 420–430. https://doi.org/10.1177/1745691610375557

Meuwese, D., van, Dijkstra, K., Krabbendam, L., & Maas, J. (2021). The value of nature during psychotherapy: A qualitative study of client experiences. *Frontiers in Psychology, 12,* 765177. https://doi.org/10.3389/fpsyg.2021.765177

Michael, C., & Cooper, M. (2013). Research Paper Post-traumatic growth following bereavement: A systematic review of the literature. *Counselling Psychology Review, 28(*4), 18–33. https://doi.org/10.53841/bpscpr.2013.28.4.18

Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health, 42*(5), 533–544. https://doi.org/10.1007/s10488-013-0528-y

Panjikidze, M., Beelmann, A., Khatuna Martskvishvili, & Chitashvili, M. (2020). Posttraumatic growth, personality factors, and social support among war-experienced young Georgians. *Psychological Reports, 123*(3), 687–709. https://doi.org/10.1177/0033294118823177

Paul, H. A. (2015). Roadmap to resilience: A guide for military, trauma victims and their families,by d. Meichenbaum. *Child & Family Behavior Therapy, 37*(3), 249–255. https://doi.org/10.1080/07317107.2015.1072000

Penner, F., Malgorzata Gambin, & Sharp, C. (2019). Childhood maltreatment and identity diffusion among inpatient adolescents: The role of reflective function. Jo*urnal of Adolescence, 76*(1), 65–74. https://doi.org/10.1016/j.adolescence.2019.08.002

Pinar Dursun, Steger, M. F., Christoph Bentele, & Schulenberg, S. E. (2016). Meaning and posttraumatic growth among survivors of the September 2013 Colorado floods. *Journal of Clinical Psychology, 72*(12), 1247–1263. https://doi.org/10.1002/jclp.22344

Poole, J. C., Dobson, K. S., & Pusch, D. (2017). Anxiety among adults with a history of childhood adversity: Psychological resilience moderates the indirect effect of emotion dysregulation. *Journal of Affective Disorders, 217*, 144–152. https://doi.org/10.1016/j.jad.2017.03.047

Richard, J., Rebinsky, R., Suresh, R., Kubic, S., Carter, A., Cunningham, J. E. A., Ker, A., Williams, K., & Sorin, M. (2022). Scoping review to evaluate the effects of peer support on the mental health of young adults. *BMJ Open, 12*(8), e061336. https://doi.org/10.1136/bmjopen-2022-061336

Richman, S. (2013). Out of darkness: Reverberations of trauma and its creative transformations. *Psychoanalytic Dialogues, 23*(3), 362–376. https://doi.org/10.1080/10481885.2013.794647

Ross, B., & Coambs, E. (2018). The impact of psychological trauma on finance: Narrative financial therapy considerations in exploring complex trauma and impaired financial decision making. *Journal of Financial Therapy*, 9(2). Article 4. https://doi.org/10.4148/1944-9771.1174

Rzeszutek, M., & Gruszczyńska, E. (2018). Posttraumatic growth among people living with HIV: A systematic review. *Journal of Psychosomatic Research, 114*, 81–91. https://doi.org/10.1016/j.jpsychores.2018.09.006

Schaefer, L. M., Howell, K. H., Schwartz, L. E., Bottomley, J. S., & Crossnine, C. B. (2018). A concurrent examination of protective factors associated with resilience and posttraumatic growth following childhood victimization. *Child Abuse & Neglect, 85*, 17–27. https://doi.org/10.1016/j.chiabu.2018.08.019

Schulze, L. N., J Klinger-König, Stolzenburg, S., Wiese, J., S Speerforck, Van, H Völzke, Grabe, H. J., & G Schomerus. (2020). Shame, self-identification with having a mental illness, and willingness to seek help in northeast Germany. *Psychiatry Research, 285*(112819), 112819. https://doi.org/10.1016/j.psychres.2020.112819

Shawcroft, J., & Coyne, S. M. (2022). Does thor ask iron man for help? examining help-seeking behaviors in Marvel Superheroes. *Sex Roles, 87*(3–4), 223–236. https://doi.org/10.1007/s11199-022-01301-5

Southwick, S. M., Bonanno, G. A., Masten, A. S., Panter-Brick, C., & Yehuda, R. (2014). Resilience definitions, theory, and challenges: interdisciplinary perspectives. *European Journal of Psychotraumatology,* 5(1), 25338. https://doi.org/10.3402/ejpt.v5.25338

Splevins, K., Cohen, K., Bowley, J., & Joseph, S. (2010). Theories of posttraumatic growth: Cross-cultural perspectives. *Journal of Loss & Trauma, 15*(3), 259–277. https://doi.org/10.1080/15325020903382111

Stige, S. H., Bente Træen, & Rosenvinge, J. H. (2013). The process leading to help seeking following childhood trauma. *Qualitative Health Research, 23*(10), 1295–1306. https://doi.org/10.1177/1049732313503907

Syed, M., & Arnett, J. J. (2015). *Emerging adulthood.* Oxford University Press. https://doi.org/10.1093/oxfordhb/9780199795574.013.9

Syed, M., & McLean, K. C. (2016). Understanding identity integration: Theoretical, methodological, and applied issues. *Journal of Adolescence, 47*(1), 109–118. https://doi.org/10.1016/j.adolescence.2015.09.005

Tedeschi, R. G., & Calhoun, L. G. (1996). The posttraumatic growth inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress, 9*(3), 455–471. https://doi.org/10.1002/jts.2490090305

Tedeschi, R. G., & Calhoun, L. G. (2004). TARGET ARTICLE: "posttraumatic growth: Conceptual foundations and empirical evidence." *Psychological Inquiry, 15*(1), 1–18. https://doi.org/10.1207/s15327965pli1501_01

Tedeschi, R. G., Shakespeare-Finch, J., Kanako Taku, & Calhoun, L. G. (2018). *Posttraumatic growth*. Routledge. https://doi.org/10.4324/9781315527451

Tranter, H., Brooks, M., & Khan, R. (2021). Emotional resilience and event centrality mediate posttraumatic growth following adverse childhood experiences. Psychological Trauma: *Theory, Research, Practice and Policy, 13*(2), 165–173. https://doi.org/10.1037/tra0000953

Triandis, H. C. (2015). Collectivism and individualism: Cultural and psychological concerns. *International Encyclopedia of the Social & Behavioral Sciences, 2nd edition, 4,* 206–210. https://doi.org/10.1016/b978-0-08-097086-8.24008-7

Truss, K., Siling, J. L., Phillips, L., Eastwood, O., & Bendall, S. (2023). Barriers to young people seeking help for trauma: A qualitative analysis of Internet forums. Psychological Trauma: *Theory, Research, Practice and Policy, 15*(Suppl 1), S163–S171. https://doi.org/10.1037/tra0001344

Tufford, L., & Newman, P. (2012). Bracketing in qualitative research. Qualitative Social Work: *QSW: Research and Practice, 11*(1), 80–96. https://doi.org/10.1177/1473325010368316

Vishnevsky, T., Cann, A., Calhoun, L. G., Tedeschi, R. G., & Demakis, G. J. (2010). Gender differences in self-reported posttraumatic growth: A meta-analysis. *Psychology of Women Quarterly, 34*(1), 110–120. https://doi.org/10.1111/j.1471-6402.2009.01546.x

Voth, R. J., Robinson, S. R., & Ravi, K. (2019). Understanding pathways within intimate partner violence: Economic abuse, economic hardship, and mental health. *Journal of Aggression, Maltreatment & Trauma, 28*(2), 222–242. https://doi.org/10.1080/10926771.2018.1546247

Wang, X., Lee, M. Y., & Yates, N. (2019). From past trauma to post-traumatic growth: The role of self in participants with serious mental illnesses. *Social Work in Mental Health, 17*(2), 149–172. https://doi.org/10.1080/15332985.2018.1517401

Wang, Z., Jiang, B., Wang, X., Li, Z., Wang, D., Xue, H., & Wang, D. (2023). Relationship between physical activity and individual mental health after traumatic events: a systematic review. *European Journal of Psychotraumatology, 14*(2), 2205667. https://doi.org/10.1080/20008066.2023.2205667

Zeynep Simsir, & Bulent Dilmac. (2021). Experiences of posttraumatic growth in witnesses to the July 15 coup attempt in Turkey. *Illness, Crises, and Loss, 29*(3), 220–240. https://doi.org/10.1177/1054137318803848

Zeynep Şimşir, Bülent Dilmaç, & Kozan, Ö. (2021). Posttraumatic growth experiences of Syrian refugees after war. *Journal of Humanistic Psychology, 61(*1), 55–72. https://doi.org/10.1177/0022167818801090

Zimmerman, M. A. (2013). Resiliency theory. *Health Education & Behavior, 40*(4), 381–383. https://doi.org/10.1177/1090198113493782