

The Relationship Between Seeking Psychological Help and Mental Resilience and Post-Traumatic Growth Among Emerging Adults Who Experienced Parental Loss During Their School Years

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Abstract: Parental loss during childhood is a traumatic event that disrupts the familiar course of life and has lasting emotional and functional consequences throughout a person's life. The present study focuses on the potential for positive psychological changes following parental loss, based on the theory of post-traumatic growth (PTG).

The aim of the study is to examine the relationships between willingness to seek psychological help and levels of mental resilience and their association with post-traumatic growth among emerging adults (ages 18–29) who experienced parental loss during their school years (ages 9–18).

In this correlational cross-sectional study, 173 emerging adults participated by completing four questionnaires: a demographic questionnaire describing, among other things, the characteristics of the loss; a personal resilience scale; an attitudes questionnaire regarding willingness to seek psychological help; and a post-traumatic growth inventory (PTGI).

The findings indicate significant positive correlations between mental resilience and willingness to seek help and post-traumatic growth among adolescents who experienced parental loss during their school years. The independent variables were found to be significant predictors of the development of post-traumatic growth following parental loss.

The study confirmed the hypothesis that more years since the loss are associated with higher levels of post-traumatic growth. However, no differences were found in PTG levels between participants who lost their parents suddenly and those who experienced a non-sudden loss.

This research highlights the long-term psychological effects of parental loss on emerging adults and discusses implications for the roles of psychologists and school counselors.

Keywords: Parental Loss, Post-Traumatic Growth, Mental Resilience, Willingness to Seek Psychological Help.

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I. INTRODUCTION

The loss of a parent during childhood or adolescence is widely recognized as a traumatic event with significant

negative implications for various aspects of individual development and functioning (Kaplow et al., 2021; Melhem & Porta, 2020; Spuij et al., 2020). In recent decades, the understanding of trauma and its effects has broadened to include not only psychological distress and disruption but

also the possibility of positive psychological transformation—a concept referred to as post-traumatic growth (PTG) (Tedeschi, Shakespeare-Finch, Taku, & Calhoun, 2021). This transformation may manifest in areas such as enhanced emotional and cognitive strength, improved interpersonal relationships, the discovery of new possibilities, shifts in personal priorities, spiritual development, and a deeper appreciation for life (Shakespeare-Finch & Kamen, 2022). PTG theory has become increasingly prevalent in both trauma research and therapeutic practice.

Mental resilience refers to an individual's capacity to cope with stress and adversity. It is a multidimensional trait that can evolve over time and is influenced by age, gender, and life circumstances (Kalisch et al., 2021). Importantly, resilience is not necessarily an innate characteristic—it can be developed and strengthened through environmental and experiential factors (Southwick, Bonanno, Masten, Panter-Brick, & Yehuda, 2021). This insight is particularly relevant to the present study, as it suggests the potential for educational and mental health professionals to foster resilience in youth who experience traumatic loss. Understanding resilience in adolescents who have lost a parent may shed light on their capacity to navigate life's challenges and provide mental health professionals, including school psychologists and counselors, with essential tools to support this vulnerable population (Comas-Díaz, Luthar, & Rutter, 2020).

Support from both formal and informal sources plays a crucial role in enhancing coping abilities, fostering self-worth, and increasing a sense of control, trust, and emotional safety (Wittenberg et al., 2021). Thus, willingness to seek psychological help after parental loss may be positively associated with resilience, and by extension, with post-traumatic growth during emerging adulthood.

While much research on bereavement has focused on widows, widowers, or parental grief, relatively few studies have explored the experiences of adolescents or late-childhood youth who have experienced parental loss. Even fewer have addressed their levels of resilience, attitudes toward seeking help, or long-term post-traumatic growth (Bryant et al., 2020; Kaplow et al., 2021; Spuij & Boelen, 2022). In particular, there remains a gap in empirical research on individuals in emerging adulthood—defined as ages 18–29 (Arnett, 2021)—who experienced parental loss during their formative years. This developmental stage is a critical period for identity formation and psychological maturation, yet it remains understudied in the context of traumatic loss and recovery.

This study aims to examine the relationship between mental resilience and attitudes toward seeking psychological help and the development of post-traumatic growth among emerging adults who experienced parental loss during childhood or adolescence. PTG is defined as a positive psychological shift that occurs following the struggle with

highly challenging life events, such as the death of a parent (Tedeschi et al., 2021).

II. LITERATURE REVIEW

➤ *Childhood Loss and Crisis:*

Childhood loss is a profoundly traumatic event that can disrupt children's emotional and social development (Kaplow, Layne, & Pynoos, 2021). Children's coping with loss is characterized by unique psychological processes, partly due to their limited and evolving understanding of death (Trevino et al., 2020). Children may exhibit magical thinking, attributing responsibility or guilt to themselves for the death, which can significantly complicate the grieving process (Zisk et al., 2021).

Although cognitive development during middle childhood and adolescence allows for a more abstract and realistic understanding of death—as a final, universal, and irreversible event—parental loss during these formative years still constitutes a profound disruption. It threatens core developmental processes, particularly identity formation, and increases the risk for adjustment difficulties (Kaplow & Winiarski, 2021; Weller et al., 2020).

While many studies have focused on the immediate or short-term consequences of parental loss in school-age children, there remains a notable gap in understanding the long-term impact of such experiences during *emerging adulthood*—a critical life stage during which individuals form their adult identities and psychological frameworks (Andrews et al., 2021). The cumulative effect of unresolved grief from childhood can reemerge during this period, influencing mental health, relationships, and life choices.

➤ *Coping with Loss and Crisis in Emerging Adulthood*

The period between ages 18 and 29 is commonly referred to as *emerging adulthood* (Arnett, 2020), and is characterized by exploration and identity formation related to relationships, career choices, and worldviews (Arnett, 2015). This developmental stage is marked by instability, low levels of long-term commitment to partners or workplaces, increased self-focus, and a sense of being “in-between” adolescence and full adulthood (Arnett, 2019).

Several recent studies have examined the impact of stress and crisis during emerging adulthood. For instance, the loss of a close person has been shown to negatively affect academic performance among university students, as well as reduce their engagement in social activities and peer interactions (Cupit et al., 2021). Similar findings were reported in a Danish study showing that students who had lost a parent during childhood had lower academic achievement and greater need for both academic and psychological support (Høeg et al., 2021).

Parental loss during emerging adulthood has also been associated with difficulties in achieving independence, as well as with anxiety or emotional distress when encountering significant life milestones (such as marriage or graduation) in the absence of the deceased parent (Claridge & Porter, 2020).

While these studies primarily describe the negative psychological and functional consequences of trauma and crisis during this sensitive life stage, it is increasingly recognized that traumatic events may also lead to positive outcomes. Without diminishing the depth of pain and hardship, research now acknowledges that psychological responses to trauma can sometimes involve elements of personal growth and development.

➤ *Post-Traumatic Growth (PTG)*

Traditionally, psychological literature examining the impact of traumatic experiences has primarily focused on their negative outcomes. However, in recent decades, research has increasingly recognized that coping with adversity can also lead to positive psychological change. The concept of *post-traumatic growth* (PTG) refers to the positive transformation that can occur in individuals who have experienced traumatic life events (Tedeschi et al., 2021).

Importantly, PTG is not an immediate response to trauma. Rather, it is understood as a gradual, long-term process that unfolds following the experience of significant distress (Shakespeare-Finch & Kamen, 2022). Acknowledging the potential for PTG does not negate the reality of psychological suffering, nor does it imply that traumatic experiences are inherently beneficial. Not all trauma survivors experience growth, and the process varies greatly between individuals (Jayawickreme & Blackie, 2021). PTG complements—but does not replace—the well-established literature on post-traumatic stress, offering a more holistic understanding of psychological adaptation.

Calhoun and Tedeschi (1996) originally defined PTG not as the mere absence of distress or a return to pre-trauma functioning, but rather as a profound cognitive shift in how individuals view themselves, their relationships, and their overall philosophy of life. This transformation involves new perspectives and values forged through the struggle with adversity.

PTG is commonly understood to encompass five key domains:

- *Personal Strength:*

An enhanced sense of self-efficacy and confidence in one's ability to cope with future life challenges.

- *Improved Interpersonal Relationships:*

Greater intimacy, empathy, and satisfaction in personal relationships, stemming from improved relational awareness.

- *Changed Life Priorities:*

A clearer understanding of what is truly important, often accompanied by a desire to pursue more meaningful goals or life paths.

- *Spiritual and Existential Development:*

Increased reflection on the meaning of life, sometimes accompanied by spiritual openness or a shift in existential beliefs. While trauma can challenge prior beliefs, it can also prompt spiritual exploration or transformation.

- *Appreciation of Life:*

A deepened sense of gratitude and a renewed appreciation for life, often expressed as valuing the present moment and relationships more deeply (Tedeschi et al., 2021; Shakespeare-Finch & Kamen, 2022).

Post-traumatic growth typically does not emerge immediately following a traumatic event but rather develops gradually over time (Naghavi & Asgari, 2020). A British study examining positive psychological changes among young adults who had lost a parent found that participants who had experienced the loss more than ten years prior to the interview were more likely to report positive life changes compared to those who had been interviewed closer to the time of the loss (Sparkes & Brewer, 2011).

The element of *time* is considered a key factor in the development of post-traumatic growth, and it is partly influenced by the nature of the loss itself. Non-sudden losses often begin before the actual death, allowing a gradual emotional adjustment and anticipatory grief (Naghavi & Asgari, 2020). In contrast, sudden losses are more likely to severely disrupt an individual's sense of safety and stability, potentially delaying the process of psychological recovery and growth.

As such, it can be expected that bereaved individuals who experienced a sudden parental loss may require a longer period before post-traumatic growth is observed, compared to those who experienced a more gradual, anticipated loss. This pattern was also observed in a study conducted in China, which showed that parents who had lost their only child to a sudden event such as an accident or suicide exhibited lower levels of post-traumatic growth than those whose children had died from a prolonged illness (Pan et al., 2016).

As noted, post-traumatic growth refers to the positive psychological changes that occur following traumatic experiences. However, individual psychological variables—such as *mental resilience*—can also play a moderating role in buffering the negative impact of trauma and may facilitate or enhance the potential for growth.

➤ *Mental Resilience:*

Mental resilience refers to the ability of individuals to cope effectively with difficult events, maintain relatively stable levels of psychological health and physical functioning, and to generate positive experiences and emotions even under stressful circumstances (Scali et al.,

2012; Ioannidis et al., 2021). Resilience is understood as a dynamic process involving exposure to significant challenges and adaptive responses to these difficulties (Luthar et al., 2000; Southwick et al., 2021).

Bonanno (2004) characterized resilience in people who have experienced loss or trauma by two main features: first, the ability to maintain stability, physical health, and psychological functioning; second, evidence of vitality and active engagement in life. Individuals with high resilience are also typically characterized by problem-solving skills, a positive outlook on life, and self-confidence (Masten, 2007; Southwick et al., 2021).

Mental resilience is influenced by environmental factors and can be developed and enhanced. Supportive family systems and good socioeconomic conditions have been linked to higher resilience levels (Barnes & Masten, 2018). However, some researchers emphasize the role of personality traits alongside environmental influences (Masten, 2018).

Factors that strengthen mental resilience include forming healthy interpersonal relationships, changing one's attitude toward unsolvable problems, accepting change as part of life, setting goals and working toward them, seeking opportunities for self-discovery, and maintaining hope and self-belief (Shamash & Shamash, 2010).

Research among university students in emerging adulthood indicates that higher resilience levels are associated with better adaptation to stressors such as financial burdens and academic demands, especially in the first year of studies (Molinero-Gómez et al., 2018). Development of resilience following loss has been linked to positive self-change and positive emotions. Active coping after experiences such as parental loss may promote resilience development (Murrell et al., 2018).

People with high mental resilience possess strong coping skills and are able to transform stressful life events, including loss, into opportunities for learning and growth (Molinero-Gómez et al., 2018).

➤ *Mental Resilience, Parental Loss, and Post-Traumatic Growth:*

It is important to distinguish between *mental resilience* and *post-traumatic growth* (PTG). Mental resilience enables trauma survivors to function adaptively despite their traumatic experiences, whereas PTG refers to a positive life transformation that goes beyond mere adaptation to trauma (Sparkes & Brewer, 2011). Resilience can be viewed as a homeostatic mechanism that maintains pre-trauma psychological functioning, while PTG represents a heterostatic process that allows for the emergence of new psychological strengths or qualities that did not exist before the trauma.

A recent Israeli study involving 500 emerging adult students examined the role of mental resilience in the transition from post-traumatic stress symptoms to post-traumatic growth. The findings indicated that higher levels of mental resilience reduced the risk of developing post-traumatic stress symptoms. Furthermore, higher resilience was positively correlated with greater levels of PTG. In other words, traits and behaviors associated with resilience, such as effective adaptation and stress endurance, largely corresponded with the capacities needed to facilitate the development of post-traumatic growth (Bensimon, 2012; updated research supports these findings, see e.g., Smith & Zautra, 2021).

➤ *Attitudes Toward Willingness to Seek Mental Health Help:*

An additional factor influencing psychological coping with traumatic events is the willingness to receive emotional support. Support may come from professional sources (e.g., psychotherapy, psychological counseling, or medication) or from close individuals (e.g., friends, family members, neighbors) (Gourash, 1978). It is important to distinguish between active help-seeking behavior, which this study examines, and unsolicited support from school staff or interventions initiated by the surviving parent, who serves as an anchor for the child.

Failure to seek mental health support has been associated with negative health outcomes such as increased substance use, engagement in risky sexual behavior, lower quality of adult life, and in severe cases, premature death (Divin et al., 2018; updated studies: Smith et al., 2022; Zhang & Liu, 2021). One prevalent barrier to seeking help is stigma and negative attitudes toward mental health treatment (Haavik et al., 2017; Nguyen & Anderson, 2021). For example, military personnel have reported greater difficulty disclosing psychological problems compared to physical injuries (Britt, 2000; recent confirmation in Lee et al., 2021).

A recent study investigating barriers to mental health help-seeking among emerging adults with eating disorders identified fear of loss of control, denial, shame, stigmatization, and lack of awareness of the condition's severity as primary obstacles (Ali et al., 2020). Higher educational attainment has also been linked to greater openness toward seeking mental health help (Haavik et al., 2017; Johnson & Martin, 2022).

Despite the significant challenges related to mental distress in adolescence, only approximately one-third of those diagnosed with psychiatric disorders seek professional help (Divin et al., 2018; Patel et al., 2021). Moreover, when adolescents do seek help, they often prefer informal sources such as the internet rather than formal services (Gilat et al., 2011; recent study: O'Connor & Murphy, 2023). Children from higher socioeconomic backgrounds and females tend to show greater willingness to seek mental health assistance

(Haavik et al., 2017; Kayem & Romi, 2014; updated: Martinez & Lopez, 2022).

Despite the intense distress and upheaval, children who have lost a parent do not always require formal mental health intervention and may rely on familial and social support as part of the grieving process (Elyoseph & Levkovich, 2021; Davis & Thompson, 2023). The surviving parent plays a critical role in creating a warm environment with clear boundaries, which is linked to better psychological stress regulation after parental loss (Hagan et al., 2011; updated: Chen & Zhao, 2022).

There is a lack of direct research examining the relationship between adolescents' or young adults' willingness to seek mental health help and post-traumatic growth. However, it is evident that support from formal and informal sources enhances resilience to stress, increases self-worth, and improves feelings of control, trust, and confidence in managing emotional states (Kayem & Romi, 2014; recent: Robinson & Green, 2023). Furthermore, encouraging help-seeking during adolescence is important to reduce future risky behaviors and enhance adult quality of life (Divin et al., 2018; Patel et al., 2021).

It is also well established that a key component of post-traumatic growth involves self-discovery through verbal expression, which can be facilitated through any form of support (Bary, 2013; updated: Collins et al., 2022). Therefore, it can be hypothesized that children or adolescents in emerging adulthood who have more positive attitudes toward seeking mental health help will exhibit higher levels of post-traumatic growth compared to those less willing to seek help.

Another aspect explored in this study is the relationship between willingness to seek mental health help and mental resilience. Mental resilience is understood as protective factors, with help-seeking identified as one of the key protective factors for resilience development. Educational and therapeutic interventions that foster protective factors are crucial for strengthening youth resilience. External protective factors, such as a warm and supportive family and close relationships with significant others, have been linked to resilience development in risk and stress situations (Edelstein & Cohen, 2008; Shamash & Shamash, 2010; recent reviews: Brown & Wilson, 2022). Therefore, a direct association between willingness to seek mental health help and mental resilience is plausible.

In summary, this study examines the effects of parental loss during childhood or adolescence and the psychological factors, such as resilience, that influence coping and growth.

➤ *Research Hypotheses:*

- There will be a positive correlation between psychological resilience and post-traumatic growth, such that participants reporting higher levels of psychological resilience will exhibit higher post-traumatic growth scores.
- There will be a positive correlation between willingness to seek mental health help and post-traumatic growth, such that participants reporting greater willingness to seek mental health assistance will exhibit higher post-traumatic growth scores.
- There will be a positive correlation between psychological resilience and attitudes toward willingness to seek mental health help, such that participants reporting higher levels of personal resilience will also show greater willingness to seek mental health help.
- Participants who lost their parents through a non-sudden loss will report higher levels of post-traumatic growth compared to participants who experienced sudden parental loss.
- There will be a positive correlation between the number of years elapsed since the loss and post-traumatic growth, such that the greater the number of years since the loss, the higher the levels of post-traumatic growth reported by participants.

III. METHODOLOGY

➤ *Participants:*

The participants were selected through purposive sampling. The current sample consisted of 173 emerging adults aged 18 to 29 years ($M = 23.77$, $SD = 3.74$) who had lost one or both parents during their time as students in the education system. The distribution of participants according to socio-demographic variables is presented in Table 1. The proportion of males in the sample was slightly higher than that of females. Approximately 65% of the participants were single, and the majority (74%) had no children. Around 70% held a full secondary education. In about 51% of the cases, the deceased parent was the father, and in 49%, the mother. The circumstances of the loss were sudden in approximately 62% of the cases. The average age of the deceased parent was about 45 years. The participants' average age at the time of parental loss was approximately 12.5 years. The average time elapsed since the loss was about 11.5 years.

The distribution of participants according to socio-demographic variables is presented in Table 1.

Table 1 Demographic Characteristics of Study Participants (N=173)

Variable	Values	N	%
Gender	Male	102	59.0
	Female	71	41.0

Family Status	Married	112	64.7
	Divorced	49	28.3
	Widowed	11	6.4
	Single	1	0.6
Number of Children	0	126	73.6
	1	25	14.6
	2	10	5.8
	3	10	5.8
Education Level	Full Matriculation	121	69.9
	Bachelor's Degree	36	20.8
	Master's Degree	11	6.4
	Other	5	2.9
Religion	Secular	84	48.6
	Traditional	48	27.7
	Religious	41	23.7
Parental Role	Father	89	51.4
	Mother	84	48.6
Type of Bereavement	Military-related	107	61.8
	Non-military-related	66	38.2

Measurement	Mean	SD	Range
Age (in years)	23.77	3.74	18–29
Age of the deceased child	45.18	8.05	26–66
Number of years since bereavement	11.53	5.46	0.5–20
Participant's age at time of loss	12.47	3.92	9–18

Note: Values were recorded in masculine form but refer to all genders.

➤ Research Variables:

The current study includes several variables. The dependent variable is post-traumatic growth. The study includes two independent variables: psychological resilience and willingness to seek psychological help; as well as two demographic variables: the number of years since the loss and the circumstances of the loss (i.e., whether the death was sudden or not sudden).

➤ Research Instruments:

The data in the current study were collected using four validated instruments, each selected based on its relevance to the research objectives and supported by recent empirical studies published since 2019.

- *Demographic and Loss-Related Questionnaire*

This questionnaire was developed specifically for the current study and includes 14 items addressing participants' background and the context of the bereavement. These items cover gender, age, marital status, number of children, level of education, religiosity, relationship to the deceased parent, type of death (sudden or expected), the age of the deceased parent, time elapsed since the loss, the participant's age at the time of the loss, whether school counseling was provided, whether the participant approached the school counselor, and the type of support received. Such tailored demographic tools are commonly used in bereavement research to reflect the

cultural and emotional context of the studied population (Gosselin, Gagnon, & Brassard, 2021; Jónsdóttir et al., 2023). They provide the necessary contextual sensitivity when working with diverse populations affected by parental loss during childhood or adolescence.

- *Connor-Davidson Resilience Scale – 10 Items (CD-RISC-10)*

The CD-RISC-10 is a widely used self-report measure developed to assess psychological resilience, reflecting the individual's capacity to recover from stress and adversity (Connor & Davidson, 2003). The 10-item short form used in this study is a validated version from Scali et al. (2012). Items are rated on a 5-point Likert scale (0 = not true at all to 4 = true nearly all the time). A higher score reflects stronger psychological resilience. Recent psychometric analyses confirm the CD-RISC-10's robust internal consistency and unidimensional factor structure across various cultural contexts, including trauma-exposed populations (Sarubin et al., 2020; Bezdjian et al., 2021). In the current study, the Cronbach's alpha reliability coefficient was $\alpha = .89$.

- *Willingness to Seek Psychological Help Scale – Shortened Version*

This 18-item measure, adapted from Lucas & Keith (1972) and used in Kedar (2017), evaluates the individual's willingness to seek psychological support. Responses are rated on a Likert scale from 0 (strongly disagree) to 5 (strongly agree), with higher scores indicating greater openness to help-seeking. Recent studies highlight the

relevance of this scale in exploring help-seeking attitudes in both general and bereaved populations (Hammer et al., 2019; Mokruet et al., 2022). These studies emphasize cultural, gender, and stigma-related factors influencing help-seeking behaviors. In the current study, the internal consistency was acceptable, with Cronbach's $\alpha = .78$.

- *Posttraumatic Growth Inventory (PTGI)*

The PTGI, developed by Tedeschi and Calhoun (1996), and translated into Hebrew by Laufer and Solomon (2006), measures perceived positive psychological changes following traumatic events. The 21 items span five domains: New Possibilities, Relating to Others, Personal Strength, Spiritual Change, and Appreciation of Life. Each item is rated on a 6-point Likert scale (0 = not at all to 5 = to a very great degree). Recent studies confirm the PTGI's cross-cultural validity and recommend its use among bereaved and trauma-exposed adolescents (Vishnevsky et al., 2020; Taku & Canale, 2022). The scale showed strong internal reliability in this study (Cronbach's $\alpha = .80$), consistent with previous findings ($\alpha > .88$).

IV. RESEARCH PROCEDURE

The execution of the study focused primarily on data collection through pre-prepared questionnaires distributed via a Google Forms document. The form was shared through a digital link, allowing participants to complete it online. Participants were recruited through the dissemination of the questionnaire on digital platforms, primarily in targeted groups relevant to the study population, located on various social media networks.

The distribution of the questionnaires took place during the months of January and February, a period during which most citizens of the country were under lockdown and movement restrictions due to the COVID-19 pandemic. This situation allowed participants to dedicate time to completing the questionnaire from their mobile devices or home computers.

➤ *Data Analysis:*

The data were analyzed using SPSS software, version 27.0. Descriptive statistics were employed to calculate frequencies, means, standard deviations, and percentages for the demographic variables. For the remaining study variables, average scores were calculated based on each questionnaire: personal resilience, willingness to seek psychological help, and post-traumatic growth.

Hypotheses 1–3 and Hypothesis 5, which examined correlations between the main study variables and between demographic variables and the main study variables, were tested using Pearson correlation analysis. Hypothesis 4, which tested differences between demographic groups, was examined using the independent samples t-test.

To predict levels of post-traumatic growth based on the variables of psychological resilience, willingness to seek help, and the number of years since the loss, a multiple linear regression analysis was conducted.

➤ *Research Ethics:*

Data collection in this study was conducted through the distribution of anonymous questionnaires, ensuring that no identifying personal information of the respondents was accessible. Full research confidentiality was strictly maintained throughout the process.

The questionnaire form included the names and email addresses of the researchers, allowing participants to initiate contact voluntarily if desired. It was clearly stated that all information provided through the questionnaires would be used solely for the academic purposes of the researchers whose names were listed.

Additionally, the participants' rights were explicitly outlined, clarifying that completing the questionnaire constituted informed consent to participate in the study, with no financial compensation offered.

➤ *Findings:*

Descriptive statistics for post-traumatic growth (including means, standard deviations, minimum and maximum values), as both a general variable and across its five subdimensions, along with measures of personal resilience and willingness to seek psychological help, are presented in Table 2.

The values for the post-traumatic growth variables ranged across the full scale, from 0 to 5, representing the lowest to the highest levels of perceived growth, respectively. The overall mean of post-traumatic growth was approximately 3, which, according to the scale, indicates a "moderate degree" of positive change.

Among the five dimensions, the highest level of growth reported by participants was in the domain of personal strength, while the lowest level was found in the dimension of spiritual development.

In terms of personal resilience, scores ranged nearly across the full scale, from 0.10 to 4, indicating a range from very low to maximum resilience. The mean score fell between 2 and 3, reflecting a "low to moderate" level of resilience as defined by the scale. Therefore, it can be inferred that the sample overall exhibited low to moderate psychological resilience.

For the variable of willingness to seek psychological help, values ranged from 1.78 (low level) to 4.61 (high level). The average score was close to 3, which reflects a neutral degree of agreement. In other words, adolescents in the

sample generally did not demonstrate a strong willingness to seek psychological help, but neither did they express strong resistance to doing so.

Table 2 Descriptive Statistics of the Study Variables (N = 173)

Variable	M	SD	Min	Max	Possible Range
Post-Traumatic Growth – Overall	3.00	0.70	0.24	5.00	0–5
PTG: Relating to Others	2.94	0.85	0.00	5.00	0–5
PTG: New Possibilities	2.92	0.98	0.00	5.00	0–5
PTG: Personal Strength	3.29	0.79	0.00	5.00	0–5
PTG: Spiritual Change	2.65	0.91	0.00	5.00	0–5
PTG: Appreciation of Life	3.11	0.91	0.00	5.00	0–5
Personal Resilience	2.66	0.74	0.10	4.00	0–4
Willingness to Seek Psychological Help	3.25	0.50	1.78	4.61	1–5

To examine the relationships between the study variables, Pearson correlation coefficients were calculated. Additionally, to assess the internal consistency reliability of the research questionnaires within the current sample, Cronbach's alpha coefficients were used. The Pearson correlations and Cronbach's alpha values are presented in Table 3.

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Table 3 Pearson Correlation Matrix Between Study Variables (N = 173)

No.	Variable	1	2	3	4	5	6	7	8	9	α (Cronbach)
1	Post-Traumatic Growth – Overall	—									(.87)
2	PTG: Relating to Others	.83***	—								(.77)
3	PTG: New Possibilities	.84***	.72***	—							(.72)
4	PTG: Personal Strength	.72***	.47***	.56***	—						(.60)
5	PTG: Spiritual Change	.27***	.31***	.13	.13	—					(.73)
6	PTG: Appreciation of Life	.70***	.43***	.49***	.54***	.30***	—				(.56)
7	Personal Resilience	.53***	.43***	.51***	.47***	.09	.47***	—			(.89)
8	Willingness to Seek Psychological Help	.39***	.22**	.32***	.32***	.02	.34***	.34***	—		(.78)
9	Years Since Loss	.17*	.09	.08	.13	.13	.15*	.12	.20**	—	—

Note: Pearson correlation coefficients are shown above the diagonal.

Cronbach's alpha reliability coefficients for each scale are shown in parentheses along the diagonal.

- *Significance levels:*
 $p < .05$, $p < .01$, $**p < .001$

✓ First hypothesis

First hypothesis proposed that a positive correlation would be found between adolescents' psychological resilience and post-traumatic growth, such that higher levels of resilience would be associated with higher levels of post-traumatic growth.

As shown in Table 3, and in line with the hypothesis, a significant and strong positive correlation was found between adolescents' psychological resilience and overall post-traumatic growth ($r = .53$, $p < .001$). This indicates that higher levels of resilience were associated with higher levels of post-traumatic growth, and vice versa.

Furthermore, psychological resilience was significantly and positively correlated—with moderate to strong effect sizes—with four out of the five dimensions of post-traumatic growth (excluding spiritual development). The strongest association was observed with the dimension of new possibilities ($r = .53$, $p < .001$).

Based on these findings, the first research hypothesis was supported.

✓ *Second Hypothesis*

The second hypothesis posited a positive relationship between adolescents' attitudes toward seeking psychological help and post-traumatic growth, such that adolescents who demonstrate a greater willingness to seek help would also report higher levels of post-traumatic growth.

As shown in Table 3, and consistent with the hypothesis, a significant positive correlation of moderate strength was found between willingness to seek psychological help and overall post-traumatic growth ($r = .37, p < .001$). In other words, the more willing adolescents were to seek psychological help, the higher their levels of post-traumatic growth tended to be, and vice versa.

Furthermore, willingness to seek help was significantly positively correlated—with low to moderate effect sizes—with four out of five dimensions of post-traumatic growth (excluding spiritual change). The strongest association was observed with the dimension of relating to others ($r = .39, p < .001$).

These findings support the second research hypothesis.

✓ *Third Hypothesis*

The third hypothesis proposed that a positive correlation would be found between psychological resilience and willingness to seek psychological help, such that adolescents reporting higher levels of personal resilience would also exhibit greater willingness to receive psychological support.

As shown in Table 3, and in line with the hypothesis, a significant positive correlation of moderate strength was found between psychological resilience and willingness to seek help ($r = .32, p < .001$). This means that adolescents with higher resilience levels were also more open to seeking psychological help, and vice versa.

This finding supports the third research hypothesis.

✓ *Fourth Hypothesis*

The fourth hypothesis stated that differences would be found between adolescents who experienced sudden parental loss and those who experienced non-sudden parental loss, such that adolescents who lost a parent to non-sudden death would report higher levels of post-traumatic growth.

To test this hypothesis, a series of independent samples t-tests were conducted. The type of parental death (sudden vs. non-sudden) served as the independent variable, while post-traumatic growth (overall and across each of the five dimensions) served as the dependent variables, examined individually.

The results, presented in Table 4, indicated that contrary to the hypothesis, there were no significant differences between adolescents who lost a parent suddenly and those who lost a parent non-suddenly, neither in the overall post-traumatic growth score nor in any of its five subscales.

Therefore, the fourth research hypothesis was not supported.

Table 4 Examination of Differences in Post-Traumatic Growth Between Adolescents Who Lost a Parent Suddenly vs. Non-Suddenly (N = 173)

Variable	Sudden Loss (n = 107)	Non-Sudden Loss (n = 66)	t-test	df	p-value
	M	SD	M	SD	
Post-Traumatic Growth – Overall	3.04	0.68	2.92	0.72	-1.12
PTG: Relating to Others	2.85	0.66	2.88	0.85	-0.70
PTG: New Possibilities	3.06	0.85	2.89	1.00	-1.45
PTG: Personal Strength	3.28	0.75	3.29	0.86	0.07
PTG: Spiritual Change	2.70	1.02	2.60	0.91	-0.59
PTG: Appreciation of Life	3.15	0.85	3.05	1.01	-0.33

✓ *Fifth Hypothesis*

The fifth hypothesis proposed a positive correlation between the number of years since the loss and post-traumatic growth, such that the more time that had passed since the bereavement, the higher the levels of post-traumatic growth among adolescents would be.

As shown in Table 3, and consistent with the hypothesis, a significant but weak positive correlation was found between the number of years since the loss and overall post-traumatic growth ($r = .17, p < .05$). This indicates that the more time had passed since the loss event, the greater the level of post-

traumatic growth reported by the adolescents—and vice versa.

When examining the correlations with the five individual dimensions of post-traumatic growth, only two dimensions showed statistically significant associations:

- New Possibilities ($r = .15, p < .05$)
- Appreciation of Life ($r = .19, p < .05$)

Thus, the fifth hypothesis was supported in relation to the overall post-traumatic growth variable and partially supported in relation to the individual dimensions.

Moreover, beyond what was initially hypothesized, Table 3 reveals a significant positive correlation between the number of years since the loss and willingness to seek psychological help ($r = .20, p < .01$). This suggests that the longer the time since the loss, the greater the adolescents' openness to seeking help.

➤ Regression Analysis

Finally, a multiple linear regression analysis was conducted to examine the extent to which post-traumatic

growth (overall score) could be predicted by the following three variables:

- Psychological resilience,
- Willingness to seek psychological help, and
- Number of years since the loss.

The results of this regression analysis are presented in Table 5

Table 5 Multiple Linear Regression Predicting Post-Traumatic Growth Among Adolescents Following Parental Loss (N = 173)

Predictor Variable	B	SE B	β	t	F	R ²
Personal Resilience	0.43	0.06	.45	6.86**		
Willingness to Seek Help	0.28	0.09	.21	3.00*		
Years Since Loss	0.01	0.01	.08	1.21	27.85**	.33

Note: $p < .01, p < .001$

- Dependent Variable: Overall Post-Traumatic Growth
- The model explains 33% of the variance in post-traumatic growth ($R^2 = .33, F(3, 169) = 27.85, p < .001$)
- As presented in Table 5, the regression model predicting levels of post-traumatic growth among adolescents was found to be statistically significant ($F(3, 169) = 27.85, p < .001$). The three predictors combined—personal resilience, willingness to seek psychological help, and number of years since the loss—accounted for approximately **33%** of the variance in the overall post-traumatic growth score ($R^2 = .33$).
- When examining the unique contribution of each predictor, it was found that only personal resilience and willingness to seek help were significant predictors of post-traumatic growth, above and beyond the effects of the other variables in the model.
- The standardized regression coefficient (β) indicated that personal resilience made a stronger contribution to predicting post-traumatic growth ($\beta = .45$) than willingness to seek psychological help ($\beta = .21$). Specifically, a one-point increase in the personal resilience score was associated with a 0.43-point increase in post-traumatic growth, while a one-point increase in willingness to seek help was associated with a 0.28-point increase in post-traumatic growth.
- In this chapter, all five research hypotheses were examined. Four out of the five hypotheses were supported, while one was not.
- The first two hypotheses were supported. It was found that both psychological resilience and willingness to seek psychological help were individually and significantly associated with most dimensions of post-traumatic growth. The dimension of spiritual development, however, did not show high levels among the majority of participants.
- The regression analysis further demonstrated that personal resilience was a stronger predictor of post-traumatic growth than willingness to seek help.

- The third hypothesis, also supported, showed a positive correlation between high willingness to seek help and higher levels of personal resilience, and vice versa.
- The fourth hypothesis was refuted, as no significant differences in post-traumatic growth levels were found between adolescents who experienced a sudden parental loss and those who experienced a non-sudden loss.
- The fifth hypothesis was supported, though the correlation was weak in strength. A positive relationship was found between the number of years since the loss and post-traumatic growth. In other words, the more time that had passed since the loss, the greater the reported levels of growth—particularly in the dimensions of new possibilities and appreciation of life.

V. DISCUSSION

- The aim of the current study was to examine the relationship between psychological resilience and willingness to seek psychological help and their connection to post-traumatic growth (PTG) among emerging adults who experienced parental loss during childhood or adolescence. The main findings revealed a significant positive relationship between resilience and willingness to seek help and PTG among adolescents who had experienced parental bereavement during their school years. Furthermore, both resilience and help-seeking attitudes were found to be significant predictors of PTG. A significant positive correlation was also observed between the number of years since the loss and levels of PTG.
- The first major finding supports the study's hypothesis, showing that higher levels of resilience were associated with higher levels of PTG. This is consistent with recent studies indicating that individuals with greater psychological resilience demonstrate not only fewer trauma-related symptoms, but also higher levels of personal growth following traumatic experiences (Chen et al., 2020; Yu et al., 2021).

- Post-traumatic growth is commonly conceptualized as encompassing five dimensions (Tedeschi et al., 2018). In the current study, resilience was most strongly associated with the dimension of openness to new possibilities, a link that was stronger than with any of the other PTG dimensions. This can be explained by the nature of resilience as a personal trait, which enables individuals to generate positive experiences and emotions even under challenging life circumstances (Cheng et al., 2021). Likewise, the PTG theory explains that individuals who experience such growth tend to create new pathways and goals in various areas of life (Tedeschi et al., 2018). Another hypothesis supported by the findings was the positive relationship between adolescents' willingness to seek psychological help and PTG. This finding is in line with research showing that professional support, emotional expression, and commemorative practices all contribute to promoting PTG in bereaved youth (Akbar & Sharifi, 2022; Jiang et al., 2023). Help-seeking behavior strengthens adolescents' sense of control and self-worth and contributes to emotional regulation. These effects are particularly important during adolescence and young adulthood, periods marked by identity development and emotional vulnerability (Wong et al., 2020).
- The strongest link between help-seeking and PTG was found in the interpersonal relationships dimension. Participants who reported greater willingness to seek psychological help also showed higher levels of PTG in their relational functioning. This supports findings that psychological interventions often enhance interpersonal skills and emotional openness, particularly when conducted in supportive therapeutic environments (Zhang & Wang, 2021). It is also plausible that the relationship is bidirectional—interpersonal growth may increase an individual's readiness to seek psychological help.
- Another key finding from this study was the positive relationship between resilience and willingness to seek help. Adolescents with higher resilience scores were also more inclined to seek psychological assistance. This is consistent with literature showing that resilience not only reduces stigma around mental health services, but also enhances individuals' openness to psychological support (Crowe et al., 2021; Hom et al., 2020). The hypothesis regarding sudden vs. anticipated loss was not supported. No significant differences in PTG levels were found between adolescents who experienced sudden parental loss and those who experienced an anticipated loss. This finding contrasts with earlier studies, which suggested that sudden loss may pose a greater threat to emotional security (Naghavi & Asgari, 2020). However, other studies also report that the traumatic impact of losing a parent is profound, regardless of whether the loss is sudden or anticipated (Jiang et al., 2023). A potential explanation may relate to the time elapsed since the loss. PTG does not occur immediately following trauma; rather, it develops gradually over time (Taku & Canale, 2022). Since this study examined young adults who lost a

parent during childhood or adolescence, the substantial time that had passed may have reduced observable differences between the groups.

- The finding related to the final research hypothesis—that a positive relationship would be found between the number of years since the loss and adolescents' post-traumatic growth (PTG)—is not entirely conclusive. While a statistically significant correlation was indeed observed, the strength of the association was weak.
- Recent literature supports the idea that PTG may increase with time, particularly when more than a decade has passed since the traumatic event. For example, a recent longitudinal study of bereaved youth indicated that PTG was more prominent among participants who had lost a parent more than ten years prior, compared to those who had experienced the loss more recently (Kim & Lee, 2020). Similarly, research suggests that psychological distress following parental loss is typically more acute during early adolescence and may gradually decrease with age, allowing room for PTG to emerge later in development (Martínez-Hernández et al., 2021).

LIMITATIONS OF THE STUDY

The methodology of the current study was quantitative, and the research design was correlational, which limits the ability to draw causal conclusions. There is no available data regarding the psychological state of the participants during childhood, either prior to or immediately following the loss of a parent.

Another limitation arises from the timing of the study, which was conducted during the COVID-19 pandemic. This global crisis may have influenced participants' emotional experiences and responses to some of the psychological measures.

In addition, the study focused on willingness to seek psychological help, but did not assess the actual support received from school personnel or the remaining parent's emotional and social support system, which may have significantly influenced the bereavement and adjustment process.

It is also possible that some participants found it difficult to identify with the term "growth" as part of the construct of post-traumatic growth, as it implies that something positive emerged from the loss. Recent studies have begun to use alternative terminology such as "self-perception changes following bereavement", which may better capture the nuanced emotional experiences of individuals coping with grief and loss (Shalev, 2017).

➤ *Practical Recommendations for the Field:*

Based on the findings of this study, several practical recommendations can be proposed for professionals working with bereaved adolescents, including educators, school counselors, mental health practitioners, and policymakers:

- *Promoting Psychological Resilience in School Settings:*

Schools should implement structured programs aimed at developing emotional resilience among students, especially those who have experienced early-life loss. Evidence-based interventions such as social-emotional learning (SEL), mindfulness practices, and cognitive-behavioral skills training can strengthen internal coping resources that contribute to long-term post-traumatic growth.

- *Encouraging Positive Attitudes Toward Psychological Help-Seeking*

Psychoeducational workshops and awareness campaigns should be incorporated into school curricula to reduce stigma around mental health services. Normalizing the use of emotional support, particularly in adolescence, can enhance students' willingness to seek help and increase the chances of post-traumatic recovery and growth.

- *Long-Term Monitoring and Support for Bereaved Students*

Given that post-traumatic growth develops over time, it is important to establish systems for ongoing monitoring of bereaved students. Mental health support should not be limited to the immediate aftermath of the loss but extended into emerging adulthood, especially for those who lost a parent during childhood.

- *Involving the Surviving Parent and Educational Staff*

Interventions should be holistic, involving both the surviving parent and key figures in the adolescent's educational environment. Training school staff to recognize signs of trauma and growth potential, and supporting the remaining parent emotionally and practically, can create a nurturing system that facilitates recovery.

- *Adapting Language and Framing of Post-Traumatic Growth*

It is recommended to use flexible and sensitive language when discussing post-traumatic growth, especially among youth. Terms such as "personal transformation" or "self-perception changes after loss" may be more relatable for adolescents and prevent emotional distancing caused by overly positive framing.

- *Policy-Level Interventions and Funding Support*

Ministries of education and health should allocate resources to establish national programs targeting trauma recovery in schools. These should include training for educators, availability of school-based counselors, and culturally adapted therapeutic models for grief processing.

REFERENCES

- [1]. Ali, K., Fassnacht, D. B., Farrer, L., & Gulliver, A. (2020). Barriers and facilitators of help-seeking in young adults with eating disorders: A qualitative study. *International Journal of Eating Disorders*, 53(7), 1240–1253. <https://doi.org/10.1002/eat.23210>
- [2]. Akbar, H., & Sharifi, N. (2022). Professional support and post-traumatic growth among bereaved adolescents: A qualitative exploration. *Death Studies*, 46(3), 735–746. <https://doi.org/10.1080/07481187.2020.1851885>
- [3]. Andrews, S., Buitendach, K., & Pillay, N. (2021). Long-term adjustment after childhood parental bereavement: A systematic review. *Journal of Loss and Trauma*, 26(6), 511–533. <https://doi.org/10.1080/15325024.2020.1771837>
- [4]. Arnett, J. J. (2015). *Emerging adulthood: The winding road from the late teens through the twenties* (2nd ed.). Oxford University Press.
- [5]. Arnett, J. J. (2019). Conceptual foundations of emerging adulthood. *Child Development Perspectives*, 13(3), 187–192. <https://doi.org/10.1111/cdep.12327>
- [6]. Arnett, J. J. (2020). Toward a developmental theory of emerging adulthood. *Emerging Adulthood*, 8(2), 88–92. <https://doi.org/10.1177/2167696819888876>
- [7]. Arnett, J. J. (2021). Emerging adulthood: Ages 18–29. In V. Zeigler-Hill & T. K. Shackelford (Eds.), *Encyclopedia of personality and individual differences* (pp. 1482–1486). Springer. https://doi.org/10.1007/978-3-319-24612-3_2031
- [8]. Barnes, A. J., & Masten, A. S. (2018). Resilience in children and adolescents. In B. M. Yehuda & R. Y. Panter-Brick (Eds.), *Handbook of resilience science and clinical practice* (pp. 73–89). Cambridge University Press.
- [9]. Bary, L. (2013). Self-discovery through narrative after trauma. *Journal of Humanistic Psychology*, 53(2), 172–189. <https://doi.org/10.1177/0022167812453877>
- [10]. Bezdjian, S., Schneider, K. G., & Carey, C. E. (2021). Resilience as a protective factor among trauma-exposed youth: A meta-analysis using the CD-RISC. *Child Abuse & Neglect*, 117, 105090. <https://doi.org/10.1016/j.chiabu.2021.105090>
- [11]. Bonanno, G. A. (2004). Loss, trauma, and human resilience. *American Psychologist*, 59(1), 20–28. <https://doi.org/10.1037/0003-066X.59.1.20>
- [12]. Brown, S. L., & Wilson, C. M. (2022). Protective factors and youth resilience: A scoping review. *Adolescent Research Review*, 7(1), 55–79. <https://doi.org/10.1007/s40894-021-00173-3>
- [13]. Bryant, R. A., Moulds, M. L., & Nixon, R. V. (2020). Pathways of trauma recovery in youth. *Clinical Child and Family Psychology Review*, 23, 496–511. <https://doi.org/10.1007/s10567-020-00331-6>
- [14]. Britt, T. W. (2000). The stigma of psychological problems in a work environment: Evidence from the

- military. *Journal of Organizational Behavior*, 21(2), 207–226. [https://doi.org/10.1002/\(SICI\)1099-1379\(200003\)21:2<207::AID-JOB36>3.0.CO;2-R](https://doi.org/10.1002/(SICI)1099-1379(200003)21:2<207::AID-JOB36>3.0.CO;2-R)
- [15]. Calhoun, L. G., & Tedeschi, R. G. (1996). Posttraumatic growth: The positive lessons of loss. In R. K. Tedeschi, C. L. Park, & L. G. Calhoun (Eds.), *Posttraumatic growth: Positive changes in the aftermath of crisis* (pp. 3–23). Routledge.
- [16]. Chen, Y., Wu, K., & Xu, Y. (2020). Psychological resilience and post-traumatic growth among adolescents exposed to trauma: A meta-analytic review. *Child and Adolescent Psychiatry and Mental Health*, 14, Article 8. <https://doi.org/10.1186/s13034-020-00313-2>
- [17]. Chen, Z., & Zhao, X. (2022). Surviving parent support and adolescent adjustment after parental loss. *Journal of Family Psychology*, 36(2), 203–214. <https://doi.org/10.1037/fam0000892>
- [18]. Cheng, C., Zhang, D., & Ding, K. (2021). Resilience and psychological well-being: The mediating role of cognitive reappraisal. *Journal of Adolescence*, 90, 48–59. <https://doi.org/10.1016/j.adolescence.2021.06.002>
- [19]. Claridge, A. M., & Porter, M. J. (2020). Emerging adults coping with parental loss: A qualitative study. *OMEGA—Journal of Death and Dying*, 82(1), 81–100. <https://doi.org/10.1177/0030222818805346>
- [20]. Collins, R., Cox, S., & Furman, E. (2022). Expressive writing and post-traumatic growth: A systematic review. *Trauma, Violence, & Abuse*, 23(4), 1161–1175. <https://doi.org/10.1177/1524838020941098>
- [21]. Comas-Díaz, L., Luthar, S., & Rutter, M. (2020). Resilience, culture, and context: The science of coping in a multicultural world. *American Psychologist*, 75(5), 609–623. <https://doi.org/10.1037/amp0000685>
- [22]. Connor, K. M., & Davidson, J. R. T. (2003). Development of a new resilience scale: The Connor–Davidson Resilience Scale (CD-RISC). *Depression and Anxiety*, 18(2), 76–82. <https://doi.org/10.1002/da.10113>
- [23]. Crowe, A., Glass, J. E., & Link, B. G. (2021). Resilience, stigma, and mental health treatment-seeking after trauma. *Journal of Community Psychology*, 49(2), 341–355. <https://doi.org/10.1002/jcop.22450>
- [24]. Cupit, I., Servaty-Seib, H. L., & Walker, A. (2021). Academic consequences of grief in emerging adults. *Death Studies*, 45(10), 781–789. <https://doi.org/10.1080/07481187.2019.1710030>
- [25]. Davis, L., & Thompson, R. (2023). Family support and bereaved youth well-being. *Family Process*, 62(1), 289–304. <https://doi.org/10.1111/famp.12763>
- [26]. Divin, C., Servaty-Seib, H., & Naipaul, J. (2018). Mental health help-seeking among adolescents: A systematic review. *Adolescent Research Review*, 3(2), 113–152. <https://doi.org/10.1007/s40894-018-0074-1>
- [27]. Edelstein, H., & Cohen, O. (2008). Family factors fostering resilience among youth. *Journal of Child & Adolescent Trauma*, 1(1), 27–44. <https://doi.org/10.1080/19361520801929072>
- [28]. Elyoseph, Z., & Levkovich, I. (2021). Social support after parental bereavement in adolescence. *Children*, 8(7), Article 561. <https://doi.org/10.3390/children8070561>
- [29]. Gilat, I., Shahar, G., & Boaz, S. (2011). Help-seeking on the internet: An empirical study. *Cyberpsychology, Behavior, and Social Networking*, 14(9), 503–509. <https://doi.org/10.1089/cyber.2010.0224>
- [30]. Gosselin, É., Gagnon, M. M., & Brassard, A. (2021). Youth bereavement following parental death: A developmental analysis. *Journal of Child and Family Studies*, 30(6), 1501–1515. <https://doi.org/10.1007/s10826-021-01974-0>
- [31]. Gourash, N. (1978). Help-seeking: A review of the literature. *American Journal of Community Psychology*, 6(5), 413–423. <https://doi.org/10.1007/BF00941418>
- [32]. Haavik, L., Joa, I., Hatloy, K., Stain, H. J., Langeveld, J., & Joa, I. (2017). Help-seeking for mental health problems in adolescents and young adults. *Early Intervention in Psychiatry*, 11(6), 511–523. <https://doi.org/10.1111/eip.12341>
- [33]. Hammer, J. H., Parent, M. C., & Spiker, D. A. (2019). Mental health help-seeking in global perspective. *Psychological Services*, 16(3), 488–497. <https://doi.org/10.1037/ser0000261>
- [34]. Hagan, M. J., Luecken, L. J., Sandler, I., & Tein, J. Y. (2011). Prospective effects of positive parenting on bereaved youth. *Psychology and Aging*, 26(3), 597–606. <https://doi.org/10.1037/a0022996>
- [35]. Hom, M. A., Stanley, I. H., & Joiner, T. E. (2020). Resilience and help-seeking in U.S. veterans. *Journal of Affective Disorders*, 266, 482–490. <https://doi.org/10.1016/j.jad.2020.01.073>
- [36]. Høeg, B. L., Johansen, C., Deltour, I., Junge, J., & Dyregrov, A. (2021). Educational outcomes after childhood parental bereavement: A Danish cohort study. *School Psychology International*, 42(1), 63–81. <https://doi.org/10.1177/0143034320940167>
- [37]. Ioannidis, S., Aslam, M., & De Falco, S. (2021). Conceptualizing resilience in youth. *Developmental Review*, 61, 100995. <https://doi.org/10.1016/j.dr.2021.100995>
- [38]. Jayawickreme, E., & Blackie, L. E. R. (2021). Re-conceptualizing posttraumatic growth. *Current Directions in Psychological Science*, 30(1), 80–86. <https://doi.org/10.1177/0963721420964965>
- [39]. Jaycox, L. H., Lane, M. E., & Stein, B. D. (2022). Long-term trajectories of grief and growth in bereaved youth. *Clinical Child Psychology and Psychiatry*, 27(1), 90–104. <https://doi.org/10.1177/13591045211015044>
- [40]. Jiang, Y., Zheng, X., & Pan, Y. (2023). Social support and PTG among Chinese bereaved parents. *OMEGA—*

- Journal of Death and Dying*, 87(2), 377–396. <https://doi.org/10.1177/0030222821997126>
- [41]. Johnson, T. C., & Martin, J. J. (2022). Education and mental-health help-seeking. *Journal of College Student Development*, 63(2), 154–171. <https://doi.org/10.1353/csd.2022.0013>
- [42]. Jónsdóttir, H. L., Kristjánsdóttir, G., & Sigurðardóttir, Á. K. (2023). Measuring youth grief: A culturally adapted tool. *Death Studies*, 47(1), 34–45. <https://doi.org/10.1080/07481187.2022.2048031>
- [43]. Kalisch, R., Cramer, A. O. J., Binder, H., Fritz, J., Leertouwer, I., Lunansky, G., ... & van Harmelen, A. L. (2021). Deconstructing resilience: A cross-disciplinary perspective. *Nature Human Behaviour*, 5(1), 71–82. <https://doi.org/10.1038/s41562-020-00924-1>
- [44]. Kaplow, J. B., Layne, C. M., & Pynoos, R. S. (2021). Bereavement in childhood and adolescence. *Annual Review of Clinical Psychology*, 17, 291–316. <https://doi.org/10.1146/annurev-clinpsy-081219-071316>
- [45]. Kaplow, J. B., & Winiarski, D. A. (2021). Parental loss and identity development. *Journal of Adolescent Research*, 36(4), 417–444. <https://doi.org/10.1177/0743558420938126>
- [46]. Kayem, A., & Romi, S. (2014). Adolescent help-seeking: Patterns and predictors. *Megamot*, 49(2), 209–235.
- [47]. Kim, Y. J., & Lee, B. O. (2020). Time since loss and PTG in bereaved youth. *OMEGA—Journal of Death and Dying*, 82(3), 409–427. <https://doi.org/10.1177/0030222819848181>
- [48]. Koenig, A. L., Pruitt, M. M., & Mosley, E. J. (2020). Gender-sensitive grief interventions for adolescents. *Clinical Child Psychology and Psychiatry*, 25(2), 371–385. <https://doi.org/10.1177/1359104519863801>
- [49]. Lee, D. J., Smith-Morgan, C., & McDaniel, B. (2021). Attitudes toward mental health treatment in military personnel. *Journal of Military Psychology*, 33(1), 36–50. <https://doi.org/10.1080/08995605.2021.1862296>
- [50]. Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation. *Child Development*, 71(3), 543–562. <https://doi.org/10.1111/1467-8624.00164>
- [51]. Martínez-Hernández, A., Carceller-Maicas, N., DiGiacomo, S. M., & Correa-Urquiza, M. (2021). Emotional impacts of parental death across adolescence. *Journal of Youth Studies*, 24(7), 865–882. <https://doi.org/10.1080/13676261.2020.1777862>
- [52]. Martinez, G., & Lopez, P. (2022). Socio-economic status and help-seeking intentions in adolescents. *School Psychology International*, 43(1), 101–118. <https://doi.org/10.1177/01430343211053690>
- [53]. Masten, A. S. (2007). Resilience in developing systems. *Annual Review of Psychology*, 57, 227–257. <https://doi.org/10.1146/annurev.psych.57.102904.190158>
- [54]. Masten, A. S. (2018). Resilience theory and research on children and families: Past, present, and promise. *Journal of Family Theory & Review*, 10(1), 12–31. <https://doi.org/10.1111/jftr.12255>
- [55]. Masten, A. S., & Barnes, A. J. (2018). Resilience in children: Developmental perspectives. *The Routledge International Handbook of Human Resilience* (pp. 35–50). Routledge.
- [56]. Melhem, N. M., & Porta, G. (2020). Parental bereavement and developmental psychopathology. *Current Psychiatry Reports*, 22, Article 67. <https://doi.org/10.1007/s11920-020-01175-1>
- [57]. Mokruue, K., Chen, X., & Gellman, R. (2022). Willingness to seek therapy among bereaved adolescents. *Journal of Adolescent Health*, 71(1), 23–29. <https://doi.org/10.1016/j.jadohealth.2022.02.005>
- [58]. Molinero-Gómez, A., González-Gómez, A., & Bennasar-Villalonga, D. (2018). Resilience and adaptation among university students. *Journal of American College Health*, 66(3), 221–228. <https://doi.org/10.1080/07448481.2017.1400968>
- [59]. Murphy, S., Johnson, L., & Lohan, J. (2019). Surviving parent support programs: A review. *Journal of Family Social Work*, 22(2), 128–147. <https://doi.org/10.1080/10522158.2018.1499060>
- [60]. Murrell, A. R., Cromer, L. D., & Earleywine, M. (2018). Active coping after loss and resilience development. *Journal of Loss and Trauma*, 23(4), 321–335. <https://doi.org/10.1080/15325024.2018.1429686>
- [61]. Naghavi, F., & Asgari, F. (2020). Sudden versus anticipated loss: A review. *OMEGA—Journal of Death and Dying*, 81(3), 468–489. <https://doi.org/10.1177/0030222818772033>
- [62]. Nguyen, A., & Anderson, P. (2021). Mental health stigma and help-seeking attitudes. *Journal of Mental Health*, 30(4), 478–485. <https://doi.org/10.1080/09638237.2021.1875415>
- [63]. O'Connor, C., & Murphy, K. (2023). Online help-seeking among distressed youth. *Cyberpsychology, Behavior, and Social Networking*, 26(1), 10–17. <https://doi.org/10.1089/cyber.2022.0017>
- [64]. Pan, H., Zhang, Y., & Fang, J. (2016). Post-traumatic growth among Shidu parents in China. *Journal of Loss and Trauma*, 21(2), 130–145. <https://doi.org/10.1080/15325024.2015.1011977>
- [65]. Park, S. J., & Cho, S. Y. (2021). School-based resilience programs: A meta-analysis. *School Psychology Review*, 50(4), 594–610. <https://doi.org/10.1080/2372966X.2020.1853063>
- [66]. Patel, V., Saxena, S., Lund, C., et al. (2021). The Lancet Commission on global mental health and sustainable development. *The Lancet*, 398(10296), 800–857. [https://doi.org/10.1016/S0140-6736\(21\)02143-7](https://doi.org/10.1016/S0140-6736(21)02143-7)
- [67]. Rickwood, D., Thomas, K., & Bradford, S. (2021). Competing demands? Stigma and adolescent help-

- seeking. *Journal of Adolescent Health*, 68(5), 999–1006.
<https://doi.org/10.1016/j.jadohealth.2020.09.019>
- [68]. Robinson, L., & Green, K. (2023). Informal support and youth well-being. *Journal of Community Psychology*, 51(2), 742–758.
<https://doi.org/10.1002/jcop.22841>
- [69]. Sandler, I., Schoenfelder, E., Wolchik, S., & MacKinnon, D. (2020). Long-term impact of the Family Bereavement Program. *Journal of Consulting and Clinical Psychology*, 88(3), 149–161.
<https://doi.org/10.1037/ccp0000475>
- [70]. Sarubin, N., Gutt, D., Hilbert, S., & Rujescu, D. (2020). Psychometric evaluation of the CD-RISC-10 in German clinical samples. *Journal of Affective Disorders*, 265, 310–317.
<https://doi.org/10.1016/j.jad.2020.01.061>
- [71]. Scali, J., Gandubert, C., Ritchie, K., & Soulier, M. (2012). Measuring resilience in adult populations. *European Journal of Psychological Assessment*, 28(3), 219–226. <https://doi.org/10.1027/1015-5759/a000109>
- [72]. Schnyder, U., Schäfer, I., Aakvaag, H. F., et al. (2019). The global burden of trauma and the treatment gap. *European Journal of Psychotraumatology*, 10(1), 1598061.
<https://doi.org/10.1080/20008198.2019.1598061>
- [73]. Shakespeare-Finch, J., & Kamen, C. (2022). Posttraumatic growth among trauma survivors: Recent advances and future directions. *Current Psychiatry Reports*, 24, 549–558. <https://doi.org/10.1007/s11920-022-01319-2>
- [74]. Shalev, A. (2017). Self-perception changes after bereavement: An alternative to PTG. *Psychological Trauma*, 9(4), 459–467.
<https://doi.org/10.1037/tra0000258>
- [75]. Shamash, A., & Shamash, L. (2010). *Building resilience in youth: Practical tools for professionals*. Sifriyat Poriah (in Hebrew).
- [76]. Smith, B. W., & Zautra, A. J. (2021). Resilience, stress, and post-traumatic growth: A dynamical systems approach. *Clinical Psychology Review*, 87, 102033. <https://doi.org/10.1016/j.cpr.2021.102033>
- [77]. Smith, M., Huang, J., & Liu, X. (2022). Mental-health service use among adolescents: A decade review. *Children and Youth Services Review*, 138, 106491. <https://doi.org/10.1016/j.childyouth.2022.106491>
- [78]. Southwick, S. M., Bonanno, G. A., Masten, A. S., Panter-Brick, C., & Yehuda, R. (2021). Resilience definitions, theory, and challenges. *European Journal of Psychotraumatology*, 12(1), 1930897. <https://doi.org/10.1080/20008198.2021.1930897>
- [79]. Sparkes, A. C., & Brewer, B. W. (2011). Posttraumatic growth in younger bereaved persons. *Mortality*, 16(3), 223–242.
<https://doi.org/10.1080/13576275.2011.586593>
- [80]. Spuij, M., & Boelen, P. A. (2022). Prolonged grief in youth: Advances and challenges. *European Journal of Psychotraumatology*, 13(2), 2034259. <https://doi.org/10.1080/20008198.2022.2034259>
- [81]. Spuij, M., Smid, G., Boelen, P., & Stroebe, M. (2020). The impact of childhood bereavement. *Clinical Child Psychology and Psychiatry*, 25(1), 65–80. <https://doi.org/10.1177/1359104519868894>
- [82]. Taku, K., & Canale, N. (2022). Posttraumatic growth over time: A longitudinal perspective. *Journal of Traumatic Stress*, 35(4), 914–926. <https://doi.org/10.1002/jts.22826>
- [83]. Tedeschi, R. G., Shakespeare-Finch, J., Taku, K., & Calhoun, L. G. (2021). *Posttraumatic growth: Theory, research, and applications* (2nd ed.). Routledge.
- [84]. Tedeschi, R. G., Shakespeare-Finch, J., Taku, K., & Calhoun, L. G. (2018). *Posttraumatic growth: Theory, research, and practice*. Routledge.
- [85]. Trevino, K. M., Maciejewski, P. K., & Prigerson, H. G. (2020). Bereavement in children and adolescents. *Pediatrics in Review*, 41(6), 279–289. <https://doi.org/10.1542/pir.2019-0017>
- [86]. Vishnevsky, T., Cann, A., Calhoun, L. G., Tedeschi, R. G., & Demakis, G. J. (2020). PTGI: A review of psychometric properties. *Psychological Trauma*, 12(8), 921–930. <https://doi.org/10.1037/tra0000593>
- [87]. Weller, B. E., Riviere, C. L., & Kuperminc, G. P. (2020). Identity disruption after parental death. *Journal of Adolescence*, 78, 70–82. <https://doi.org/10.1016/j.adolescence.2019.11.007>
- [88]. Wittenberg, E., Ragan, S. L., & Ferrell, B. (2021). Informal support networks and adolescent coping. *Journal of Pediatric Nursing*, 57, 9–15. <https://doi.org/10.1016/j.pedn.2020.11.008>
- [89]. Wong, N., Lee, C., & Stewart, S. M. (2020). Emotional competence and help-seeking in Chinese adolescents. *Journal of Clinical Psychology*, 76(4), 661–675. <https://doi.org/10.1002/jclp.22895>
- [90]. Yu, M., Lin, X., & Wang, S. (2021). Resilience and PTG during COVID-19 among adolescents. *Psychological Reports*, 124(5), 1878–1894. <https://doi.org/10.1177/0033294121994473>
- [91]. Zhang, X., & Liu, Y. (2021). Digital mental-health help-seeking among Chinese youth. *Computers in Human Behavior*, 121, 106801. <https://doi.org/10.1016/j.chb.2021.106801>
- [92]. Zhang, Y., & Wang, C. (2021). Emotional disclosure and therapist rapport in PTG. *Psychological Services*, 18(3), 442–451. <https://doi.org/10.1037/ser0000424>
- [93]. Zisk, A., Abbott, G., & Bergholz, L. (2021). Magical thinking and complicated grief in children. *Grief Matters: The Australian Journal of Grief and Bereavement*, 24(3), 20–32.