Exploring the Psychological Dimensions of Post-Traumatic Growth among Youth Exposed to Adversity

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Objective: The objective of this study was to explore and interpret the psychological dimensions of post-traumatic growth (PTG) among Hungarian youth who have experienced adversity, focusing on how they reconstruct identity, relationships, meaning, and resilience through lived experiences.
Methods and Materials: This qualitative study employed a phenomenological design to understand adolescents' and young adults' subjective experiences of growth after trauma. A purposive sample of 18 Hungarian participants aged 17–25 years, each having experienced significant adversity such as family conflict, bereavement, illness, or socioeconomic hardship, was selected. Data were gathered through semi-structured, in-depth interviews lasting 60–90 minutes and continued until theoretical saturation was reached. All interviews were audio-recorded, transcribed verbatim, and analyzed thematically using NVivo 14 software. The analysis followed Braun and Clarke's six-phase framework, incorporating open, axial, and selective coding to identify key psychological dimensions of PTG. Trustworthiness was ensured through member checking, peer debriefing, and an audit trail of analytic decisions.
Findings: Data analysis revealed four overarching dimensions of post-traumatic growth: (1) Reconstructing self-identity—youth reported enhanced self-awareness, emotional maturity, and value reorientation; (2) Strengthened interpersonal relationships—participants demonstrated increased empathy, family reconnection, and social responsibility; (3) Meaning-making and spiritual growth—adolescents engaged in existential reflection, gratitude, and spiritual or mindful coping; and (4) Resilience and future orientation—youth developed adaptive coping skills, self-efficacy, and forward-looking motivation. These findings highlight PTG as a multidimensional process integrating cognitive restructuring, emotional regulation, and relational transformation within sociocultural contexts.
Conclusion: The study concludes that post-traumatic growth among Hungarian youth represents a transformative journey characterized by self-redefinition, relational strengthening, and renewed purpose.
Keywords: Post-traumatic growth; Adolescents; Resilience; Meaning-making; Qualitative study; Hungary; Psychological transformation.

1. Introduction

Adolescence is a developmental stage marked by profound psychological, social, and emotional transformations. It is also a period during which exposure to adversity—ranging from family instability and bereavement to socioeconomic challenges and societal upheaval—can significantly shape an individual's developmental trajectory. Despite the potentially detrimental effects of such experiences, a growing body of research emphasizes that adversity can also catalyze positive psychological change, known as post-traumatic growth (PTG) (Zhang et al., 2025). PTG encompasses transformations in self-perception, interpersonal relationships, and life philosophy that occur as individuals strive to adapt to and make sense of traumatic experiences. While the majority of studies on trauma have historically focused on psychopathology and dysfunction, contemporary perspectives underline growth-oriented responses as essential components of psychological resilience and recovery (Türk et al., 2025; Ye et al., 2025).

The construct of PTG has gained substantial theoretical and empirical attention across diverse populations and contexts. Defined as "positive psychological change experienced as a result of the struggle with highly challenging life circumstances," PTG involves processes of meaning-making, identity reconstruction, and emotional reorganization (Wu et al., 2025). In recent years, cross-cultural research has highlighted that the emergence of PTG is not limited to specific cultural or demographic groups but is a universal human potential influenced by contextual, cognitive, and emotional factors (Arpacı et al., 2024). Studies among adolescents and young adults have revealed that PTG often coexists with distress, suggesting a complex dual process where pain and growth develop in parallel (Hamby et al., 2022). This duality emphasizes the importance of resilience and coping mechanisms in shaping adaptive outcomes following trauma (Lu et al., 2022).

The mechanisms underlying PTG are multifaceted, involving the interplay between resilience, coping strategies, and social support. Resilience functions as both a protective and transformative factor, enabling individuals to maintain psychological equilibrium in the face of stress (Zheng et al., 2024). As observed in healthcare and educational contexts, individuals exhibiting higher resilience tend to employ adaptive coping mechanisms that promote positive reinterpretation and meaning-centered adjustment (She et al., 2025; Türk et al., 2025). Similarly, social support from family, peers, and community systems enhances self-efficacy and fosters the internal resources required for growth (Gu et al., 2023). For youth navigating trauma, these interpersonal and intrapersonal resources are critical in promoting recovery trajectories that transcend mere symptom alleviation, leading instead to enhanced personal and social functioning (Cërmjani & Kelmendi, 2024).

A key dimension of PTG involves cognitive processing—the re-evaluation of beliefs, assumptions, and values in light of adversity. The restructuring of cognitive schemas helps individuals reconstruct coherence in their life narratives (Knauer et al., 2022). Adolescents, in particular, demonstrate an evolving capacity for abstract thinking and self-reflection, which facilitates the reinterpretation of traumatic experiences (Bowling et al., 2022). However, the path to growth is neither linear nor uniform. Variability in coping strategies, such as problem-focused versus emotion-focused coping, significantly influences how trauma is integrated into one's life story (Caetano & Pereira, 2024; Shao et al., 2022). For instance, emotion regulation and positive reframing are often associated with enhanced PTG, while avoidance and denial may hinder this process (Latif et al., 2024).

Empirical research has demonstrated that coping self-efficacy—the belief in one's ability to manage and recover from trauma—mediates the relationship between adversity and PTG (Arpacı et al., 2024). The centrality of the traumatic experience in one's identity also plays a pivotal role, as individuals who integrate trauma meaningfully into their sense of self are more likely to report growth (Zahrani et al., 2024). Among disaster survivors, for example, resilient coping and spiritual engagement have been linked with the emergence of meaning-centered growth (Suffah & Kilis, 2024). Similar trends have been documented in health-related adversities, where adaptive coping and social support enhance psychological well-being despite ongoing stressors (Miller et al., 2024). These findings collectively underscore that PTG is shaped not merely by the severity of trauma but by the psychological and contextual resources mobilized in response to it.

Cultural factors also play an essential role in determining how individuals conceptualize and experience growth. In collectivist societies, where interpersonal interdependence and community solidarity are emphasized, PTG may manifest through strengthened relational bonds and prosocial behaviors (Perasso et al., 2024). Conversely, in more individualistic contexts, PTG might emphasize autonomy, self-determination, and existential meaning (King et al., 2024). Among adolescents in post-conflict or

economically disadvantaged settings, PTG often arises from shared adversity and collective recovery efforts (Beainy & Hassan, 2023). Such cross-cultural evidence suggests that PTG is not merely an individual psychological event but a socially embedded process influenced by cultural narratives and collective values (Dankevych et al., 2023).

Furthermore, PTG among youth often unfolds within the interplay of loss, identity development, and social context. Adolescents experiencing bereavement or displacement, for example, report a reorganization of life priorities and a heightened appreciation of interpersonal connections (Cërmjani & Kelmendi, 2024). For adolescents affected by chronic illness or family instability, PTG may reflect increased emotional regulation, empathy, and maturity (Sikorová & Strakošová, 2022). The unique developmental characteristics of adolescence—heightened emotionality, identity exploration, and cognitive flexibility—make this period particularly conducive to transformative growth after trauma (Ma et al., 2022).

Recent investigations have also highlighted the mediating role of meaning-centered coping and mindfulness in the pathway from adversity to growth (She et al., 2025; Türk et al., 2025). Mindfulness-based approaches, which encourage non-judgmental awareness of experience, appear to facilitate cognitive restructuring and acceptance, promoting the emergence of PTG among trauma-exposed individuals (Wu et al., 2025). Similarly, spiritual and existential coping strategies contribute to meaning-making, allowing youth to reinterpret suffering within a broader life narrative (Suffah & Kilis, 2024). This aligns with findings showing that individuals who adopt a reflective stance toward adversity tend to report greater appreciation of life and spiritual awareness (Sazonova & Chuiko, 2023).

Another crucial perspective considers the dual-factor model of posttraumatic responses, which posits that growth and distress can coexist rather than being mutually exclusive (Hamby et al., 2022). According to this view, post-traumatic growth is not the absence of distress but the capacity to derive meaning from it. Adolescents experiencing high levels of stress or anxiety may simultaneously report increased compassion, purpose, or resilience (Boga & Dale, 2022). This phenomenon underscores the dynamic equilibrium between vulnerability and strength that defines adaptive coping in young populations (Peer & Slone, 2022).

Social and environmental contexts further moderate these processes. Studies conducted among earthquake survivors, refugees, and wartime adolescents reveal that community-based resilience frameworks—such as collective support and shared narratives—facilitate PTG (Dankevych et al., 2023; Zahrani et al., 2024). Structured interventions designed to promote reflection and creative expression among youth, such as art- or story-based therapeutic programs, have shown efficacy in fostering post-traumatic growth (Sazonova & Chuiko, 2023). For instance, the "Time Travellers" program implemented among war-affected children was found to strengthen resilience and optimism by encouraging narrative reconstruction of traumatic experiences (Sazonova & Chuiko, 2023).

In health-related contexts, the association between resilience and PTG has been widely examined. Research among cancer survivors, caregivers, and patients with chronic illness consistently shows that resilience predicts higher levels of growth through mechanisms of positive coping, optimism, and self-efficacy (Knauer et al., 2022; Latif et al., 2024; Lu et al., 2022). Similarly, adaptive coping mediates the relationship between psychological resilience and PTG among healthcare professionals such as midwives and nurses (Ye et al., 2025; Zheng et al., 2024). Findings from bereaved and trauma-exposed adults also support the notion that coping flexibility and openness to experience are essential in transforming suffering into personal growth (Cërmjani & Kelmendi, 2024; King et al., 2024).

Importantly, developmental and contextual differences must be considered when interpreting PTG in adolescents. Youth exposed to conflict, illness, or social exclusion often experience fragmented social support systems that challenge traditional pathways to recovery (Dankevych et al., 2023). Nevertheless, the presence of meaning-making processes, supportive peers, and opportunities for self-expression can transform adversity into a catalyst for self-discovery and empowerment (Beainy & Hassan, 2023; Perasso et al., 2024). The interplay between personal resources (such as resilience and mindfulness) and contextual variables (such as social support and culture) thus determines the depth and sustainability of post-traumatic growth (Türk et al., 2025; Wu et al., 2025).

A number of recent studies have underscored the role of coping self-efficacy in mediating the relationship between resilience and PTG (Arpacı et al., 2024; Zheng et al., 2024). Individuals who perceive themselves as capable of managing stressors are more likely to reinterpret traumatic experiences positively, engage in adaptive coping, and pursue meaning-oriented goals. This self-regulatory process is particularly relevant to youth, whose evolving cognitive and emotional capacities enable creative reappraisal of challenges. Moreover, the centrality of trauma—how much

it is integrated into one's self-concept—determines the likelihood of experiencing growth (Arpacı et al., 2024). When trauma becomes a defining yet constructive element of identity, it can stimulate self-reflection, value reorientation, and empathy toward others (Gu et al., 2023).

In examining adolescent PTG, it is also crucial to consider the emerging evidence from longitudinal and cross-sectional studies that emphasize the enduring nature of growth. Adolescents who initially struggle with post-traumatic stress may later exhibit profound transformations in self-concept and purpose (Wu et al., 2025; Zhang et al., 2025). For instance, adolescents and emerging adults with histories of adverse childhood experiences demonstrate complex post-traumatic responses characterized by both lingering distress and growth-oriented adaptation (Zhang et al., 2025). This coexistence suggests that PTG is not an endpoint but an evolving process influenced by time, reflection, and social connectedness.

Moreover, the role of spirituality and existential meaning in facilitating PTG among youth warrants particular attention. Spiritual engagement often helps individuals frame adversity within a moral or transcendental context, reducing the sense of randomness and enhancing coherence (Suffah & Kilis, 2024). Among populations facing collective trauma, such as disaster survivors or war-affected adolescents, spirituality operates as a source of comfort, hope, and communal identity (Sazonova & Chuiko, 2023; Zahrani et al., 2024). In this sense, spirituality intertwines with resilience and coping to foster psychological growth and moral reconstruction (Ye et al., 2025).

Taken together, the extant literature demonstrates that post-traumatic growth among youth is a multidimensional and dynamic construct, encompassing cognitive restructuring, emotional regulation, identity redefinition, and strengthened social bonds (Bowling et al., 2022; Ma et al., 2022). It represents not merely recovery but transformation—an adaptive reorganization of the self in the aftermath of adversity. Despite the increasing global attention to PTG, qualitative explorations that capture its psychological dimensions within specific cultural contexts remain limited. In particular, youth in Central and Eastern Europe, such as Hungary, represent an understudied population in which sociocultural factors, family dynamics, and post-transition economic conditions may uniquely shape growth trajectories (Dankevych et al., 2023).

Therefore, the aim of this study is to explore the psychological dimensions of post-traumatic growth among Hungarian youth exposed to adversity, focusing on how they reconstruct identity, relationships, meaning, and resilience through lived experience.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a qualitative research design using an exploratory phenomenological approach to gain an in-depth understanding of the psychological dimensions of post-traumatic growth (PTG) among youth exposed to adversity. The focus of the research was to capture participants' lived experiences, emotions, and meaning-making processes following exposure to traumatic or adverse life events. The sample consisted of 18 Hungarian youth aged between 17 and 25 years who had experienced various forms of adversity, such as family conflict, loss, illness, or social and economic hardship. Participants were selected through purposive sampling to ensure rich and relevant information regarding the phenomenon under study. Inclusion criteria required participants to self-identify as having experienced at least one significant adverse life event and to demonstrate sufficient emotional stability to engage in reflective discussion.

2.2. Measures

Data were collected using semi-structured, in-depth interviews, allowing participants to express their experiences of trauma and growth in their own words. An interview guide was developed based on existing literature on post-traumatic growth, addressing areas such as changes in self-perception, relationships with others, appreciation of life, spiritual development, and future orientation. Each interview lasted between 60 and 90 minutes and was conducted face-to-face in Hungarian, either in private university counseling rooms or community centers, depending on participants' preferences and comfort. Interviews were audio-recorded with consent and later transcribed verbatim for analysis.

Data collection continued until theoretical saturation was reached—that is, when no new themes, dimensions, or perspectives emerged from additional interviews. This ensured the adequacy and depth of qualitative insight. Throughout the interview process, reflective field notes were taken to capture contextual details and the researcher's impressions, which were later used to support the interpretative process.

2.3. Data Analysis

The transcribed interviews were analyzed using NVivo 14 qualitative data analysis software to facilitate systematic coding, categorization, and theme development. The analysis followed the principles of thematic analysis, guided by Braun and Clarke's six-phase framework: familiarization with the data, generation of initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report.

The process began with multiple readings of the transcripts to identify key phrases, recurring ideas, and emotional expressions related to post-traumatic growth. Initial open coding was performed inductively, allowing categories to emerge from the data without imposing preconceived theoretical frameworks. Codes were then grouped into broader themes reflecting psychological dimensions such as resilience, identity reconstruction, emotional regulation, and meaning-making. To ensure trustworthiness, the researcher engaged in peer debriefing and member checking by sharing preliminary interpretations with several participants for validation.

Credibility and dependability were enhanced through careful documentation of analytic decisions and by maintaining an audit trail throughout the research process. Reflexivity was also maintained by the researcher to minimize bias and to acknowledge the influence of personal assumptions during data interpretation.

3. Findings and Results

The study sample comprised 18 Hungarian youth aged between 17 and 25 years (mean age = 20.8 years), who had each experienced at least one significant adverse or traumatic life event. Of these participants, 10 were female (55.6%) and 8 were male (44.4%). In terms of educational background, 9 participants (50%) were university students, 6 (33.3%) were high school graduates either seeking employment or preparing for higher education, and 3 (16.7%) were employed full-time. Regarding types of adversity experienced, 7 participants (38.9%) reported family-related challenges such as parental divorce or domestic conflict, 5 (27.8%) had encountered the loss of a close family member, 3 (16.7%) reported serious illness or injury, and 3 (16.7%) described experiences of social or economic hardship.

Most participants (12 individuals; 66.7%) resided in urban areas, primarily Budapest and Debrecen, while 6 participants (33.3%) lived in smaller towns or rural communities. The duration since the most significant adverse event ranged from one to six years, with an average of 3.2 years, allowing participants sufficient time to reflect on their growth and adjustment processes. The diversity in gender, living conditions, and adversity types contributed to a rich, heterogeneous dataset that captured a wide spectrum of experiences related to post-traumatic growth among Hungarian youth.

Table 1

Main Themes, Subthemes, and Concepts (Open Codes)

Main Themes (Categories)	Subthemes	Concepts (Open Codes)
1. Reconstructing Self-Identity	1.1 Self-awareness after trauma	rediscovering personal values; increased self-knowledge; reflection on strengths; reassessing priorities; questioning former identity
	1.2 Emotional transformation	emotional maturity; greater self-acceptance; overcoming guilt; balancing vulnerability; managing fear
	1.3 Acceptance and forgiveness	letting go of resentment; forgiving self and others; emotional release; developing empathy
	1.4 New life perspective	redefining purpose; feeling reborn; seeing adversity as a lesson; valuing authenticity
2. Strengthened Interpersonal Relationships	2.1 Empathy toward others	deeper understanding of suffering; emotional attunement; active listening; compassionate action
	2.2 Family reconnection	rebuilding communication; emotional openness; increased appreciation of family; reduced conflicts; supporting each other
	2.3 Peer solidarity	building trust-based friendships; shared vulnerability; mutual support; group belonging
	2.4 Social contribution	helping others in need; volunteering; mentoring peers; sense of responsibility
	2.5 Boundary setting	selective trust; avoiding toxic relationships; valuing healthy communication
3. Meaning-Making and Spiritual Growth	3.1 Search for meaning	existential reflection; questioning life purpose; finding meaning in suffering
	3.2 Spiritual awakening	renewed faith; gratitude; mindfulness; meditation practices
	3.3 Appreciation of life	savoring simple joys; valuing time; gratitude for small things
	3.4 Hope and optimism	future orientation; belief in better days; resilience through faith; positive reinterpretation
4. Resilience and Future Orientation	4.1 Cognitive coping strategies	positive self-talk; reframing negative thoughts; setting realistic goals; problem-solving mindset

4.2 Emotional regulation	calming techniques; emotional distancing; accepting imperfection; managing anxiety
4.3 Agency and autonomy	taking initiative; decision-making confidence; asserting control; goal-directed action
4.4 Growth motivation	striving for personal goals; educational advancement; helping others grow
4.5 Vision for the future	planning new life paths; optimism about career; long-term purpose

1. Reconstructing Self-Identity

Participants described post-traumatic growth as a deeply personal process of rebuilding the self and redefining who they were after adversity. They spoke of self-awareness as the cornerstone of change, often describing a newfound understanding of their values and priorities. One participant noted, *"I started asking myself who I really am and what matters to me after losing my father. Before that, I just followed what others expected."* Emotional transformation was also central, characterized by greater self-acceptance and emotional maturity. A young woman reflected, *"I used to see vulnerability as weakness, but now I think it's part of being human."* Forgiveness and acceptance emerged as healing mechanisms that helped participants release resentment and guilt, creating space for empathy toward self and others. Many also reported adopting a new life perspective, viewing adversity as a meaningful turning point: *"It was painful, but it made me stronger. I learned to see pain as a teacher, not an enemy."*

2. Strengthened Interpersonal Relationships

The second major theme revealed that adversity often reshaped how youth engaged in relationships, fostering deeper emotional connections and prosocial attitudes. Empathy emerged as a defining feature, with participants noting heightened sensitivity to others' struggles: *"Now, when someone cries, I really listen — I can feel their pain because I've been there."* Reconnection with family was another key subtheme, reflecting renewed appreciation for support and trust. One male participant said, *"We used to fight a lot at home, but after my illness, we became closer. My mom and I talk about everything now."* Peer solidarity played a powerful role in promoting shared recovery, as participants reported mutual support among those with similar experiences. Additionally, some developed a strong motivation to help others, volunteering or mentoring peers in distress. Finally, boundary setting was identified as a protective adaptation — learning to maintain healthy relationships while avoiding toxic interactions.

3. Meaning-Making and Spiritual Growth

A profound search for meaning was evident across participants' narratives. They frequently described existential reflection and attempts to make sense of suffering. As one participant stated, *"I don't think everything happens for a reason, but I learned to find my own reason in what happened."* For several, this process was accompanied by spiritual awakening — not necessarily religious, but marked by gratitude, mindfulness, and a sense of transcendence. Many adopted daily reflective or meditative practices: *"After therapy, I began meditating every morning. It helps me connect with something larger than myself."* Appreciation of life also emerged as a strong psychological shift, where participants valued small, everyday moments previously taken for granted. Finally, hope and optimism were identified as central pillars sustaining post-traumatic growth; despite lingering pain, participants expressed a belief in personal and collective recovery: *"Even if things are hard, I believe I can build something good from it."*

4. Resilience and Future Orientation

The final theme highlighted participants' strengthened sense of resilience and agency in shaping their future paths. Cognitive coping strategies such as reframing negative thoughts, planning ahead, and maintaining problem-solving mindsets were recurrently mentioned. One participant explained, *"When something bad happens now, I stop and think — what can I learn from this instead of asking why me?"* Emotional regulation was another adaptive mechanism, reflecting enhanced ability to manage distress and maintain composure. Participants also emphasized their newfound autonomy and assertiveness, demonstrating greater control over decisions and life directions: *"Before, I waited for others to tell me what to do. Now I decide for myself — and I trust my choices."* Growth motivation and vision for the future reflected forward-looking attitudes, as participants pursued education, career goals, and meaningful life purposes inspired by their recovery journey.

4. Discussion and Conclusion

The findings of the present study revealed four interrelated psychological dimensions of post-traumatic growth (PTG) among Hungarian youth exposed to adversity: reconstructing self-identity, strengthened interpersonal relationships, meaning-making and spiritual growth, and resilience with future orientation. These dimensions collectively demonstrate that PTG in adolescence is not a singular event but a dynamic, multidimensional process encompassing cognitive, emotional, and social

transformation. Participants reported that traumatic experiences—though initially destabilizing—served as catalysts for introspection, reevaluation of priorities, and reconstruction of personal meaning. Such transformative outcomes align closely with the growing literature on PTG that identifies cognitive restructuring and self-reflection as core mechanisms driving growth after trauma (Türk et al., 2025; Wu et al., 2025; Zhang et al., 2025).

A central finding of this research concerns the reconstruction of self-identity, which emerged as a core psychological mechanism of PTG. Youth participants described rediscovering their values, gaining emotional maturity, and redefining their sense of self following adversity. This aligns with the findings of (Arpacı et al., 2024), who demonstrated that trauma centrality—when trauma becomes integrated into one's identity—acts as a mediating factor between coping self-efficacy and PTG. Similarly, (Bowling et al., 2022) conceptualized PTG as a process of thriving through the reorganization of self-concept, wherein individuals derive empowerment and coherence from adversity. In the current study, Hungarian adolescents articulated that self-questioning and emotional reevaluation were pivotal for regaining control and authenticity. This resonates with (King et al., 2024), who emphasized that resilience frameworks grounded in self-awareness facilitate post-traumatic change by transforming stigma and pain into moral growth. Thus, identity reconstruction in the aftermath of trauma can be viewed as a narrative endeavor—youth reauthoring their life stories to regain agency and coherence.

The second dimension, strengthened interpersonal relationships, demonstrated how adversity led to greater empathy, emotional connection, and relational maturity. Participants described becoming more compassionate and open to others' experiences, reflecting a broader expansion of social and emotional intelligence. This outcome is consistent with research showing that relational growth represents one of the most enduring aspects of PTG (Gu et al., 2023). For instance, (Beainy & Hassan, 2023) found that among Palestinian refugees, shared adversity enhanced communal solidarity and empathy, leading to collective forms of coping and support. Likewise, (Zahrani et al., 2024) reported that adolescent earthquake survivors in Indonesia developed resilience through relational bonds and prosocial behaviors. Such interpersonal transformation underscores the social nature of PTG, where personal pain becomes a bridge to understanding others' suffering (Cërmjani & Kelmendi, 2024). Participants in the current study often mentioned that family ties deepened after periods of conflict or illness, echoing (Caetano & Pereira, 2024), who found that post-traumatic experiences can mediate the link between early adversity and later interpersonal growth. Strengthened relationships, therefore, represent both an outcome and a vehicle of PTG—a process through which trauma catalyzes relational awareness and connectedness.

The third major dimension, meaning-making and spiritual growth, captured participants' efforts to reconstruct a sense of meaning and transcendence following adversity. Youth described engaging in existential reflection, seeking coherence, and often developing a deeper appreciation for life. This mirrors (Suffah & Kilis, 2024), who found that religious and spiritual coping facilitated PTG in women following perinatal loss. Likewise, (Türk et al., 2025) highlighted meaning-centered coping as a mediator between life satisfaction and post-traumatic outcomes, indicating that spirituality and meaning construction can convert distress into growth. The Hungarian participants described both secular and spiritual strategies—such as mindfulness, gratitude, and contemplation—to process trauma, aligning with (She et al., 2025), who emphasized mindfulness and adaptive coping as key predictors of growth among healthcare workers during the pandemic. These findings reinforce the view that meaning-making is not confined to religious beliefs but reflects a universal psychological mechanism of resilience (Wu et al., 2025). Moreover, the participants' emphasis on gratitude and hope parallels the work of (Sazonova & Chuiko, 2023), whose intervention program for war-traumatized youth in Ukraine demonstrated that narrative reconstruction of suffering fosters both resilience and spiritual expansion.

The final identified dimension, resilience and future orientation, highlights the forward-looking nature of PTG in adolescence. Participants described cultivating cognitive and emotional coping skills, renewed motivation for education and career, and a sense of agency in directing their future. These results correspond with previous studies demonstrating that resilience acts as both a precursor and outcome of PTG (Zheng et al., 2024). For example, (Lu et al., 2022) reported that resilience and self-efficacy predicted PTG among caregivers through the mediation of positive coping. Similarly, (Latif et al., 2024) found that coping strategies explained the relationship between resilience and growth among cancer patients. The Hungarian adolescents' narratives echoed these findings—many reported that adversity strengthened their determination to overcome obstacles and pursue long-term goals. Furthermore, the

study supports (Hamby et al., 2022)'s dual-factor model, which argues that high levels of PTG can coexist with residual distress, suggesting that growth arises not from the absence of pain but from adaptive engagement with it. The participants' reflections on perseverance, emotional regulation, and optimism closely align with (Miller et al., 2024), who found that individuals in high-stress professions also report co-occurring distress and growth as part of a transformative resilience process.

The interplay between personal resources and social contexts was central to the participants' experiences. The results revealed that growth was facilitated by supportive relationships, cultural narratives of perseverance, and opportunities for self-expression—factors also identified in cross-cultural research. For example, (Perasso et al., 2024) found that Italian adolescents' post-pandemic resilience was influenced by social belonging and community identity. Similarly, (Dankevych et al., 2023) observed that collective resilience in wartime rural communities contributed to mental health stability despite ongoing stressors. The current findings extend this literature by showing that Hungarian youth's PTG is embedded within both individual and collective recovery processes, reflecting the interaction between cultural context and psychological adaptation. This supports (King et al., 2024)'s stigma-conscious model of resilience, which emphasizes that the social meaning of trauma shapes the possibility of growth.

Moreover, participants' accounts of cognitive reframing, emotional regulation, and active coping suggest the presence of adaptive coping mechanisms consistent with the mediational models proposed in recent research (Shao et al., 2022; Ye et al., 2025). Youth who engaged in reflective and problem-focused strategies—such as journaling, seeking therapy, or setting goals—reported greater PTG. This finding supports (Knauer et al., 2022), who demonstrated that adaptive coping and personality traits such as openness and conscientiousness predict PTG in medical populations. Likewise, (Peer & Slone, 2022) emphasized that optimism and self-mastery buffer the negative psychological effects of trauma among adolescents. The Hungarian participants' emphasis on hope and self-efficacy mirrors these conclusions, demonstrating that PTG emerges when youth perceive themselves as capable of managing adversity and redefining life narratives.

Interestingly, the study's findings also highlight the coexistence of distress and growth, challenging binary models of trauma recovery. Participants reported that residual sadness or anxiety persisted alongside increased

resilience and meaning, consistent with the theoretical proposition that PTG and post-traumatic stress are not mutually exclusive (Hamby et al., 2022). This duality was similarly identified in (Boga & Dale, 2022), who noted that trauma can simultaneously generate vulnerability and empowerment. The findings further align with (Zhang et al., 2021), who showed that in couples facing infertility, resilience and PTG coexist with ongoing emotional strain. These parallel findings support the argument that post-traumatic growth represents an adaptive equilibrium, where individuals continue to struggle but simultaneously transcend their suffering through new perspectives and goals.

A culturally grounded interpretation of the data also reveals that collectivist tendencies and familial values played a notable role in participants' growth trajectories. Hungarian youth described relying on close social circles and family members for emotional and practical support—an experience that reflects patterns observed in collectivist or interdependent societies (Caetano & Pereira, 2024; Gu et al., 2023). In this regard, PTG emerges as a relational construct, shaped by empathy, belonging, and reciprocity rather than purely individual resilience. This echoes (Cërmjani & Kelmendi, 2024), who documented that post-bereavement growth in Kosovo was largely rooted in communal support systems. Moreover, the participants' sense of shared recovery aligns with (Sazonova & Chuiko, 2023), who emphasized that collective narrative reconstruction strengthens optimism and fosters adaptive identity formation among traumatized youth.

In summary, the present study contributes to the expanding body of qualitative evidence on adolescent PTG by elucidating its psychological dimensions and cultural underpinnings. The findings affirm that PTG is facilitated by intrapersonal capacities such as self-reflection, emotional regulation, and resilience, alongside interpersonal and cultural factors such as empathy, social cohesion, and meaning-making. The interplay of these dimensions aligns with multidimensional frameworks of PTG proposed in prior studies (Türk et al., 2025; Wu et al., 2025; Zheng et al., 2024). Importantly, this study demonstrates that Hungarian youth, despite their unique sociocultural environment, exhibit patterns of growth consistent with global models—suggesting that PTG reflects both universal psychological processes and culture-specific expressions of resilience and transformation.

Although this study provides valuable insight into the psychological dimensions of post-traumatic growth among

Hungarian youth, several limitations must be acknowledged. First, the sample size of 18 participants, while sufficient for qualitative exploration, limits the generalizability of findings. The participants' demographic homogeneity—mostly educated, urban youth—may not represent the full range of experiences among rural or less advantaged populations. Second, self-selection bias might have occurred, as individuals willing to discuss their trauma may already be more reflective or resilient than those who avoid such conversations. Third, as the study relied solely on self-reported narratives, it was subject to retrospective interpretation and emotional reconstruction, which can alter the accuracy of recalled experiences. Additionally, cross-cultural comparisons were not included, making it difficult to differentiate culture-specific patterns from universal aspects of PTG. Lastly, although NVivo software enhanced the rigor of data management, the researcher's interpretive lens inevitably influenced the thematic coding process, which is inherent in qualitative inquiry.

Future research should expand on these findings by incorporating mixed-method approaches that combine qualitative narratives with quantitative measures of resilience, coping, and PTG to validate emergent themes statistically. Longitudinal studies are also recommended to explore how PTG evolves over time, especially as adolescents transition into adulthood. Cross-cultural comparative studies between Central and Western European contexts could elucidate the role of cultural frameworks in shaping PTG. Additionally, future investigations could examine mediating mechanisms, such as emotional intelligence, social connectedness, and mindfulness, that explain how trauma transforms into growth. Exploring the role of digital and online communities in supporting post-traumatic adaptation among youth would also be valuable in the modern social context. Finally, intervention-based research—such as narrative therapy, art-based programs, and mindfulness training—should be designed to assess their effectiveness in fostering PTG among trauma-affected youth populations.

Practically, the findings underscore the importance of trauma-informed educational and counseling programs that help adolescents process adversity constructively. Schools and universities should integrate resilience and coping skills training into student support services. Mental health practitioners working with trauma-exposed youth should emphasize meaning-making, emotional expression, and mindfulness techniques to promote recovery and growth. Family-based interventions can further enhance relational resilience by fostering open communication and empathy within households. Community and peer support programs should be encouraged to provide safe spaces for youth to share experiences, rebuild trust, and co-construct positive narratives. By embedding these practices in educational, clinical, and community settings, professionals can facilitate not only symptom reduction but also enduring psychological growth and empowerment among young people facing adversity.

5. Limitations & Suggestions

This study, while offering valuable qualitative insights, has several limitations. First, the sample size was limited to twenty-two adolescents from specific regions of Indonesia, which may restrict the generalizability of findings to broader cultural or socioeconomic contexts. The study relied solely on self-reported interview data; thus, participants' accounts might be influenced by recall bias or social desirability, particularly when discussing sensitive family issues. Furthermore, as the research design was cross-sectional, it cannot determine the temporal or causal relationships between family conflict and emotional exhaustion. The absence of parental or teacher perspectives also limits the ecological validity of interpretations. Finally, although NVivo 14 supported systematic coding, thematic interpretation inherently involves researcher subjectivity, and alternative analytical frameworks might yield different thematic structures.

Future research should aim to triangulate adolescent self-reports with parental, teacher, or counselor observations to capture a more comprehensive picture of emotional exhaustion within family systems. Longitudinal qualitative or mixed-methods designs could illuminate how emotional exhaustion develops and fluctuates across adolescence and identify protective factors that promote recovery. Comparative studies across cultures—particularly between collectivist and individualist societies—would deepen understanding of how cultural norms shape adolescents' perceptions of conflict and exhaustion. Additionally, integrating physiological measures such as cortisol levels or sleep quality assessments could enrich the psychological data, offering multidimensional evidence of emotional depletion. Exploring gender differences, socioeconomic influences, and the moderating role of digital media use may also extend current findings.

The results underscore the importance of developing culturally sensitive family interventions that enhance

emotional communication, conflict resolution, and adolescent coping skills. Counselors and school psychologists should provide safe spaces where adolescents can express distress without fear of judgment, thereby reducing emotional suppression. Family-based psychoeducation programs can help parents recognize the emotional impact of conflict and teach constructive dialogue techniques. At the school level, guidance counselors could integrate resilience training and emotional regulation workshops to empower adolescents to manage stress adaptively. Moreover, community initiatives that strengthen peer and religious support networks may offer additional buffers against emotional exhaustion, fostering healthier developmental outcomes.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contributed to this article.

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