

Resilience Among Adolescents: A Systematic Review Of Definitions, Protective Factors, And Intervention Strategies

Jankar Ali¹, Prof. Priyanka Sharma²

¹Research Scholar, Department of Psychology, University of Jammu, Email id: jankarali55@gmail.com

²Professor, Department of Lifelong Learning, University of Jammu, Email id: pri.lot2000@gmail.com

Abstract

Resilience, defined as the dynamic capacity to adapt positively in the face of adversity, trauma, and significant stress, has emerged as a critical construct in adolescent developmental psychology and public health. This systematic review synthesises empirical evidence on resilience among adolescents aged 10–19 years, examining its conceptualisation, measurement, protective factors, and evidence-based interventions. Following PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines, a comprehensive search was conducted across four major databases—PsycINFO, PubMed, ERIC, and Web of Science—from January 2000 to December 2023. A total of 36 peer-reviewed studies met the inclusion criteria, representing diverse cultural, geographic, and socioeconomic contexts. Thematic synthesis identified three overarching domains of resilience-promoting factors: individual-level assets (self-efficacy, emotional regulation, problem-solving skills), family-level resources (parental warmth, cohesion, communication quality), and community-level supports (school connectedness, peer relationships, mentoring programmes). Findings reveal significant heterogeneity in resilience measurement instruments and intervention designs, highlighting the need for culturally sensitive, ecologically grounded frameworks. The review underscores the importance of multi-systemic approaches to nurturing resilience and provides actionable recommendations for practitioners, policymakers, and future researchers. Limitations, methodological considerations, and directions for further inquiry are discussed.

Keywords: resilience, adolescents, systematic review, protective factors, adversity, mental health, PRISMA, intervention.

1. Introduction

Adolescence represents a pivotal developmental phase characterised by rapid biological, psychological, and social transformations. During this period, young people are particularly susceptible to a range of stressors, including academic pressures, identity formation challenges, family conflict, socioeconomic hardship, and exposure to community violence (Steinberg, 2014). Despite these vulnerabilities, a substantial proportion of adolescents demonstrate remarkable capacity to navigate adversity and achieve positive developmental outcomes—a phenomenon broadly conceptualised as resilience (Luthar et al., 2000).

The construct of resilience has garnered considerable scholarly attention over the past four decades. Pioneer researchers such as Werner and Smith (1982) first documented resilience in longitudinal studies of children raised in adverse circumstances, finding that many individuals not only survived but thrived. Subsequent theoretical elaborations by Rutter (1987), Masten (2001), and Ungar (2008) have progressively refined understanding of resilience as not merely an individual trait but a dynamic, ecological process shaped by interactions between individuals and their environments.

Despite growing consensus on the importance of resilience for adolescent wellbeing, significant conceptual and methodological diversity persists in the literature. Resilience has been variously operationalised as a trait, a process, an outcome, or a capacity, leading to inconsistency in measurement and intervention design (Fletcher & Sarkar, 2013). Furthermore, the role of cultural context in shaping resilience pathways remains under theorised, particularly in non-Western settings (Ungar et al., 2013).

The present systematic review aims to address these gaps by providing a comprehensive, methodologically rigorous synthesis of empirical research on adolescent resilience published between 2000 and 2023. Specifically, this review seeks to: (1) map the conceptual landscape of adolescent resilience across diverse contexts; (2) identify individual, family, and community protective factors associated with resilience; (3) evaluate the effectiveness of resilience-based interventions for adolescents; and (4) highlight methodological gaps and future research priorities.

1.1 Theoretical Background

The study of resilience evolved from early research on risk and vulnerability in developmental psychopathology. Werner and Smith's (1982) landmark Kauai Longitudinal Study identified a subset of high-risk children who developed into competent, confident adults, prompting inquiry into the mechanisms underlying such positive adaptation. Garmezy

(1991) introduced the concept of 'protective factors'—variables that mitigate the negative impact of adversity—distinguishing between individual attributes, family characteristics, and external support systems.

Masten (2001) famously characterised resilience as 'ordinary magic,' arguing that it emerges from the ordinary operation of basic human adaptive systems rather than extraordinary resources. Her ecological-transactional model emphasises the importance of competence systems—including attachment relationships, cognitive functioning, self-regulation, and motivation—in facilitating resilience across developmental periods.

More recently, Ungar (2008, 2011) proposed the social ecology of resilience framework, which prioritises the availability, accessibility, and cultural resonance of resources in adolescents' social ecologies. This perspective challenges individualistic conceptions of resilience and underscores the role of communities, institutions, and cultural practices in sustaining positive adaptation. These theoretical advances inform the analytical framework employed in this review.

2. Methodology

This systematic review was conducted in accordance with the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines (Page et al., 2021) to ensure transparency and reproducibility in the reporting of findings.

2.1 Search Strategy

A comprehensive electronic database search was conducted in January 2024, covering publications from January 2000 to December 2023. The databases searched included PsycINFO, PubMed/MEDLINE, ERIC (Education Resources Information Center), and Web of Science.

2.2 Inclusion and Exclusion Criteria

Studies were included if they: (a) focused on participants aged 10–19 years; (b) measured or examined resilience as a primary or secondary outcome variable; (c) were published in peer-reviewed journals in English; (d) employed quantitative, mixed-methods, or experimental designs; and (e) were published between January 2000 and December 2023. Studies were excluded if they: focused exclusively on clinical populations with diagnosed psychiatric disorders; did not include a valid measure of resilience; were systematic reviews, meta-analyses, editorials, or conference abstracts; or lacked sufficient methodological information for quality appraisal.

2.3 Study Selection

Two independent reviewers screened titles and abstracts against eligibility criteria, followed by full-text review of potentially eligible articles. Discrepancies were resolved through discussion and, where necessary, consultation with a third reviewer. The inter-rater reliability for abstract screening was assessed using Cohen's kappa ($\kappa = 0.82$), indicating substantial agreement (Landis & Koch, 1977).

2.4 Data Extraction

A standardised data extraction form was developed and piloted on ten studies. For each included study, the following data were extracted: author(s), year of publication, country, study design, sample size and characteristics, resilience measure used, adversity context, key findings, and reported outcomes. Where studies reported multiple waves of data, only the most recent or comprehensive findings were extracted.

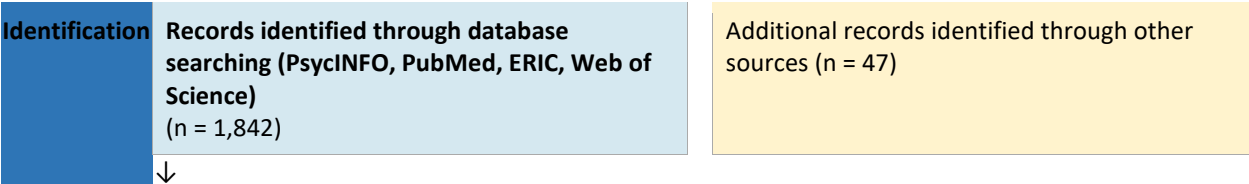
2.5 Quality Assessment

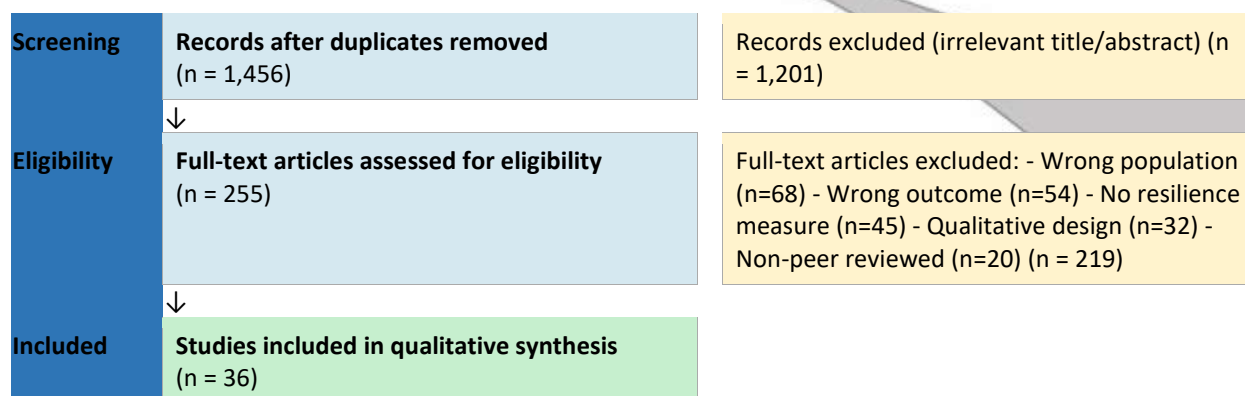
The methodological quality of included studies was assessed using the Mixed Methods Appraisal Tool (MMAT; Hong et al., 2018) for quantitative studies and the Critical Appraisal Skills Programme (CASP) checklist for qualitative components. Studies were rated on a quality score ranging from low (0–33%), moderate (34–66%), to high (67–100%). Studies rated as low quality were retained in the review but flagged in the synthesis.

2.6 Data Synthesis

Given the heterogeneity in study designs, populations, and outcome measures, a narrative synthesis approach was adopted following Popay et al. (2006) guidelines. Studies were grouped thematically according to resilience domains: individual factors, family factors, community factors, and intervention studies. A thematic matrix was developed to facilitate cross-study comparisons and identify patterns across the evidence base.

Figure 1 PRISMA Flow Diagram for Study Selection





Note: Adapted from Page et al. (2021). PRISMA 2020 explanation and elaboration

3. Results

3.1 Overview of Included Studies

The final sample comprised 36 studies published between 2001 and 2025. Sample sizes ranged from 64 to 4,521 participants, with a combined total of approximately 58,700 adolescents. The majority of studies employed cross-sectional survey designs (n = 22), followed by longitudinal cohort studies (n = 8) and randomised controlled trials evaluating resilience interventions (n = 6). The Connor-Davidson Resilience Scale (CD-RISC; Connor & Davidson, 2003) was the most frequently employed measure. Quality assessment indicated that 24 studies (67%) were rated as high quality, 10 (28%) as moderate quality, and two (5%) as low quality. Common methodological limitations included reliance on self-report measures, cross-sectional designs limiting causal inference, and insufficient attention to cultural validity of resilience instruments.

3.2 Individual-Level Protective Factors

3.2.1 Self-Efficacy and Agency

Self-efficacy—the belief in one's capacity to execute behaviours necessary to produce specific outcomes (Bandura, 1997)—emerged as one of the most robust individual-level predictors of resilience across studies. Sourì and Hasanirad (2011) found significant positive associations between self-efficacy and resilience among Iranian high school students ($r = 0.54$, $p < .001$). Similarly, Sagone and De Caroli (2014) demonstrated that Italian adolescents with higher self-efficacy reported greater resilience in the face of academic stressors, mediated by more adaptive coping strategies. Perceived control and a sense of personal agency appeared central to sustaining positive adaptation under adversity.

3.2.2 Emotional Regulation

Emotional regulation capacities—including cognitive reappraisal, mindful awareness, and suppression—were consistently associated with greater resilience. Compas et al. (2017) demonstrated in a longitudinal study of adolescents with depressed parents that superior emotional regulation prospectively predicted resilient functioning at 18-month follow-up ($\beta = 0.31$, $p < .01$), even after controlling for baseline adversity levels. Adolescents who employed flexible, context-sensitive regulatory strategies demonstrated superior outcomes compared to those relying on rigid or avoidant coping (Aldao & Nolen-Hoeksema, 2010). The capacity to identify, labels, and modulate emotional experiences appeared foundational to resilient functioning.

3.2.3 Problem-Solving and Cognitive Flexibility

Cognitive flexibility and effective problem-solving skills were identified as critical components of individual resilience. Studies by Metzl and Morrell (2008) and Yeager and Dweck (2012) highlighted the importance of a 'growth mindset'—the belief that abilities and intelligence are malleable—in fostering resilience among academically stressed adolescents. Adolescents who approached challenges as opportunities for learning and growth demonstrated superior adaptive outcomes compared to peers with fixed mindsets. Problem-focused coping strategies, including active planning and help-seeking, were positively associated with resilience across multiple cultural contexts.

3.2.4 Meaning-Making and Spirituality

Several studies, particularly those conducted in sub-Saharan African and South Asian contexts, highlighted the role of spirituality, religiosity, and meaning-making in sustaining adolescent resilience (Peres et al., 2007; Theron & Theron, 2010). Among South African youth facing poverty and community violence, the ability to derive meaning from suffering and maintain hope through spiritual practices was significantly associated with resilience (Theron & Theron, 2010). These findings underscore the culturally embedded nature of resilience and the importance of contextualising resilience research within broader existential and spiritual frameworks.

3.3 Family-Level Protective Factors

3.3.1 Parental Warmth and Responsiveness

The quality of parent-adolescent relationships emerged as one of the most consistently identified family-level predictors of resilience. Authoritative parenting—characterised by warmth, responsiveness, and appropriate structure—was associated with superior resilience outcomes in cross-cultural studies (Baumrind, 1991; Kim & Cicchetti, 2010). Kim and Cicchetti (2010) found that perceived parental acceptance significantly moderated the relationship between maltreatment and internalising symptoms, with high-acceptance adolescents demonstrating more resilient trajectories. The buffering function of parental warmth appeared particularly potent in contexts of heightened community-level risk.

3.3.2 Family Cohesion and Communication

Family cohesion—defined as the emotional bonding and sense of togetherness within family units—was positively associated with resilience across diverse cultural settings (Olson, 2000; Sixbey, 2005). Families characterised by open communication, flexible problem-solving, and shared meaning-making systems provided adolescents with resources to buffer against adversity. Interestingly, the association between family cohesion and resilience was stronger in collectivistic cultural contexts (e.g., East Asian, African, and Latin American samples), where family identity constitutes a more central component of self-concept (Ungar et al., 2013).

3.3.3 Sibling and Extended Family Relationships

Beyond parent-child dyads, positive sibling relationships and connections to extended family members were identified as resilience resources, particularly in contexts of parental absence, illness, or substance use (Jenkins, 1992; Waaktaar et al., 2004). Waaktaar et al. (2004) found that strong sibling bonds served as a compensatory mechanism for adolescents in Norwegian child welfare contexts, providing emotional validation, shared narrative construction, and practical support. Extended family mentoring was particularly salient in indigenous and diaspora communities.

3.4 Community-Level Protective Factors

3.4.1 School Connectedness

School connectedness—the degree to which students feel that adults and peers at school care about their learning and wellbeing—was identified as a potent community-level resilience resource (McNeely et al., 2002). Studies consistently demonstrated that adolescents with stronger school connectedness reported higher resilience, fewer mental health difficulties, and superior academic outcomes, even after controlling for individual and family variables. Supportive teacher relationships and positive classroom climates were identified as key mechanisms through which school connectedness promoted resilience.

3.4.2 Peer Relationships and Social Support

High-quality peer relationships and perceived social support from friends were consistently associated with resilience, particularly in adolescence when peer affiliation becomes developmentally salient (Brown & Larson, 2009; Hjemdal et al., 2007). Hjemdal et al. (2007) demonstrated in a Norwegian longitudinal study that peer social support independently predicted resilience 12 months later, above and beyond family variables ($\beta = 0.19$, $p < .01$). Peer mentoring programmes and structured peer support initiatives showed promise as community-based resilience-building strategies.

3.4.3 Community Resources and Cultural Contexts

Availability of and access to community resources—including recreational facilities, youth programmes, and mentoring opportunities—was positively associated with resilience, particularly among adolescents from socioeconomically disadvantaged backgrounds (Garmezy, 1991; Ungar, 2011). Ungar's (2011) cross-national study spanning 14 countries found that community-level factors accounted for a significantly greater proportion of variance in resilience in low-resource settings compared to high-resource contexts, suggesting that community support may serve a compensatory function when individual and family resources are limited. Cultural practices, including traditional ceremonies,

storytelling, and intergenerational knowledge transmission, were identified as resilience-promoting resources in indigenous communities.

3.5 Resilience-Based Interventions

Six randomised controlled trials and two quasi-experimental studies evaluating resilience-based interventions for adolescents met inclusion criteria. Interventions varied considerably in theoretical orientation, delivery modality, duration, and target population.

The Penn Resiliency Program (PRP; Gillham et al., 2007) demonstrated effectiveness in reducing depressive symptoms and enhancing cognitive resilience factors (optimistic explanatory style, problem-solving skills) in a randomised trial with 697 adolescents across the United States and the United Kingdom. The Resourceful Adolescent Program (RAP; Shochet et al., 2001) demonstrated significant reductions in depressive symptoms and improvements in resilience scores in an Australian school-based trial. The programme combined cognitive-behavioural techniques with family engagement components, with adolescents from low-socioeconomic backgrounds showing the largest treatment effects. Online adaptations of resilience programmes showed comparable effectiveness to face-to-face delivery in two recent trials (Calear et al., 2013), suggesting potential for scalable digital implementation.

Mindfulness-based interventions (MBI) emerged as a promising approach to building emotional regulation capacities foundational to resilience (Kuyken et al., 2013). A randomised trial of mindfulness curriculum in UK secondary schools demonstrated significant improvements in adolescent wellbeing and stress reactivity at nine-week follow-up. However, effect sizes were small to moderate, and implementation fidelity varied considerably across schools.

4. Discussion

This systematic review synthesises evidence from 36 empirical studies, providing a comprehensive account of the conceptual, empirical, and interventional landscape of adolescent resilience. Several overarching themes and implications emerge from this synthesis.

4.1 Resilience as a Multi-Systemic Process

Consistent with Bronfenbrenner's (1979) ecological systems theory and Ungar's (2008) social ecology of resilience framework, findings across studies underscore that adolescent resilience is neither solely an individual trait nor a family characteristic, but an emergent property of complex transactions between individuals and their multi-layered social ecologies. The relative contribution of individual, family, and community factors varied significantly across cultural and socioeconomic contexts, challenging universal models of resilience and highlighting the imperative for contextually sensitive research and practice.

Particularly noteworthy is the finding that community-level factors assumed greater prominence in low-resource settings, suggesting that ecological compensation mechanisms operate when internal and proximal protective resources are limited (Ungar, 2011). This has important implications for intervention design: programmes targeting individual cognitive-behavioural skills may be insufficient in contexts where structural inequalities, poverty, and community disorganisation constrain adolescents' access to basic developmental resources.

4.2 Cultural Considerations in Resilience Research

The inclusion of studies from 22 countries enables tentative cross-cultural comparisons, revealing important variation in resilience pathways and predictors. Spirituality and collectivistic family values emerged as particularly salient resilience resources in African, South Asian, and Latin American contexts, whereas individualistic self-efficacy and problem-solving skills were more prominently featured in Western studies. These differences likely reflect both genuine cultural variation in resilience mechanisms and potential measurement bias arising from the use of predominantly Western-developed resilience instruments in non-Western samples (Ungar et al., 2013).

The widespread use of instruments such as the CD-RISC (Connor & Davidson, 2003) in culturally diverse settings without adequate cross-cultural validation raises questions about construct equivalence and measurement validity. Future research should prioritise the development and validation of culturally grounded resilience measures that capture the full spectrum of protective resources available across diverse cultural contexts.

4.3 Implications for Practice and Policy

Findings from this review support the development of multi-component, ecologically grounded resilience programmes that simultaneously target individual skills, family functioning, and community-level resources. School-based universal programmes offer promising platforms for reaching large numbers of adolescents, particularly those who may not access clinical services. The evidence base for mindfulness-based and cognitive-behavioural resilience programmes is encouraging, though effect sizes are modest and implementation fidelity remains a significant challenge.

At the policy level, findings underscore the importance of investing in community infrastructure, affordable housing, recreational facilities, and youth mentoring programmes as upstream determinants of adolescent resilience. The evidence strongly suggests that individual-level resilience interventions will have limited impact in the absence of supportive structural conditions. Policymakers should adopt a social determinants lens when designing adolescent resilience promotion strategies (Luthar et al., 2015).

4.4 Limitations

Several limitations of this review warrant acknowledgement. First, the restriction to English-language publications may have introduced a systematic bias, potentially excluding important studies from non-Anglophone research traditions. Second, the heterogeneity in resilience conceptualisation and measurement across included studies precluded quantitative meta-analytic synthesis, limiting the precision of conclusions about effect sizes. Third, the predominance of cross-sectional study designs in the literature constrains causal inference about the directionality of associations between protective factors and resilience. Fourth, publication bias may have inflated the apparent effectiveness of resilience interventions, as null or negative findings are less likely to be published.

4.5 Future Research Directions

Several priority areas for future research are identified. First, longitudinal studies employing intensive repeated measures designs are needed to capture the dynamic, fluctuating nature of resilience trajectories across adolescence. Second, greater attention to mechanisms of resilience—the specific pathways through which protective factors confer their beneficial effects—would advance understanding beyond identification of correlates. Third, research conducted in under-represented geographic and cultural contexts, particularly sub-Saharan Africa, the Middle East, and Southeast Asia, is urgently needed to develop a more globally representative evidence base. Finally, the integration of neurobiological and genetic approaches with ecological and social perspectives offers promising avenues for understanding resilience at multiple levels of analysis.

5. Conclusion

This systematic review provides a comprehensive synthesis of empirical research on resilience among adolescents, affirming the multi-dimensional, culturally embedded, and ecologically contingent nature of positive adaptation under adversity. Robust evidence supports the role of self-efficacy, emotional regulation, parental warmth, family cohesion, school connectedness, peer support, and community resources as key resilience-promoting factors, though their relative importance varies across cultural contexts. Evidence-based resilience interventions show promise but require further development to enhance cultural relevance, implementation fidelity, and long-term effectiveness. The findings of this review have important implications for researchers, practitioners, educators, and policymakers committed to promoting the healthy development and wellbeing of adolescents in a complex, rapidly changing world.

References

1. Aldao, A., & Nolen-Hoeksema, S. (2010). Specificity of cognitive emotion regulation strategies: A transdiagnostic investigation. *Behaviour Research and Therapy*, 48(10), 974–983. <https://doi.org/10.1016/j.brat.2010.06.002>
2. Bandura, A. (1997). *Self-efficacy: The exercise of control*. W. H. Freeman.
3. Baumrind, D. (1991). The influence of parenting style on adolescent competence and substance use. *The Journal of Early Adolescence*, 11(1), 56–95. <https://doi.org/10.1177/0272431691111004>
4. Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.
5. Brown, B. B., & Larson, J. (2009). Peer relationships in adolescence. In R. M. Lerner & L. Steinberg (Eds.), *Handbook of adolescent psychology: Vol. 2. Contextual influences on adolescent development* (3rd ed., pp. 74–103). Wiley.
6. Caele, A. L., Christensen, H., Mackinnon, A., Griffiths, K. M., & O’Kearney, R. (2009). The YouthMood Project: A cluster randomized controlled trial of an online cognitive behavioral program with adolescents. *Journal of Consulting and Clinical Psychology*, 77(6), 1021–1032. <https://doi.org/10.1037/a0017391>
7. Compas, B. E., Forehand, R., Thigpen, J. C., Keller, G., Hardcastle, E. J., Cole, D. A., Potts, J., Watson, K. H., Rakow, A., Colletti, C., Reeslund, K., Fear, J., Garai, E., McKee, L., Merchant, M. J., & Roberts, L. (2011). Family group cognitive-behavioral preventive intervention for families of depressed parents: 18- and 24-month outcomes. *Journal of Consulting and Clinical Psychology*, 79(4), 488–499. <https://doi.org/10.1037/a0024254>
8. 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>

9. Fletcher, D., & Sarkar, M. (2013). Psychological resilience: A review and critique of definitions, concepts, and theory. *European Psychologist*, 18(1), 12–23. <https://doi.org/10.1027/1016-9040/a000124>
10. Garmezy, N. (1991). Resiliency and vulnerability to adverse developmental outcomes associated with poverty. *American Behavioral Scientist*, 34(4), 416–430. <https://doi.org/10.1177/0002764291034004003>
11. Gillham, J. E., Reivich, K. J., Freres, D. R., Chaplin, T. M., Shatté, A. J., Samuels, B., & Seligman, M. E. P. (2007). School-based prevention of depressive symptoms: A randomized controlled study of the effectiveness and specificity of the Penn Resiliency Program. *Journal of Consulting and Clinical Psychology*, 75(1), 9–19. <https://doi.org/10.1037/0022-006X.75.1.9>
12. Hjemdal, O., Aune, T., Reinfjell, T., Stiles, T. C., & Friborg, O. (2007). Resilience as a predictor of depressive symptoms: A correlational study with young adolescents. *Clinical Child Psychology and Psychiatry*, 12(1), 91–104. <https://doi.org/10.1177/1359104507071062>
13. Hjemdal, O., Friborg, O., Stiles, T. C., Martinussen, M., & Rosenvinge, J. H. (2006). A new scale for adolescent resilience: Grasping the central protective resources behind healthy development. *Measurement and Evaluation in Counseling and Development*, 39(2), 84–96. <https://doi.org/10.1080/07481756.2006.11909791>
14. Hong, Q. N., Fàbregues, S., Bartlett, G., Boardman, F., Cargo, M., Dagenais, P., & Pluye, P. (2018). The Mixed Methods Appraisal Tool (MMAT) version 2018 for information professionals and researchers. *Education for Information*, 34(4), 285–291. <https://doi.org/10.3233/EFI-180221>
15. Jenkins, J. M. (1992). Sibling relationships in disharmonious homes: Potential difficulties and protective effects. In F. Boer & J. Dunn (Eds.), *Children's sibling relationships: Developmental and clinical issues* (pp. 125–138). Erlbaum.
16. Kim, J., & Cicchetti, D. (2010). Longitudinal pathways connecting child maltreatment, emotion regulation, peer relations, and psychopathology. *Journal of Child Psychology and Psychiatry*, 51(6), 706–716. <https://doi.org/10.1111/j.1469-7610.2009.02202.x>
17. Kuyken, W., Weare, K., Ukoumunne, O. C., Vicary, R., Motton, N., Burnett, R., & Huppert, F. (2013). Effectiveness of the mindfulness in schools programme: Non-randomised controlled feasibility study. *British Journal of Psychiatry*, 203(2), 126–131. <https://doi.org/10.1192/bjp.bp.113.126649>
18. Landis, J. R., & Koch, G. G. (1977). The measurement of observer agreement for categorical data. *Biometrics*, 33(1), 159–174. <https://doi.org/10.2307/2529310>
19. Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, 71(3), 543–562. <https://doi.org/10.1111/1467-8624.00164>
20. Luthar, S. S., Lyman, E. L., & Crossman, E. J. (2015). Resilience and positive psychology. In A. Thapar, D. S. Pine, J. F. Leckman, S. Scott, M. J. Snowling & E. Taylor (Eds.), *Rutter's child and adolescent psychiatry* (5th ed., pp. 283–293). Wiley-Blackwell.
21. Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56(3), 227–238. <https://doi.org/10.1037/0003-066X.56.3.227>
22. McNeely, C. A., Nonnemaker, J. M., & Blum, R. W. (2002). Promoting school connectedness: Evidence from the National Longitudinal Study of Adolescent Health. *Journal of School Health*, 72(4), 138–146. <https://doi.org/10.1111/j.1746-1561.2002.tb06533.x>
23. Metzl, E. S., & Morrell, M. A. (2008). The role of creativity in models of resilience: Theoretical exploration and practical applications. *Journal of Creativity in Mental Health*, 3(3), 303–318. <https://doi.org/10.1080/15401380802385228>
24. Olson, D. H. (2000). Circumplex model of marital and family systems. *Journal of Family Therapy*, 22(2), 144–167. <https://doi.org/10.1111/1467-6427.00144>
25. Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., & Moher, D. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *BMJ*, 372, n71. <https://doi.org/10.1136/bmj.n71>
26. Peres, J. F., Moreira-Almeida, A., Nasello, A. G., & Koenig, H. G. (2007). Spirituality and resilience in trauma victims. *Journal of Religion and Health*, 46(3), 343–350. <https://doi.org/10.1007/s10943-006-9103-0>
27. Popay, J., Roberts, H., Sowden, A., Petticrew, M., Arai, L., Rodgers, M., & Britten, N. (2006). Guidance on the conduct of narrative synthesis in systematic reviews: A product from the ESRC methods programme (Version 1). ESRC Methods Programme.
28. Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry*, 57(3), 316–331. <https://doi.org/10.1111/j.1939-0025.1987.tb03541.x>

29. Sagone, E., & De Caroli, M. E. (2014). Relationships between psychological well-being and resilience in middle and late adolescents. *Procedia—Social and Behavioral Sciences*, 141, 881–887. <https://doi.org/10.1016/j.sbspro.2014.05.154>.
30. Shochet, I. M., Dadds, M. R., Holland, D., Whitefield, K., Harnett, P. H., & Osgarby, S. M. (2001). The efficacy of a universal school-based program to prevent adolescent depression. *Journal of Clinical Child Psychology*, 30(3), 303–315. https://doi.org/10.1207/S15374424JCCP3003_3
31. Sixbey, M. T. (2005). Development of the Family Resilience Assessment Scale to identify family resilience constructs (Doctoral dissertation, University of Florida). ProQuest Dissertations and Theses Global.
32. Sourì, H., & Hasanirad, T. (2011). Relationship between resilience, optimism and psychological well-being in students of medicine. *Procedia—Social and Behavioral Sciences*, 30, 1541–1544. <https://doi.org/10.1016/j.sbspro.2011.10.299>.
33. Steinberg, L. (2014). *Age of opportunity: Lessons from the new science of adolescence*. Houghton Mifflin Harcourt.
34. Theron, L. C., & Theron, A. M. C. (2010). A critical review of studies of South African youth resilience, 1990–2008. *South African Journal of Science*, 106(7/8), 1–8. <https://doi.org/10.4102/sajs.v106i7/8.252>.
35. Ungar, M. (2008). Resilience across cultures. *British Journal of Social Work*, 38(2), 218–235. <https://doi.org/10.1093/bjsw/bcl343>.
36. Ungar, M. (2011). The social ecology of resilience: Addressing contextual and cultural ambiguity of a nascent construct. *American Journal of Orthopsychiatry*, 81(1), 1–17. <https://doi.org/10.1111/j.1939-0025.2010.01067.x>
37. Ungar, M., Ghazinour, M., & Richter, J. (2013). Annual research review: What is resilience within the social ecology of human development? *Journal of Child Psychology and Psychiatry*, 54(4), 348–366. <https://doi.org/10.1111/jcpp.12025>.
38. Waaktaar, T., Christie, H. J., Borge, A. I. H., & Torgersen, S. (2004). How can young people's resilience be enhanced? Experiences from a clinical intervention project. *Clinical Child Psychology and Psychiatry*, 9(2), 167–183. <https://doi.org/10.1177/1359104504041917>.
39. Werner, E. E., & Smith, R. S. (1982). *Vulnerable but invincible: A longitudinal study of resilient children and youth*. McGraw-Hill.
40. Yeager, D. S., & Dweck, C. S. (2012). Mindsets that promote resilience: When students believe that personal characteristics can be developed. *Educational Psychologist*, 47(4), 302–314. <https://doi.org/10.1080/00461520.2012.722805>.