

Review Article

Understanding resilience among adolescents: an overview

Smitha Soman^{1*}, Riaz Karoly Marakkar²

¹Department of Community Health Nursing, Government College of Nursing, Government Medical College, Thrissur, Kerala, India

²Department of Psychiatric Nursing, Government College of Nursing, Government Medical College, Idukki, Kerala, India

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***Correspondence:**

Smitha Soman,

E-mail: smithasoman009@gmail.com

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ABSTRACT

Adolescence signifies a vital stage in human development characterised by intense physical, cognitive, emotional, and social transitions that bridge the gap between childhood and adulthood. During this stage, adolescents face multiple challenges such as mood fluctuations, social pressures, identity conflicts, academic expectations, exposure to online stressors, and engagement in risk-taking behaviours. These factors can heighten susceptibility to psychological difficulties; however, adolescence also provides a unique window to strengthen resilience that shapes long-term mental and emotional health. Resilience refers to the ability to maintain or regain positive functioning in the face of hardship, stress, or trauma. It is not a fixed trait but a dynamic process influenced by individual attributes, interpersonal relationships, and contextual environments. Fostering resilience during adolescence contributes to better emotional well-being, improved academic outcomes, and stronger social relationships while reducing vulnerability to anxiety, depression, and behavioural problems. Comprehensive approaches, including mindfulness training, social and emotional learning, mentoring relationships, and positive school environments, have demonstrated success in enhancing coping capacities and self-efficacy. Building resilience thus requires collaboration among parents, educators, and community systems to create nurturing contexts that empower adolescents. Strengthened resilience not only helps adolescents to navigate immediate life challenges but also equips them with enduring skills to manage stress, pursue goals, and contribute constructively to society. Understanding the mechanisms underlying resilience and the strategies to promote it remains essential for stakeholders seeking to advance adolescent mental health and holistic development. This review explores the concept of resilience, its major protective factors, and evidence-based strategies to enhance resilience among adolescents.

Keywords: Adolescence, Resilience, Mental health, Protective factors, Coping, Adaptability

INTRODUCTION

Adolescence, typically spanning from 10 to 19 years of age, is widely recognised as a dynamic and often turbulent phase of human development. Following the relative emotional and behavioural stability of childhood, adolescents frequently exhibit fluctuations in mood and behaviour, which has led to this period being colloquially referred to as the “terrible teens”.¹ This developmental window is marked by a convergence of biological,

psychological, and social transformations that substantially heighten vulnerability to stress. Young individuals face mounting demands related to academic performance, social identity formation, peer acceptance, and increased exposure to risky behaviours such as substance use and delinquency.²⁻⁵

Importantly, adolescence coincides with a sharp rise in the onset of psychological disorders, including anxiety and depression.⁶ These conditions occur with greater

frequency during adolescence than in many other life stages, emphasising the importance of this period for mental health trajectories.^{2,3} The heightened neurobiological plasticity of the adolescent brain, however, also provides a critical opportunity for preventive interventions and the development of psychological resilience.^{4,7} It is essential to support and care for adolescents; neglecting them can lead to serious and unfortunate outcomes.⁸ When appropriately supported, adolescents can adapt positively to environmental challenges and acquire lifelong coping mechanisms.

Resilience is the ability to effectively adapt to and recover from adversity, trauma, or significant stress. It has evolved from being conceptualised as a fixed personality trait to a dynamic, malleable process. This modern understanding frames resilience as a multifaceted construct encompassing cognitive strategies, behavioural competencies, and attitudinal flexibility, attributes that can be nurtured through intentional and context-specific interventions.^{9,10} Strengthening resilience during adolescence is crucial not only for promoting individual well-being but also for enhancing academic outcomes, improving interpersonal functioning, and decreasing the likelihood of engaging in high-risk behaviours.⁷ In essence, resilience equips adolescents to transform challenges into opportunities thereby enhancing overall well-being and ensuring future success.¹¹

Consequently, efforts to bolster adolescent resilience typically adopt a holistic approach that incorporates family dynamics, school-based initiatives, peer relationships, and community resources.^{9,10,12} These interventions aim to cultivate adaptive skills and protective environmental contexts that enable adolescents to manage stress effectively and sustain psychological health. This review seeks to synthesise current research on adolescent resilience, highlighting salient risk and protective factors, and evaluating empirically supported strategies for fostering resilience. A comprehensive understanding of these domains is essential for educators, mental health professionals, and policymakers dedicated to supporting adolescents' developmental and psychological well-being.

RESILIENCE: DEFINITIONS

Resilience is conceptualised as an individual's psychosocial capacity to sustain adaptive functioning and positive adjustment when exposed to adversity, trauma, or high levels of stress.¹³ It reflects an individual's ability to withstand challenges, recover from difficulties, and emerge stronger. Fleming and Ledogar describe resilience as a process of positive adaptation in response to adversity or trauma, emphasising its dynamic and context-specific nature.¹⁴ Rutter conceptualised resilience as a set of protective mechanisms that enable successful adaptation despite exposure to risk factors during development.¹⁵ Similarly, Benard viewed resilience as a

dynamic system of protective factors that promote healthy development in the face of stress.¹⁶

Luthar, Cicchetti, and Becker further described resilience as the individual's capacity to face and overcome adversity through the development of internal and external resources that foster growth and development.¹⁷ Walsh explained resilience as the ability to rebound from adversity, becoming strengthened and more resourceful, with an openness to experience and an interdependence with others. Collectively, these perspectives define resilience as a multidimensional construct encompassing recovery, adaptation, and transformation in response to life stressors.¹⁸

EVOLUTION OF THE CONCEPT OF RESILIENCE

The term resilience originates from physics, where it denotes "the power of resuming an original shape or position after compression or bending." This concept was later adopted in psychology to describe the ability to recover quickly from misfortune or stress.¹⁹ In mental-health literature, resilience is understood as "the capacity of a dynamic system to withstand or recover from significant challenges that threaten its stability or development".²⁰

Resilience is increasingly recognised not as a fixed personal attribute but as a dynamic, adaptive process that develops through continuous interaction between individuals and their surrounding environments.²¹ This dynamic conceptualisation highlights that both intrinsic capacities, such as emotional regulation, problem-solving, and optimism, and extrinsic factors like family, community, and cultural support systems, shape resilience. Anderson and Priebe further delineated three key dimensions that encapsulate the conceptual diversity of resilience: first, the distinction between withstanding adversity without experiencing distress and overcoming adversity after distress has occurred; second, the differentiation between resilience as a stable, enduring trait and resilience as a developmental process that evolves; and third, the recognition that resilience operates not only at the level of individuals but also within families, social groups, and communities.²⁰

Building upon these perspectives, Magniness traced the evolution of resilience research across five primary directions, each representing a distinct theoretical shift. Initially, resilience was viewed as a critical aspect of child development that enables positive adjustment in adverse or unfavourable conditions. Subsequently, it was studied as a personality construct reflecting enduring psychological strengths and adaptability. Genetic studies then explored resilience as a biologically influenced trait underpinning individual toughness and adaptive capacity. Parallely, psychological research emphasised resilience as an essential mechanism of constructive coping in the face of trauma and stress. More recently, scholars have

proposed that resilience can also manifest as an enhanced coping capacity that emerges after exposure to distress or adversity, indicating a process of post-traumatic growth.^{1,22}

Together, these evolving conceptualisations underscore that resilience is a multifaceted and context-dependent construct that bridges biological, psychological, and social domains. It cannot be confined to a single definition. However, it must be understood as a continuously interacting system of personal capacities and environmental supports that promote recovery, growth, and adaptation in the face of challenges.²³

DETERMINANTS OF RESILIENCE

Resilience arises from the complex interaction between neurobiological mechanisms and psychosocial influences, both of which dynamically interact to generate adaptive responses following adversity. The schematic framework proposed by Malhi et al illustrates how intrinsic and extrinsic determinants are integrated through neural and behavioural pathways to produce resilience-related outcomes.

At the core of this model lies the interaction between genetic makeup and personality traits, which form the intrinsic foundation of resilience. When these intrinsic characteristics encounter varying degrees of environmental adversity, they activate the brain's stress-responsive neurocircuitry, particularly within regions responsible for emotion regulation, cognitive control, and reward processing. This activation mobilises coordinated response across multiple systems, including biological, emotional, cognitive, and social domains, enabling individuals to manage and adapt to stress effectively.

The biological systems, including neurotrophic factors, the hypothalamic-pituitary-adrenal (HPA) axis, and inflammatory markers, modulate physiological stress responses and influence the stability of mood and cognition. At the same time, emotional systems regulate affective processing through mechanisms such as cognitive reappraisal and emotional bias correction, facilitating adaptive coping. Cognitive processes such as attention, memory, decision-making, and problem-solving contribute to maintaining focus and planning effective behavioural responses.

Simultaneously, social structures such as family, peer, and community relationships provide essential support and reinforcement that help buffer the effects of stress and strengthen adaptive capacities. These interactions between biological, emotional, cognitive, and social components culminate in behaviours that reflect resilience, such as perseverance, optimism, and constructive coping.

Notably, the model also emphasises feedback mechanisms within this system. Adaptive behaviours

feed back to modify intrinsic factors through epigenetic processes and gradual personality changes, while also reinforcing the neural and psychosocial systems that support resilience. This continuous feedback enhances the individual's preparedness for future stressors, allowing for more efficient adaptation despite the cumulative physiological burden, also known as allostatic load.

Overall, resilience is conceptualised as a self-reinforcing biopsychosocial process in which neurobiological plasticity, emotional regulation, cognitive flexibility, and social connectedness interact to sustain adaptive functioning even in the face of repeated or chronic adversity.²⁴

SIGNIFICANCE OF RESILIENCE IN ADOLESCENCE

Adolescence is a pivotal developmental stage characterised by significant physical, emotional, and social transitions. This stage is the most alarming phase of development in which a heightened sense of awareness begins to emerge.²⁵ Resilience helps to cope effectively, which involves efforts to regain and sustain an equilibrium state when facing major challenges through both cognitive processes and purposeful behaviour.²⁶ Building resilience during this stage enhances positive developmental outcomes and buffers against risk.

Resilient adolescents tend to exhibit higher academic performance because they are more capable of managing stress, maintaining focus, and persisting through academic challenges.²⁷ Emotional well-being is strengthened as resilience promotes emotional regulation and adaptive coping, thereby reducing the likelihood of anxiety and depression.²⁸ Furthermore, resilience enhances social competence, enabling adolescents to form supportive peer relationships and navigate social challenges constructively.²⁹

Resilience acts as a protective factor against mental health problems such as substance abuse, self-harm, and conduct disorders.²¹ It also contributes to long-term adaptive outcomes, allowing individuals to integrate experiences of adversity into meaningful life lessons that strengthen future coping. Moreover, resilience mitigates risk behaviours by promoting self-control, optimism, and a sense of purpose.²⁷

Thus, resilience during adolescence serves as both a developmental resource and a psychological shield, facilitating healthy transitions into adulthood.

FACTORS CONTRIBUTING TO RESILIENCE IN ADOLESCENCE

Resilience arises from the interaction of protective factors and risk factors that influence how adolescents respond to stress and adversity.²¹

Protective factors include internal attributes such as self-concept, self-regulation, emotional regulation, optimism, and coping skills. Adolescents with a positive self-concept and secure attachment tend to exhibit greater confidence and optimism.^{28,30,31}

Emotional regulation fosters adaptive responses to stress and reduces impulsivity.³² Coping strategies, both cognitive and behavioural, enhance socio-emotional stability and academic outcomes.³³⁻³⁵

Family factors, like supportive parenting, warmth, consistency, and open communication, provide emotional security and model adaptive behaviour.^{21,29} Social support from teachers, mentors, and peers promotes both belonging and competence. Community factors, including early intervention programs, neighbourhood safety, social services, and cultural organisations, build broader resilience networks.³⁶

Risk factors include biological vulnerabilities such as low birth weight and genetic predisposition, alongside environmental stressors like poverty, family conflict, exposure to violence, discrimination, and marginalisation.³⁷⁻⁴² These risks correlate with adverse mental health outcomes, substance abuse, and poor academic performance.

These findings emphasise that resilience must be cultivated through systemic support that reduces risk exposure while enhancing protective mechanisms.³⁶

THE 7 C'S FRAMEWORK OF ADOLESCENT RESILIENCE

Dr. Kenneth Ginsburg identifies seven interconnected components essential for adolescent resilience: competence, confidence, control, character, connection, and contribution.⁴³

Competence

Competence is the ability to handle situations effectively by developing the actual skills required to navigate life's challenges.

Confidence

Confidence is the solid belief in one's own capabilities, which is rooted in a history of demonstrated competence.

Coping

Coping involves mastering a variety of healthy, adaptive strategies to manage stress and overcome adversity without turning to risky behaviors.

Control

Control is the empowering awareness that one's own actions and decisions directly influence outcomes and future possibilities.

Character

Character encompasses a strong sense of moral integrity, empathy for others, and a clear internal compass for right and wrong.

Connection

Connection is built through supportive, secure relationships with family and community that provide a vital sense of belonging.

Contribution

Contribution provides a sense of purpose and social responsibility by allowing young people to realize the positive impact they can have on the world.



Figure 1: Components of resilience.

These domains interact dynamically, creating a foundation for adolescents to thrive amid adversity.⁴⁴

THEORETICAL PERSPECTIVES OF RESILIENCE

Developmental theory

From a developmental standpoint, resilience is considered a product of adaptive capacities nurtured through positive developmental experiences and supportive relationships. These relationships, such as those with parents, teachers, or mentors, foster emotional regulation, secure attachment, and self-efficacy, which are central to resilient development.⁴⁵

Ecological systems theory

Bronfenbrenner's ecological systems theory conceptualises resilience as an outcome influenced by

multiple interacting environmental systems. The microsystem (including family, school, and peers) and the macrosystem (encompassing culture, policies, and community values) collectively shape how adolescents interpret and respond to stress. The quality of interactions within these systems determines the strength of coping mechanisms and emotional adaptability in the adolescents.⁴⁶

Positive psychology framework

The positive psychology perspective focuses on individual strengths such as optimism, gratitude, and positive emotions that promote well-being and buffer the impact of adversity. According to Seligman, cultivating positive affect and self-efficacy enhances adolescents' resilience by helping them focus on strengths rather than deficits, thus promoting a growth-oriented mindset.⁴⁷

MODELS OF RESILIENCE

Theoretical models

Masten and Reed distinguished between variable-focused and person-focused approaches. The variable-focused approach explores statistical relationships among personal attributes, stress factors, and environmental variables, while the person-focused approach examines how individual pathways evolve over time to overcome adversity.¹

Pathway model of resilience

The pathway model of resilience explains how patterns of behaviour evolve dynamically in response to life challenges, showing how resilience is expressed as an ongoing adaptation rather than a one-time trait.^{1,48}

Compensatory model

The compensatory model posits that promotive factors, such as self-esteem, academic competence, or supportive relationships, directly enhance positive outcomes, thereby offsetting the influence of risk factors.⁴⁹

Protective-stabilising model

According to Luthar, Cicchetti, and Becker, the protective-stabilising model describes resilience as the presence of protective factors that buffer or neutralise the adverse effects of adversity. For instance, parental warmth or a strong sense of belonging may stabilise the adolescent's emotional state even during periods of stress.¹

Challenging model

The challenging model asserts that exposure to moderate levels of adversity can strengthen coping mechanisms. Adolescents who face manageable challenges learn to

cope with stress effectively, avoiding feelings of overwhelm, and thereby enhance their long-term resilience.^{1,49}

Inoculation model

The inoculation model suggests that repeated exposure to mild stressors prepares adolescents to face more significant challenges in the future. This process helps "inoculate" them against the psychological impact of severe adversity, enhancing adaptability and confidence.⁵⁰

Collectively, these models highlight that resilience is not a fixed trait but a dynamic process shaped by biological, psychological, and environmental factors. Adolescents develop resilience by learning to navigate and adapt to varying levels of risk, ultimately improving their coping capacity over time.

CHALLENGES IN BUILDING AND SUSTAINING ADOLESCENT RESILIENCE

Despite its malleability, resilience development faces impediments such as chronic stress, trauma, and poverty that undermine coping and emotional regulation.⁵¹ Lack of supportive relationships exacerbates vulnerabilities. Contemporary challenges include social media pressures, identity conflicts, and mental health stigma, complicating adolescents' emotional resilience.⁵² These highlight the imperative for structured, multi-level interventions to promote sustainable resilience.

STRATEGIES FOR FOSTERING RESILIENCE

Sustainable resilience development requires interventions at the individual, family, school, and the community levels.⁵³

Individual

Emotional literacy, mindfulness, stress management, physical activity, and problem-solving build internal coping skills.⁵¹

Family

Open communication, warmth, and consistent parental support foster security and self-esteem.

School

Social and emotional learning (SEL), mentoring, extracurriculars, and resilience workshops cultivate skills and social connectedness.

Community

Mentorship programs, peer support groups, volunteerism, safe recreational spaces, and cultural initiatives promote belonging and collective resilience.³⁶

Global evidence-based programs, such as the Penn Resiliency Program, FRIENDS, PATHS Curriculum, and Big Brothers Big Sisters, have proven effective.⁴⁶

In India, initiatives such as the CorStone Resilience Program show promise in building psychosocial skills and adolescent self-efficacy.⁴³

CONCLUSION

Adolescent resilience is a complex, multifaceted process that encompasses biological, psychological, and social dimensions, jointly enabling young individuals to adapt and thrive in the face of adversity. Its dynamic nature underscores the need for integrated interventions spanning individual capacities, family systems, schools, and communities. Understanding the evolving theoretical models and protective factors enables stakeholders to design evidence-based, culturally sensitive programs promoting emotional well-being, academic success, and healthy social development.

As resilience research advances, a greater emphasis on contextual challenges, such as digital influences and sociocultural changes, will refine the targets of interventions. Future efforts should prioritise cross-sector collaboration and policies that enhance systemic support to nurture resilience, thereby safeguarding adolescent development and mental health across diverse populations.

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