REDEFINING ADOLESCENT FLOURISHING: INTEGRATING PUBLIC HEALTH AND POSITIVE PSYCHOLOGY TO INFORM POLICY DEVELOPMENT IN LANE COUNTY EDUCATIONAL SYSTEMS

by

MADISON SUSANNE NICOLE CARSON

A THESIS

Presented to the Department of Family and Human Services
and the Robert D. Clark Honors College
in partial fulfillment of the requirements for the degree of
Bachelor of Arts

February 2026

An Abstract of the Thesis of

Madison Carson for the degree of Bachelor of Arts
in the Department of Family and Human Services to be taken March 2026

Title: Redefining Adolescent Flourishing: Integrating Public Health and Positive Psychology to Inform Policy Development in Lane County Educational Systems

Approved: *Barbara Mossberg, Ph.D.*
Primary Thesis Advisor

"It is all up to you" are words often directed at members of Generation Z and younger generations. These groups face pressures from older generations to solve society's most pressing crises. That pressure has adversely impacted adolescents' ability to thrive (Lin & Guo, 2024; Stevens, 2024). Anxiety levels among Generation Z have been reported to be four times higher than those of the "Baby Boomer" era and are two times higher than those of Generation X (Anderson et al., 2024). Supporting adolescents in their capacity to flourish is vital for mental health outcomes and lifelong well-being (Ross et al., 2020).

The present study specifically addresses adolescent flourishing in young girls through a multi-pronged approach: (1) building a "mosaic" definition of flourishing by integrating insights from public health, positive psychology, and adolescent development, and (2) conducting regression analyses to identify whether perceived social support is a predictor of flourishing. Specifically, this study asks:

- *To what extent does perceived social support, as measured by the Multidimensional Scale of Perceived Social Support, predict flourishing in adolescent girls?*
- *How can multidisciplinary perspectives be synthesized to create a "mosaic" definition of flourishing?*

- *How can a holistic, evidence-informed understanding of flourishing guide preventive policy generation and educational interventions that support the well-being of adolescents in Lane County, Oregon?*

The study draws on three waves of data from the Transitions in Adolescent Girls (TAG) study, which consists of a community sample of 174 girls (ages 10.0-13.0 at enrollment), recruited from local schools in Lane County, Oregon, USA. Linear regression models assess relationships between flourishing and validated wellness measures. A comprehensive literature review supplements this analysis by generating a "mosaic" definition of flourishing. Outcomes include a thesis manuscript and a prevention-focused policy memo for Lane County education systems.

Together, these deliverables aim to provide a transformational narrative that can positively impact young women by shifting educational and public policy narratives surrounding adolescent mental health that often prioritize crisis management approaches. Changing the narrative from a "reactive" model that addresses challenges after psychological stress has occurred to a "proactive" model that emphasizes prevention and the cultivation of protective factors is essential not only for preventing the continued increase in adolescent mental health challenges, but also for bolstering developmentally appropriate protective factors that allow adolescents to flourish. By reframing young girls not as sites of risk or crisis but as individuals with measurable strengths shaped by supportive environments, this work advances a systems-oriented approach to adolescent well-being. Future studies may apply this framework to younger children, such as those of elementary age, to better understand which measures are most predictive of flourishing during that developmental period, providing additional context for designing strong and effective preventive interventions.

Acknowledgements

This thesis was made possible because of the encouragement and support of those I deeply appreciate and respect. Each of these people has reminded me that flourishing does not take place in isolation, but rather in the presence of mentorship, care, and community.

I am deeply grateful to my primary thesis advisor, Dr. Barbara Mossberg, whose extraordinary mentorship, generous of spirit, and love of learning helped guide my work from its earliest stages. I am also grateful to Estelle Berger, whose deep investment in my learning helped me translate my academic interests into meaningful research and impact.

I would also like to thank Dr. Ellen Fitzpatrick, whose mentorship played an important role in helping me discover my niche as a mixed-methods researcher, as well as my passion for public health.

My time in the Clark Honors College (CHC) was also profoundly shaped by CHC Communications staff Dave Austin and Anna Glavish Miller. Dave has become one of my most trusted mentors during my time in the CHC, continually reminding me of my strengths and encouraging me to grow. Anna has always reminded me to care for myself holistically while pursuing my goals, which has helped me finish my time at the CHC feeling empowered. Thank you both.

I would also like to thank my grandfather ("Chocolate Grandpa"), whose love of learning and unwavering support of my education helped me understand the value of scholarship.

Finally, I would like to thank my mother, whose love and unwavering belief in me have made everything I have accomplished possible. She has always been my biggest cheerleader.

Table of Contents

List of Figures

List of Tables

Project Description

The adolescent population living in the modern day is exposed to a number of significant ecological stressors that previous generations (i.e., their parents and grandparents) did not face. Living through the COVID-19 pandemic, having frequent access and exposure to social media, and witnessing political uncertainty have all contributed to the high levels of worry and psychological distress rarely observed before in adolescents (Lal & Gupta, 2025). Furthermore, a significant number of adolescents today spend a disproportionate amount of time on screens rather than engaging with others face-to-face, which contributes to the heightened feelings of loneliness among this population (Twenge et al., 2019). Ultimately, these challenges (as well as several others) underscore the fact that adolescents today are navigating a landscape that is different from anything seen before and that their well-being is often impacted by the distinct pressures of this era in time.

In addition to their exposure to the ecological stressors outlined above, adolescents are especially vulnerable during this developmental period due to pressures related to academic performance, decisions about pursuing higher education, forming career goals and aspirations, and maintaining positive social relationships. Given the developmental importance of this stage, it is unfortunate that adolescents often feel inadequately supported. Specifically, the American Psychological Association reports that only 58.5% of teens living in the United States feel as though they receive the consistent social and emotional support they need, which contributes to increased levels of anxiety, depression, lower life satisfaction, and poor sleep (Weir, 2025). Similar reports found that national surveys reveal that adolescent girls specifically experience some of the highest rates of mental health challenges (Weir, 2025). While adolescence can be marked by struggle and difficulty, it is important to note that, on the other hand, adolescents

possess unique skills related to social and emotional processing that supports resilience in the midst of rapidly shifting social contexts (Backes et al., 2019). This developmentally-specific skillset speaks to why adolescents are an important and fascinating population to study in terms of flourishing.

While the concept of flourishing has gained interest and attention globally, it is observed that a concise and clear definition of flourishing has not been constructed for this developmental period. Existing definitions often take on idealistic or perfection-focused characteristics, rendering flourishing inaccessible or unattainable, particularly for adolescents who face developmental challenges or who belong to traditionally marginalized or vulnerable populations (Wolbert et al., 2020; Stoeber & Corr, 2016). As a result, the need for a more feasible, simplistic, and developmentally appropriate definition of flourishing becomes increasingly clear.

Given the vastness and conceptual complexity of flourishing, drawing upon different disciplines becomes especially relevant and useful as doing so allows for a deep and mosaic understanding of the field. The present study delves into both positive psychology and public health to generate a cross-disciplinary definition of flourishing. More specifically, positive psychology offers insight into the individual strengths that support people in achieving well-being, while public health more strongly emphasizes the population and ecological conditions that impact people's ability to flourish. Drawing upon these two complementary disciplines this study addresses the current absence of a specific, digestible, and attainable definition of flourishing, especially for the adolescent population.

The present study is also novel in its focus on the flourishing of adolescent girls living in Lane County, Oregon. While dialogues regarding the well-being and flourishing of adolescents have become more popularized in recent years, there is limited evidence that flourishing has

been specifically discussed or implemented in educational spaces around Lane County. By analyzing patterns of flourishing over time among girls in this community, the present study offers an opportunity to introduce flourishing as a meaningful lens for understanding and supporting adolescent well-being at the local level. The findings of the present study may help facilitate dialogues and interventions that strengthen flourishing within educational systems in the Lane County area.

Furthermore, this research aims to develop a revised, developmentally appropriate, and attainable definition of adolescent flourishing through integrating frameworks from the fields of public health and positive psychology. The present study also seeks to determine the relationships between ecological factors such as mindfulness, intimate friendships, and perceived social support and levels of flourishing with the overarching goal of developing a predictive modeling system for adolescent flourishing. Supported by empirical insights, this revised, mosaic definition of adolescent flourishing will inform policy development containing upstream and prevention-focused flourishing interventions for adolescents in educational spaces. Ideally, this novel definition of adolescent flourishing will allow flourishing to become a more accessible experience, ultimately leading to a shift in the response to adolescent mental health from reactive to proactive in nature.

Literature Review and Background

Among the younger generations, adolescents are facing significant, unprecedented increases in mental health challenges directly impacting their ability to flourish (Thapar et al., 2022). Specifically, between 2016 and 2023, the prevalence of mental or behavioral health diagnoses among the adolescent population increased by 35% (Sappenfield et al., 2024). More specifically, more than 5.3 million adolescents between the ages of 12 and 17 were living with a diagnosed mental health condition in 2023 (Sappenfield et al., 2024). These distressing statistics highlight the importance of flourishing being prioritized among adolescents today. In addition to the presence of various ecological stressors, adolescents are especially susceptible to adverse mental health outcomes due to their developmental stage and maturation processes (Lukoševičiūtė-Barauskiene et al., 2023).

Given the stark increase in mental health challenges experienced by adolescents in the past decade, it is vital to understand the drivers of these trends. Lin & Guo (2024) identify genetic predisposition, socioeconomic status, innate personality traits, and level of prosocial connectedness as factors of mental health conditions in the adolescent population (Lin & Guo, 2024). The researchers underscore the importance of early identification of these risk factors given that the presence of mental health challenges during the adolescent developmental stage can not only increase the risk of mental health disorders in adulthood, but also negatively impact one's ability to achieve well-being later in life (Lin & Guo, 2024).

Stevens (2024) validates the decrease in the mental well-being of adolescents over the past decade, noting that it has "deteriorated considerably." Interestingly, the findings produced by Stevens (2024) reveal that the decline in adolescent mental health experiences is particularly prevalent among adolescent girls (the population of the present study), emphasizing the

importance of designing educational programming to support this community in their ability to flourish. Stevens (2024) also echoes Lin & Guo (2024) by emphasizing the importance of addressing adolescent mental health challenges early to achieve lifelong well-being.

The adolescent developmental period is characterized by identity formation and cognitive development (Blakemore, 2012). Dwidienawati et al. (2025) outline the unique stressors facing members of "Generation Z" and how exposure to them adversely impacts the well-being of this population. Specifically, the authors define both internal (e.g. resilience, extraversion) and external (e.g. social support and screentime) factors contributing to discrepancies in the flourishing levels of adolescents. The findings indicate that prosocial relationships, high levels of resilience, and the presence of positive personality traits all contribute to high levels of well-being and flourishing among adolescents today (Dwidienawati et al., 2025). The findings of Dwidienawati et al. (2025) further underscore the value of utilizing adolescents as a sample population given that interventions implemented during this period have the potential to influence lifelong trajectories of mental and social health.

While traditional mental health research has been solely focused on addressing psychopathology, the understanding that one's state of well-being and life satisfaction are also important factors to consider (Westerhof & Keyes, 2010). As a concept, flourishing incorporates psychological, social, and physical conditions that support individuals in pursuing rich livelihoods that enable them to positively contribute to their communities (Ross et al., 2020). According to VanderWheele (2024), flourishing, unlike well-being, encompasses social, moral, and relational conditions that allow individuals to live "the good life." When flourishing is viewed according to this perspective, definitions of health such as that of the World Health Organization (WHO), which states that health is a "state of complete physical, mental, and social

well-being," are challenged. These types of definitions shape the achievement of health and flourishing in ways that are idealized and limiting (WHO, n.d.).

The present study draws upon the fields of positive psychology and public health to understand flourishing on the individual *and* the systems level. Positive psychology provides insight into personal strengths utilized to achieve well-being whereas public health addresses the ecological conditions that drive and sustain well-being on larger community scales. Employing frameworks from both fields allows for the development of a multidisciplinary and prevention-oriented definition of flourishing that prioritizes accessibility, especially for the adolescent population.

Positive psychology emerged in 1998 when Martin Seligman, then president of the American Psychological Association, changed the narrative of psychology from being fundamentally pathology-focused to strength-based and well-being oriented. This cognitive, conceptual shift occurred after a conversation with his five-year-old daughter when he realized that solely focusing on neuroses and mental disorders tends to erase the study of the factors that allow humans to flourish. He argued that "psychology is not just a branch of medicine concerned with illness or health; it is much larger. It is about work, education, insight, love, growth, and play" (Gibbon, 2020). Ultimately, the field of positive psychology was born into existence by Seligman's urgency to move beyond the "epidemic of depression poisoning American life" and the "Age of Melancholy" he believed was plaguing individuals in the United States (Gibbon, 2020). At its conceptual core, positive psychology seeks to view mental health and well-being beyond the mere absence of psychopathology (Maddux, 2008; Slade, 2010).

One of the underlying principles of positive psychology is that well-being is definable, measurable, and educational (Gibbon, 2020). The Positive Psychology Center located at the

University of Pennsylvania states that positive psychology "aims to understand and build the emotions, and the strengths and virtues that enable individuals and communities to thrive" (Duckworth et al., n.d.). Essential to the field of positive psychology, as well to the operationalization of well-being and flourishing are the five core pillars outlined by Seligman including positive emotion, engagement, relationships, meaning, and accomplishment (PERMA) (Seligman, 2018). Seligman believed that, together, these elements were essential to achieving well-being (Seligman, 2018). In addition to PERMA, positive psychology exists according to three foundational pillars: positive experiences, positive individual traits, and positive institutions (Derakhshan & MacIntyre, 2026). Together, PERMA and these three core pillars illustrate how the field of positive psychology functions at the individual and community levels of human ecology to promote well-being and flourishing among humanity.

A composition of conceptual and theoretical frameworks also underline positive psychology and, specifically, how individuals can achieve the three pillars outlined above. Among those frameworks are hope theory (Duncan et al., 2021), resilience theory (Yates et al., 2015), and strength theory (Rashid, 2015). Through reflection on virtues and values, as well as positive asset searching, these theories work collaboratively to help individuals enter a state of well-being (Yates et al., 2015; Valle et al., 2006; Snyder & Lopez, 2001). The underlying themes of hope, resilience, and strength resists the traditional emphasis placed on psychopathology and provides a method for overcoming the pessimistic nature of the human mind (Janapati & Vijayalaksmhi, 2024).

In addition to the theories that facilitate well-being and flourishing, the hedonic and eudaimonic models are foundational to both defining and achieving flourishing (Waigel & Lemos, 2023). The hedonic perspective highlights pleasure, happiness, and enjoyment as

essential components to flourishing while the eudaimonic perspective places a greater focus on development of potential and the process of self-discovery (Ryan & Deci, 2001). Waigel and Lemos (2023) propose the idea that hedonic and eudaimonic models should be viewed in tandem when studying their presence in the processes of well-being and flourishing. Situated in other works, the present study puts forth the claim that by emphasizing the positive dimensions of human psychology through identification of individual strengths, positive psychology is inherently prevention-focused, making it a vital framework for defining flourishing and developing interventions that promote adolescent well-being (Grinstead, 2025; Park et al., 2014; Seligman, 2002).

To achieve this, it is necessary to develop a holistic understanding of well-being and flourishing that accounts for the broader systems and ecological factors shaping the flourishing experience. Levin (2021) calls for a cross-disciplinary "consensus understanding" of flourishing, arguing that a revised definition could help orient thinking about flourishing toward prevention-focused efforts that support holistic thriving. The values of prevention, collective well-being, and ecological context emphasized within the field of public health are essential considerations when constructing such a definition ("Public Health," 2026). The perspectives of Lee & Zarowsky (2015) provide frameworks for a revised definition of flourishing given their three core values of effective and meaningful public health practice: "the notions of "common" and "professional" morality, a practical, solution-focused orientation, and an appreciation for the evolving relationship between citizens, science, and the state." These values highlight the role of public health in preventing illness *and* facilitating equity and collective flourishing. In this way, public health provides an essential, systems-based complement to positive psychology.

Methods, Materials and Analysis

Study Design:

The present study employed a mixed-methods design integrating a cross-disciplinary literature review with quantitative secondary data analysis. The literature review applied theories of public health and positive psychology to create an informed and developmentally appropriate definition of adolescent flourishing. Quantitative analyses were conducted using longitudinal data from the Transitions in Adolescent Girls (TAG) study to model relationships among perceived social support, age, flourishing, and depressive symptoms through a series of regression analyses. Findings from the regression analyses were used to develop a policy memo outlining the importance of perceived social support in adolescent flourishing for educational systems in Lane County, Oregon.

Participants:

The present study utilized three waves of data from the Transitions in Adolescent Girls (TAG) study, which consists of a community sample of 174 adolescent girls (ages 10-13 at enrollment). Participants were recruited from local schools in Lane County, Oregon. TAG is a prospective longitudinal study that was designed to examine neural, social, and pubertal development in relation to each other and mental health in adolescent girls. The data were originally collected under Institutional Review Board approval and the present secondary analysis draws from de-identified data.

Measures:

Flourishing:

Adolescent flourishing was measured at Wave 3 using the Flourishing Scale (FS; Diener et al., 2010), an 8-item self-report measure designed to capture an individual's level of self-perceived success in domains such as interpersonal relationships, self-esteem, purpose, and optimism. Each participant scored themselves on these areas using a 7-point Likert-type scale where 1 was equivalent to *strongly disagree* and 7 was equivalent to *strongly agree*. Participants rated items on a 7-point scale. The range of scores were from eight (strong disagreement with all areas) to 56 (strong agreement with all areas). Higher scores corresponded with heightened levels of well-being and flourishing.

Perceived Social Support:

The adolescent's level of perceived social support was measured at Wave 1 using the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988). The MSPSS is a 12-item tool designed to assess the social support from three groups, including family, friends, and significant others. Items are rated on a 7-point scale where 1 was equivalent to *very strongly disagree* and 7 was equivalent to *very strongly agree*. Higher scores indicated high levels of perceived social support.

Depressive Symptoms:

Depressive symptoms were measured at Waves 2 and 3 using the Center for Epidemiological Studies Depression Scale for Children (CES-DC; Weissman et al., 1980), a 20-item self-report instrument designed to assess depressive symptomatology in children and adolescents. Participants rated the frequency of symptoms experienced during the past week on a

4-point scale. Items 4, 8, 12, and 16 are positively worded and were reverse scored prior to computing total scores. Total scores range from 0 to 60, with higher scores indicating greater depressive symptom severity. In the present study, Wave 2 depression scores were included as a control variable in regression analyses predicting Wave 3 depression.

Age:

Participant age in years at Wave 1 was included as a continuous predictor in all regression models and was mean-centered before regression analyses were performed.

Data Analysis:

All statistical analyses were conducted using R software. Descriptive statistics were calculated to summarize sample characteristics and distributions of the measured variables. Linear regression analyses were conducted to examine relationships among perceived social support, flourishing, age, and depressive symptoms.

A simple linear regression was performed to determine whether levels of perceived social support in Wave 1 predicted levels of flourishing in Wave 3. A moderation model then examined whether age moderated the relationship between perceived social support and flourishing. Finally, a multiple linear regression was performed to determine whether flourishing influenced depressive symptoms in Wave 3 while controlling for prior depression.

Continuous predictor variables, including perceived social support, age, and depressive symptoms, were mean-centered prior to regression analyses to interpret interaction effects. Statistical significance was then evaluated using two-tailed tests ($\alpha = 0.05$).

Policy Translation Component (Policy Memo):

Based on the findings of the present study and a cross-disciplinary literature review on adolescent flourishing drawing from positive psychology and public health, a one-page policy memo was developed to translate the research into actionable recommendations for Lane County educational systems. The memo was designed as a knowledge-translation tool to apply the study's findings to practice and to inform dialogues about adolescent flourishing, well-being, and mental health.

Results

Descriptive Statistics:

Descriptive statistics were calculated to characterize the adolescent sample and provide context for subsequent regression analyses (see Table 1). While there were 174 adolescents in the original sample, 120 adolescents were included in the following analyses due to missing data. Participants had a mean age of $M = 11.61$ years ($SD = 0.80$) at Wave 1, $M = 13.17$ years ($SD = 0.83$) at Wave 2, and $M = 14.90$ years ($SD = 0.76$) at Wave 3. Mean Multidimensional Scale of Perceived Social Support (MSPSS) scores were $M = 5.73$ ($SD = 0.88$) at Wave 1, $M = 5.69$ ($SD = 0.89$) at Wave 2, and $M = 5.57$ ($SD = 0.97$) at Wave 3. Flourishing at Wave 3 averaged $M = 43.15$ ($SD = 7.66$). Both the MSPSS and flourishing scales were winsorized prior to analysis to account for outliers without removing data points.

Table 1. Summary of descriptive statistics for age, perceived social support, depression, and flourishing across Waves 1–3.

Variable	Wave 1 M (SD)	Wave 2 M (SD)	Wave 3 M (SD)
Age	11.61 (0.80)	13.17 (0.83)	14.90 (0.76)
Perceived Social Support	5.73 (0.88)	5.69 (0.89)	5.57 (0.97)
Depression	-	-	18.74 (12.19)
Flourishing	-	-	43.15 (7.66)

Note: Dashes indicate that the variable was not measured at that wave. Sample sizes across waves varied due to missing data. Wave 2 depression scores were included as a control variable in regression analyses predicting Wave 3 depression.

Simple Regression: Social Support Predicting Flourishing:

A simple linear regression tested whether perceived social support at Wave 1 predicted flourishing at Wave 3 (n = 120). The intercept was 26.27 (p < .001). The slope for Wave 1 perceived social support was 2.92 (p < .001). The adjusted R^2 = .092. The F-test was F = 9.77 (p = .002).

Table 2. Results of simple linear regression predicting Wave 3 flourishing from Wave 1 perceived social support.

	Flourishing (Wave 3)			
Predictor	*β*	*SE*	*Statistic*	*P-Value*
Intercept	26.27 ***	4.68	5.62	**<0.001**
Social Support (W1)	2.92 ***	0.81	3.62	**<0.001**
Observations	120			
R^2 / R^2 adjusted	0.100 / 0.092			

*$p<0.05$ **$p<0.01$ ***$p<0.001$

Moderation Model: Age Differences in the Social Support–Flourishing Relationship:

A moderation model examined whether age influenced the relationship between perceived social support and flourishing. The adjusted R^2 = .151, indicating that the model explains 15% of variance. For someone with average age at Wave 1, a 1-unit increase in perceived social support corresponded to a 3.56-point increase in flourishing at Wave 3. For someone with average perceived social support, being one year older at Wave 1 was associated with 1.74 points lower flourishing at Wave 3. However, for each additional year of age, the perceived social support effect became 1.69 points stronger. In other words, for older adolescents, social support has a stronger positive effect on flourishing than it does for younger teens.

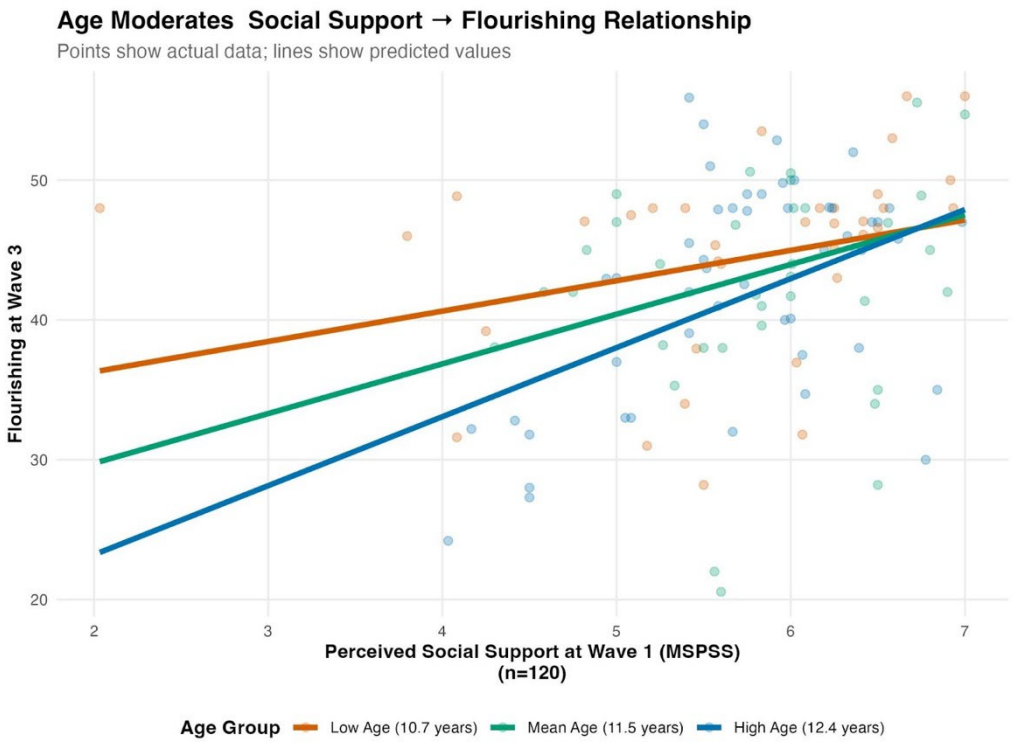
Table 3. Results of the moderation regression model predicting flourishing in Wave 3.

	Flourishing (Wave 3)			
Predictor	*β*	*SE*	*Statistic*	*P-Value*
Intercept	42.90 ***	0.64	67.12	**<0.001**
Social Support (W1)	3.56 ***	0.82	4.35	**<0.001**
Age (W1)	-1.74 *	0.79	-2.20	**0.030**
Social Support x Age	1.69 *	0.82	2.07	**0.041**
Observations	120			
R^2 / R^2 adjusted	0.172 / 0.151			

** p<0.05 ** p<0.01 *** p<0.001*

Simple slopes analysis showed that perceived social support significantly predicted flourishing at all age levels: at low age (−1 *SD*; approximately 10.7 years), β = 2.30 (p = .01); at mean age (11.5 years), β = 3.67 (p < .001); and at high age (+1 *SD*; approximately 12.4 years), β = 5.03 (p < .001).

Figure 1. Interaction between age and Wave 1 perceived social support predicting Wave 3 flourishing.



Relationship Between Flourishing and Depression:

A multiple linear regression model examined whether flourishing relates to depression while controlling for prior depression (n = 121). The overall model was significant ($F = 30.97$, $p < .001$) and explained 52.3% of the variance in depression symptoms at W3 ($R^2 = .523$). As expected, prior depression significantly predicted W3 depression ($\beta = 0.46$, $p < .001$). Flourishing was negatively associated with W3 depression ($\beta = -0.65$, $p < .001$). Age did not demonstrate a significant main effect ($\beta = 1.82$, $p = .095$), and the interaction between flourishing and age was not significant ($\beta = 0.02$, $p = .880$).

Figure 2. Relationship between Wave 3 flourishing and Wave 3 depression, controlling for Wave 2 depression.

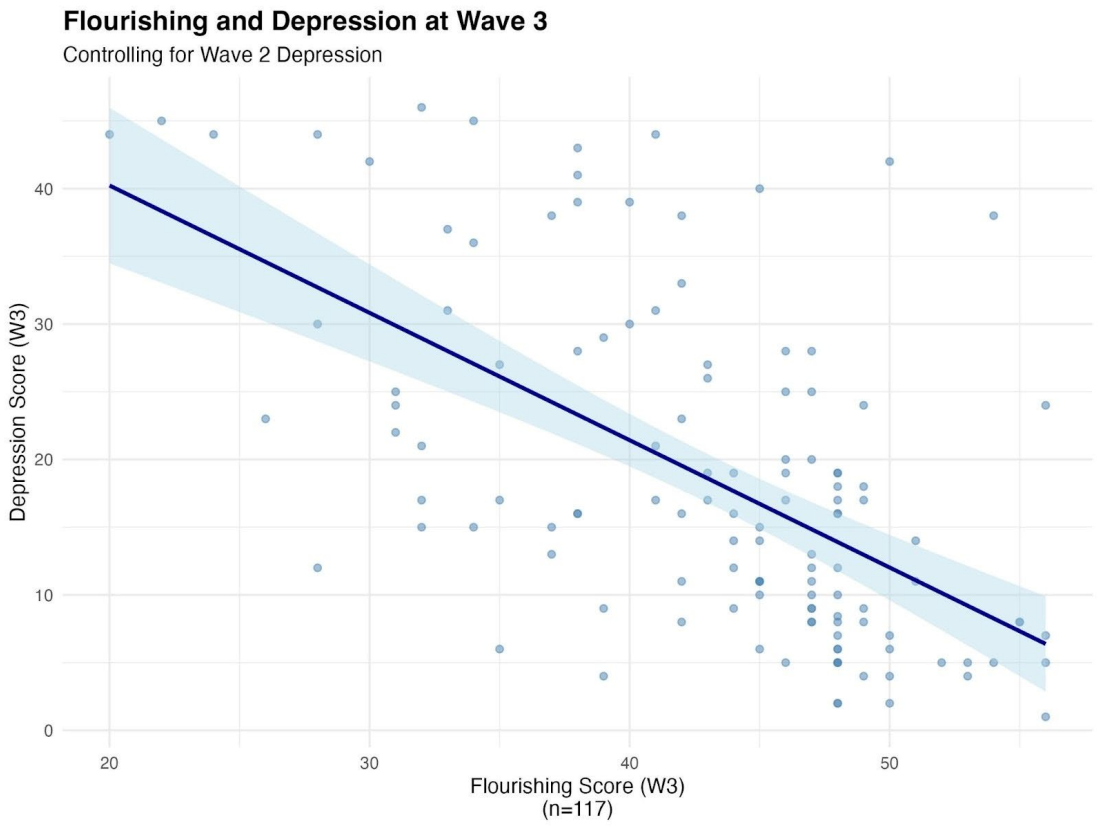


Table 4. Results of multiple regression predicting Wave 3 depression from prior depression, flourishing, and age.

	Depression			
Predictor	*β*	*SE*	*Statistic*	*P-Value*
Intercept	18.26 ***	0.81	22.61	**<0.001**
Prior Depression	0.46 ***	0.07	6.18	**<0.001**
Flourishing (W3)	-0.65 ***	0.12	-5.59	**<0.001**
Age (W3)	1.82	1.08	1.68	0.095
Flourishing x Age	0.02	0.16	0.15	0.880
Observations	121			
R^2 / R^2 adjusted	0.519 / 0.502			

** p<0.05 ** p<0.01 *** p<0.001*

Summary of Results:

Across analyses, perceived social support predicted later flourishing, the association between social support and flourishing was stronger with older ages, and flourishing was negatively associated with depression after controlling for prior depressive symptoms.

Discussion

In designing the present study, the questions posed were:

1. *To what extent does perceived social support, as measured by the Multidimensional Scale of Perceived Social Support, predict flourishing in adolescent girls?*
2. *How can multidisciplinary perspectives be synthesized to create a "mosaic" definition of flourishing?*
3. *How can a holistic, evidence-informed understanding of flourishing guide preventive policy generation and educational interventions that support the well-being of adolescents in Lane County, Oregon?*

The data indicate that an adolescent's perceived social support predicts flourishing across all starting age levels, the strength of the relationship between perceived social support and flourishing increases with age, and that flourishing is negatively associated with depressive symptoms even after controlling for prior experiences of depression. Together, these results contribute to emerging cultural conversations about moving beyond purely reactionary responses to adolescent mental health challenges and instead progressing towards more preventative and developmentally appropriate approaches.

The surge in mental health challenges facing the adolescent population in the United States provides a strong rationale for both conducting the present study, as well as important context for interpreting its findings. For example, more than 5.3 million adolescents between the ages of 12 and 17 were living with a diagnosed mental health condition in 2023 (Sappenfield et al., 2024). Specifically, it has been found that declines in well-being in the adolescent population is especially prevalent among adolescent girls (Stevens, 2024), highlighting the need for the present study.

In addition to the increase in mental health symptomology among adolescents, achieving health becomes more of an obstacle considering the WHO's characterization of health as a "state of *complete* physical, mental, and social well-being" (WHO, n.d.). Achieving perfection or completeness in all of these domains may feel impossible for some adolescents, especially as they navigate rapid developmental change. To better support adolescents in achieving health, well-being, and flourishing, there is a need for the adoption of a more realistic, attainable, and developmentally-based definition of adolescent flourishing.

Perceived Social Support as a Predictor of Adolescent Flourishing:

The present study demonstrates that perceived social support predicts flourishing, highlighting the importance of environments that facilitate strong relational connections for adolescents. In addition to strong support networks increasing their ability to flourish, adolescents who report having supportive social networks have been found to exhibit high levels of resilience and psychological well-being (Dwidienawati et al., 2025). Furthermore, principles of positive psychology verify the power of social support as relationships are understood as a core pillar of well-being (Seligman, 2018), suggesting that social support is essential to achieving a state of flourishing.

A growing body of socio-psychological research further suggests that access to strong, positive social relationships contributes to flourishing by strengthening adolescents' sense of social connectedness and belonging (Orkibi et al., 2015; Ritchie-Dunham et al., 2025; Witten et al., 2019). Specifically, Kaya & Onder (2025) discovered that perceived social support not only predicted flourishing behaviors among adolescents, but also increased the subjects' vitality, self-compassion, and resilience. The collective findings of the existing literature, together with the present study, reveal not only the significance of strong social networks but also how these

relationships empower adolescents to cultivate a sustained sense of well-being and flourishing. Emphasizing the transferable skills developed through supportive relationships is especially important during adolescence, as social networks foster internal awareness, self-compassion, and resilience, which are skills that support long-term development and flourishing. Framing adolescent flourishing as a relational and strength-based process therefore reframes flourishing not as the achievement of a fixed state of completeness, but as an ongoing practice rooted in everyday social connection and the cultivation of personal strengths.

From a public health perspective, understanding adolescent social relationships through a public health framework enables the development of prevention-oriented interventions that function both as protective factors against rising adolescent mental health challenges and as longitudinal investments in adolescents' capacity to flourish, ultimately contributing to broader population health and well-being.

Developmental Intensification of Social Support:

Another key finding of the present study is that the relationship between perceived social support and levels of flourishing strengthens with age. From a developmental perspective, social relationships during later periods of adolescence become increasingly powerful as social contexts become central to identity formation, emotional development, and reducing mental health symptoms (Blakemore & Mills, 2014; Wang et al., 2017). Cognitively, the brain systems developing during later periods of adolescence increasingly associate social connections with motivation and reward processing (Güroğlu, 2022), highlighting social relationships as especially influential during this time (Lamblin et al., 2017).

The cognitive emphasis placed on social connectedness later in adolescence is especially significant given that mental health challenges also often escalate during this developmental

stage (Sappenfield et al., 2024). Taken together, these developmental findings suggest that adolescence represents a critical window of opportunity for intervention. Given that the adolescent becomes especially responsive to social relationships during later developmental stages, cultivating social connectedness during this period has the potential to yield long-lasting benefits. Interventions that center and uphold supportive prosocial relationships not only address adolescents' immediate well-being but may also lay the foundation for sustained patterns of flourishing that strengthen beyond adolescence, highlighting the importance of investing in relational support systems early in development.

Flourishing as a Mechanism for Prevention:

Another significant finding was that flourishing was strongly and negatively associated with depressive symptoms, reinforcing the importance of distinguishing flourishing from the mere absence of psychopathology (Maddux, 2008; Slade, 2010). Flourishing represents not simply the reduction of distress, but an active process of strength-based engagement and the mobilization of resources such as supportive social relationships (Westerhof & Keyes, 2010).

The observed association between higher flourishing and lower depressive symptoms, even after accounting for prior mental health status, suggests that cultivating flourishing functions as a protective mechanism for adolescents. Promoting flourishing therefore represents an upstream, prevention-oriented approach that reduces vulnerability to mental health challenges while strengthening adolescents' capacity for long-term resilience.

Toward a Mosaic Definition of Adolescent Flourishing:

Taken together, the findings of the present study, alongside the documented rise in adolescent mental health challenges, point to the need for a reconceptualization of adolescent flourishing that integrates relational, developmental, and preventive dimensions. Existing

definitions of flourishing are often adult-centered and oriented toward idealized states of complete well-being (De Ruyter & Wolbert, 2020). At the same time, many contemporary responses to adolescent mental health remain largely reactive in nature (Waigel & Lemos, 2023). These limitations underscore the need for a developmentally grounded framework that more accurately reflects adolescents' lived experiences.

Integrating perspectives from positive psychology and public health provides a foundation for constructing this mosaic framework of adolescent flourishing. Positive psychology emphasizes the cultivation of individual strengths, meaning-making, and relational well-being, highlighting adolescents' capacity to actively develop internal resources that support flourishing. Public health situates well-being within broader social and ecological systems, emphasizing prevention, accessibility, and the collective conditions that enable adolescents to thrive. Together, these complementary perspectives position adolescent flourishing as both an individual and relational process shaped by personal capacities and by the environments in which adolescents are embedded.

Grounded in both the present findings and the existing literature, adolescent flourishing is best understood as a dynamic and reflective process shaped by supportive relationships, developmental context, and protective psychological capacities. Within this mosaic framework, adolescent flourishing may be defined as the ongoing capacity to cultivate prosocial relationships, develop internal strengths, and sustain psychological well-being while navigating developmental transitions. Conceptualizing flourishing in a relational and strength-based manner transforms the experience to be more accessible and attainable by positioning it as a lived practice embedded in adolescents' daily lives.

Translating Findings into Policy Development:

The findings of the present study have practical implications for preventive policy development, particularly within educational systems in Lane County, Oregon. Because adolescents spend substantial portions of their daily lives in school settings, educational environments represent critical sites for fostering strong prosocial relationships (Durlak et al., 2011; Wang et al., 2017). School-based interventions that facilitate peer connection and incorporate strength-based reflective practices may enhance adolescents' perceived social support and, in turn, increase their capacity to flourish.

Designing developmentally appropriate opportunities for students to build and sustain social networks may be especially impactful for older adolescents. At a broader systemic level, integrating flourishing-focused initiatives into educational settings supports a shift from reactive responses to adolescent distress toward the proactive cultivation of well-being, a framework essential to achieving meaningful, systematic public health change (Lee & Zarowsky, 2015). To facilitate the translation of these findings into actionable guidance, a one-page policy memo outlining evidence-informed recommendations for educational systems in Lane County, Oregon is included in Appendix A.

Future Directions:

The present study highlights several opportunities for future research that may deepen understanding of adolescent flourishing. Because the study utilized data from the TAG Study focusing on adolescent girls in Lane County, future research could extend these findings by examining whether similar developmental patterns emerge across more diverse populations, including adolescent boys and other youth groups.

Another important direction for future research involves examining different modalities of social support in adolescents' lives. As adolescents increasingly navigate hybrid digital and in-person social environments, future studies could explore how these modes of connection influence flourishing and how they may be adapted to support adolescent well-being and positive mental health outcomes.

Finally, extending the methodology of the present study across multiple geographic regions may clarify how ecological and cultural contexts shape adolescents' developmental experiences of well-being and flourishing.

Conclusion:

The present study contributes to a growing effort to reimagine how adolescent well-being is understood and supported. By demonstrating that perceived social support predicts flourishing, that this relationship strengthens across development, and that flourishing protects against depressive symptoms, the findings illuminate the central role of relational environments in shaping adolescents' trajectories of well-being. More importantly, this work advances a novel, developmentally grounded definition of adolescent flourishing that is relational, strength-based, and accessible. Rather than conceptualizing flourishing as the achievement of a fixed state of perfection or completeness, the present study frames flourishing as a continuous process rooted in everyday social connection and the ongoing cultivation of personal strengths.

Recognizing that the influence of social support intensifies across adolescence reveals a critical opportunity. Helping young people develop the relational and emotional tools to flourish early in life carries implications not only for key periods of identity formation and self-discovery, but also for their long-term capacity to participate meaningfully in their communities. When adolescents are supported in building strong, prosocial relationships and identifying their

own strengths, they are better positioned to navigate developmental challenges and to contribute to the broader social fabric.

In a historical moment marked by rising adolescent mental health concerns, integrating insights from positive psychology and public health offers a pathway toward meaningful, prevention-oriented change. By situating flourishing within relational systems and community contexts, this research underscores the possibility of shifting from reactive responses to distress toward the proactive cultivation of well-being. In doing so, it positions adolescent flourishing as an attainable practice that holds promise for strengthening the lives of young people and, in turn, the health of the communities they will help shape.

Appendix A

TO: Lane Education Service District (Lane ESD) School Safety and Prevention System

FROM: Madison Carson, Department of Family & Human Services

DATE: February 2026

SUBJECT: Improving Adolescent Flourishing via Implementation of Relational, Strength-Based School Interventions

Executive Summary:

Adolescents are experiencing unprecedented increases in mental health challenges across the United States, with more than 5.3 million adolescents between the ages of 12 and 17 living with a diagnosed mental health condition (Sappenfield et al., 2024). Analysis of longitudinal data from the Transitions in Adolescent Girls (TAG) study, which consists of a community sample of 174 girls (ages 10.0-13.0 at enrollment), recruited from local schools in Lane County, Oregon, yields important results. The data indicate that perceived social support is a significant predictor of adolescent flourishing, that the influence of social support strengthens across adolescence, and that flourishing functions as a protective factor against depressive symptoms. Together, these findings highlight a critical opportunity for educational systems to strengthen relational environments that support and facilitate adolescent flourishing.

Given that adolescents spend a significant amount of their daily lives in school, educational environments in Lane County are uniquely positioned to implement activities that encourage the development of prosocial relationships that enhance the well-being and flourishing of the students. The present memo recommends three evidence-informed and developmentally-appropriate recommendations that support the proactive cultivation of adolescent flourishing and well-being.

Recommendations:

1. **Support the development of structured peer mentorship opportunities.**

Schools can foster sustained peer connections by creating formal opportunities for students to build supportive relationships. Strengthening peer networks aligns with evidence that relational environments promote adolescent flourishing.

2. **Integrate social and emotional learning (SEL) competencies into school environments.**

Embedding competencies such as self-awareness, social awareness, relationship skills, and responsible decision-making supports adolescents in developing internal strengths that contribute to flourishing.

3. **Incorporate regular strength-based reflection practices.**

Providing regular opportunities for guided reflection and peer dialogue reinforces supportive social interaction and encourages adolescents to identify and cultivate personal strengths. These recommendations emphasize strengthening relational environments within existing school structures and reflect prevention-focused strategies that promote long-term adolescent well-being.

Conclusion:

The continued increase in adolescent mental health challenges highlights a call to action. More specifically, a shift from reactive responses to proactive cultivation of flourishing is paramount. Evidence produced by the present study demonstrates that educational settings serve as central social ecosystems in the lives of adolescents, making them ideal sites of implementation for meaningful, systematic public health change.

By prioritizing relational support and strength-based development, Lane County educational systems can create environments that allow flourishing to be more accessible and attainable. Implementing prevention-focused strategies grounded in present research supports adolescents in developing the relational and emotional capacities necessary to thrive within their communities during this key developmental period and across the duration of their lives.

Bibliography

Anderson, T. L., Valiauga, R., Tallo, C., Hong, C. B., Manoranjithan, S., Domingo, C., Paudel, M., Untaroiu, A., Barr, S., & Goldhaber, K. (2025). Contributing Factors to the Rise in Adolescent Anxiety and Associated Mental Health Disorders: A Narrative Review of Current Literature. Journal of Child and Adolescent Psychiatric Nursing, 38(1), e70009. https://doi.org/10.1111/jcap.70009

Backes, E. P., Bonnie, R. J., National Academies of Sciences, E., Division, H. and M., Education, D. of B. and S. S. and, Board on Children, Y., & Applications, C. on the N. and S. S. of A. D. and I. (2019). Adolescent Development. In The Promise of Adolescence: Realizing Opportunity for All Youth. National Academies Press (US). https://www.ncbi.nlm.nih.gov/books/NBK545476/

Blakemore, S.-J. (2012). Development of the social brain in adolescence. Journal of the Royal Society of Medicine, 105(3), 111–116. https://doi.org/10.1258/jrsm.2011.110221

Blakemore, S.-J., & Mills, K. L. (2014). Is Adolescence a Sensitive Period for Sociocultural Processing? Annual Review of Psychology, 65(Volume 65, 2014), 187–207. https://doi.org/10.1146/annurev-psych-010213-115202

Derakhshan, A., & MacIntyre, P. (2026). From positive psychology to existential positive psychology (EPP): New directions for theory, research, and practice. System, 137, 103928. https://doi.org/10.1016/j.system.2025.103928

Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D., Oishi, S., & Biswas-Diener, R. (2010). New Well-being Measures: Short Scales to Assess Flourishing and Positive and Negative Feelings. Social Indicators Research, 97(2), 143–156. https://doi.org/10.1007/s11205-009-9493-y

Duckworth, A., Rozin, P., & Seligman, M. (n.d.). Positive Psychology | Psychology. Retrieved March 12, 2026, from https://psychology.sas.upenn.edu/node/152

Duncan, A. R., Jaini, P. A., & Hellman, C. M. (n.d.). Positive Psychology and Hope as Lifestyle Medicine Modalities in the Therapeutic Encounter: A Narrative Review—Ashten R. Duncan, Paresh A. Jaini, Chan M. Hellman, 2021. Retrieved March 12, 2026, from https://journals.sagepub.com/doi/10.1177/1559827620908255

Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The Impact of Enhancing Students' Social and Emotional Learning: A Meta-Analysis of School-Based Universal Interventions. Child Development, 82(1), 405–432. https://doi.org/10.1111/j.1467-8624.2010.01564.x

Dwidienawati, D., Pradipto, Y., Indrawati, L., & Gandasari, D. (2025). Internal and external factors influencing Gen Z wellbeing. BMC Public Health, 25(1), 1584. https://doi.org/10.1186/s12889-025-22124-5

Gibbon, P. (2020). Martin Seligman and the Rise of Positive Psychology. National Endowment for the Humanities. https://www.neh.gov/article/martin-seligman-and-rise-positive-psychology

Grinstead, D. (2025). From Cure to Cultivation: Positive Psychology and the Science of Wellness.

Güroğlu, B. (2022). The power of friendship: The developmental significance of friendships from a neuroscience perspective. Child Development Perspectives, 16(2), 110–117. https://doi.org/10.1111/cdep.12450

Janapati, G., & Vijayalakshmi, V. (2024). Creating a resilient pedagogy: Character strengths intervention for aspiring educators. Acta Psychologica, 249, 104465. https://doi.org/10.1016/j.actpsy.2024.104465

Kaya, B., & Önder, F. C. (2025). Social Support and Flourishing Among Adolescents: The Multiple Mediating Roles of Self-Compassion and Sense of Coherence. Journal of Rational-Emotive & Cognitive-Behavior Therapy, 43(1), 13. https://doi.org/10.1007/s10942-024-00576-9

Lal, P., Gupta, S., Lal, P., & Gupta, S. (2025). Psychological impact of COVID-19 on children and adolescents: A narrative review of mental health challenges, interventions, and long-term trajectories. Cureus, 17. https://doi.org/10.7759/cureus.81840

Lamblin, M., Murawski, C., Whittle, S., & Fornito, A. (2017). Social connectedness, mental health and the adolescent brain. Neuroscience & Biobehavioral Reviews, 80, 57–68. https://doi.org/10.1016/j.neubiorev.2017.05.010

Lee, L. M., & Zarowsky, C. (2015). Foundational values for public health. Public Health Reviews, 36, 2. https://doi.org/10.1186/s40985-015-0004-1

Levin, J. (2021). Human Flourishing: A New Concept for Preventive Medicine. American Journal of Preventive Medicine, 61(5), 761–764. https://doi.org/10.1016/j.amepre.2021.04.018

Lin, J., & Guo, W. (2024). The Research on Risk Factors for Adolescents' Mental Health. Behavioral Sciences, 14(4), 263. https://doi.org/10.3390/bs14040263

Lukoševičiūtė-Barauskienė, J., Žemaitaitytė, M., Šūmakarienė, V., & Šmigelskas, K. (2023). Adolescent Perception of Mental Health: It's Not Only about Oneself, It's about Others Too. Children, 10(7), 1109. https://doi.org/10.3390/children10071109

Maddux, J. E. (2008). Positive Psychology and the Illness Ideology: Toward a Positive Clinical Psychology. Applied Psychology, 57(s1), 54–70. https://doi.org/10.1111/j.1464-0597.2008.00354.x

Orkibi, H., Hamama, L., Gavriel-Fried, B., & Ronen, T. (2018). Pathways to Adolescents' Flourishing: Linking Self-Control Skills and Positivity Ratio Through Social Support. Youth & Society, 50(1), 3–25. https://doi.org/10.1177/0044118X15581171

Park, N., Peterson, C., Szvarca, D., Vander Molen, R. J., Kim, E. S., & Collon, K. (2016). Positive Psychology and Physical Health: Research and Applications. American Journal of Lifestyle Medicine, 10(3), 200–206. https://doi.org/10.1177/1559827614550277

Public Health. (n.d.). What Is Public Health? Cleveland Clinic. Retrieved March 12, 2026, from https://my.clevelandclinic.org/health/articles/public-health

Rashid, T. (2015). Strength-Based Assessment. In Positive Psychology in Practice (pp. 519–542). John Wiley & Sons, Ltd. https://doi.org/10.1002/9781118996874.ch31

Ritchie-Dunham, J. L., Yancey, G., Managi, S., Bartel, C., Bonhag, R., Padgett, R. N., Shiba, K., Johnson, B. R., & VanderWeele, T. J. (2025). Childhood predictors of social support and intimate friends in a Cross-National analysis of the global flourishing study. Scientific Reports, 15(1), 25068. https://doi.org/10.1038/s41598-025-09953-5

Ross, D. A., Hinton, R., Melles-Brewer, M., Fogstad, H., Banerjee, A., Mohan, A., Silverman, A., Patton, G., Baltag, V., Terki, F., Damji, N., Sanchez, A., Anyona, P., Imbago-Jácome, D., Phaladi, G., Herat, J., Fagan, L., Zeck, W., & Engel, D. (n.d.). Adolescent Well-Being: A Definition and Conceptual Framework—Journal of Adolescent Health. Retrieved March 12, 2026, from https://www.jahonline.org/article/S1054-139X(20)30396-7/fulltext

Ryan, R. M., & Deci, E. L. (2001). On Happiness and Human Potentials: A Review of Research on Hedonic and Eudaimonic Well-Being. Annual Review of Psychology, 52(Volume 52, 2001), 141–166. https://doi.org/10.1146/annurev.psych.52.1.141

Sappenfield, O., Alberto, C., Minnaert, J., Donney, J., Lebrun-Harris, L., & Ghandour, R. (2018). Adolescent Mental and Behavioral Health, 2023. In National Survey of Children's Health Data Briefs. Health Resources and Services Administration. http://www.ncbi.nlm.nih.gov/books/NBK608531/

Seligman, M. (2018). PERMA and the building blocks of well-being. The Journal of Positive Psychology, 13(4), 333–335. https://doi.org/10.1080/17439760.2018.1437466

Seligman, M. E. P. (2002). Positive psychology, positive prevention, and positive therapy. In Handbook of positive psychology (pp. 3–9). Oxford University Press.

Slade, M. (2010). Mental illness and well-being: The central importance of positive psychology and recovery approaches. BMC Health Services Research, 10(1), 26. https://doi.org/10.1186/1472-6963-10-26

Snyder, E. by C. R., Lopez, S. J., Edwards, L. M., & Marques, and S. C. (Eds.). (2021). The Oxford Handbook of Positive Psychology (Third Edition, New to this Edition:, Third Edition, New to this Edition:). Oxford University Press.

Stevens, G. W. J. M. (2024). Editorial: Adolescent mental health in a rapidly changing world. Journal of Child Psychology and Psychiatry, 65(12), 1551–1553. https://doi.org/10.1111/jcpp.14065

Stoeber, J., & Corr, P. J. (2016). A short empirical note on perfectionism and flourishing. Personality and Individual Differences, 90, 50–53. https://doi.org/10.1016/j.paid.2015.10.036

Thapar, A., Eyre, O., Patel, V., & Brent, D. (2022). Depression in young people. The Lancet, 400(10352), 617–631. https://doi.org/10.1016/S0140-6736(22)01012-1

Twenge, J. M., Spitzberg, B. H., & Campbell, W. K. (2019). Less in-person social interaction with peers among U.S. adolescents in the 21st century and links to loneliness. Journal of Social and Personal Relationships, 36(6), 1892–1913. https://doi.org/10.1177/0265407519836170

Valle, M. F., Huebner, E. S., & Suldo, S. M. (2006). An analysis of hope as a psychological strength. Journal of School Psychology, Motivation, 44(5), 393–406. https://doi.org/10.1016/j.jsp.2006.03.005

VanderWeele, T. J. (2024). Flourishing and the scope of medicine and public health. J Epidemiol Community Health, 78(7), 466–470. https://doi.org/10.1136/jech-2023-220553

Waigel, N. C., & Lemos, V. N. (2023). A Systematic Review of Adolescent Flourishing. Europe's Journal of Psychology, 19(1), 79–99. https://doi.org/10.5964/ejop.6831

Wang, R. A. H., Davis, O. S. P., Wootton, R. E., Mottershaw, A., & Haworth, C. M. A. (2017). Social support and mental health in late adolescence are correlated for genetic, as well as environmental, reasons. Scientific Reports, 7(1), 13088. https://doi.org/10.1038/s41598-017-13449-2

Weir, K. (n.d.). U.S. teens need far more emotional and social support. Https://Www.Apa.Org. Retrieved March 12, 2026, from https://www.apa.org/monitor/2025/04-05/teen-social-emotional-support

Weissman, M. M., Orvaschel, H., & Padian, N. (1980). Children's Symptom and Social Functioning Self-Report Scales Comparison of Mothers' and Children's Reports. The Journal of Nervous and Mental Disease, 168(12), 736.

Westerhof, G. J., & Keyes, C. L. M. (2010). Mental Illness and Mental Health: The Two Continua Model Across the Lifespan. Journal of Adult Development, 17(2), 110–119. https://doi.org/10.1007/s10804-009-9082-y

WHO. (n.d.). Constitution of the World Health Organization. Retrieved March 12, 2026, from https://www.who.int/about/governance/constitution

Witten, H., Savahl, S., & Adams, S. (2019). Adolescent flourishing: A systematic review. Cogent Psychology, 6(1), 1640341. https://doi.org/10.1080/23311908.2019.1640341

Wolbert, L., de Ruyter, D., & Schinkel, A. (n.d.). The flourishing child. Retrieved March 12, 2026, from https://dx.doi.org/10.1111/1467-9752.12561

Yates, T. M., Tyrell, F. A., & Masten, A. S. (2015). Resilience Theory and the Practice of Positive Psychology from Individuals to Societies. In Positive Psychology in Practice (pp. 773–788). John Wiley & Sons, Ltd. https://doi.org/10.1002/9781118996874.ch44

Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The Multidimensional Scale of Perceived Social Support. Journal of Personality Assessment, 52(1), 30–41. https://doi.org/10.1207/s15327752jpa5201_2