



Psychosocial Dynamics in Adolescence: Understanding Adolescent Well-Being Through the Relationships Between Emotional Expressivity, Emotional Resilience, and Social Connectedness

Vanya Bansal

Heritage International Xperiential School, Gurgaon, Haryana, India

Email: vanya20109@gmail.com

DOI: <https://doi.org/10.47814/ijssrr.v9i9.3543>

Abstract

Adolescence is a period of several psychological developments and challenges, making it essential to analyse behaviours and take preventable measures. This study aims to explore the variables of emotional expressivity, emotional resilience, and social connectedness in adolescents in order to determine their effect on daily adolescent functioning and improvements for well-being. The study used a sample size of 101 adolescents ranging from 10-19 years of age. The scales used to measure the variables using a questionnaire were as followed: Brief Resilience Scale (BRS) by Smith et al. (2008), Positive Expressivity Scale (PES) and Negative Expressivity Scale (NES) by Barchard (2001), The Social Connectedness Scale by Lee and Robbins (1995). The statistical analysis conducted employed descriptive statistics, T-test for independent samples, One way ANOVA, and Pearson correlation. The findings revealed a statistically significant difference between male and female respondents with regards to the variable of resilience and social connectedness with males reporting a higher mean score than females in the present sample. Emotional expressivity, social connectedness, emotional resilience did not differ significantly across the age groups of 10-19. Positive expressivity was positively correlated with negative expressivity and resilience, Positive expressivity was also negatively correlated with social connectedness. These findings help to understand the relationships between these variables in adolescent lives which can strengthen interpersonal relationships and reduce behavioural problems. Further, it can help understand variations over ages and genders and help work towards age and gender specific treatments and programs.

Keywords: *Resilience; Social Connectedness; Adolescents; Positive Expressivity; Emotional Expressivity; Negative Expressivity*

1. Introduction

Adolescence (ages 10-19), defined as an essential physical and psychological developmental phase (World Health Organization, 2023), comes with more challenges than just physical transition. This period of life in this modern era comes with a myriad of challenges. The past years have resulted in a rapid rise in the emergence of social media platforms such as Instagram, Snapchat, TikTok and more, targeting adolescents. Adolescents in this new age are evolving in a social environment hand in hand with digital technologies. The takeover of social media has changed how relationships are formed and how identities are developed. Simultaneously, mental health disorders are rising within adolescents and are closely linked with the harmful impact of social media (Masri-Zada et al., 2025). These digital platforms aid and build connections amongst adolescents by promoting connection, expression, and building communities.

However, on the other hand, it has contributed to growing feelings of isolation, lack of proper communication amongst adolescents and adults, leading to feeling misunderstood and overstimulated. With children spending more time on their digital devices than time spent on social connections, it makes them feel isolated (Vidal & Katzenstein, 2024). Social comparison online fuels greater anxiety, with neuroscience showing that extensive social media overstimulates the brain's reward pathways, as addiction would. (Welcome to Zscaler Directory Authentication, 2026). Adolescents are vulnerable to these challenges involving self expression, relationships, and adaptations (Delios et al., 2023).

Additionally, the COVID-19 pandemic has played a significant role. It has affected youth with individual resilience (Nadeem & R. Van Meter, 2023). This is exacerbated with communication gaps between adults and adolescents. This highlights the need to regulate and ensure emotional expressivity, emotional resilience, and social connectedness amongst vulnerable groups of adolescents.

Emotional expressivity discusses the ability to identify, communicate, and regulate emotions effectively. Emotional expression plays a significant role in psychological adjustment, social functioning, and mental health outcomes during adolescence. Adolescents in this age struggle to showcase their real emotions and connect with them, often suppressing them due to fear of judgement and social pressure. Emotional suppression is related to increased psychological distress, anxiety, depressive symptoms, and reduced interpersonal functioning. Studies show adolescents face greater emotional suppression to regulate high intensity emotions occurring during this developmental phase. Further, a study using adolescents reported using less suppression of emotions while isolated, compared to being present in social settings. It reported that the most suppression occurred in presence of their friends (Wylie et al., 2022). Further, Burgin et al. (2012) showed that those who have higher emotional expressions lead a life of better satisfaction, less loneliness, and better relationships.

Social connectedness, defined as the sense of belongingness, acceptance, and meaningful interpersonal attachment experienced within social groups and relationships Lee and Robbins (1995). During adolescence, peer relationships and social inclusion become central to identity formation and emotional security. However, the prevalence of social media has led to increased feelings of isolation despite digital connectivity. These difficulties lead to poor mental health outcomes.

The third variable explored in this study is emotional resilience, referring to the ability to adapt positively and recover from adversity, stress, or trauma. In adolescence, resilience is particularly important because this developmental stage often includes experiences of failure, rejection, uncertainty, and emotional conflict. Bronfenbrenner's Ecological Systems Theory (Guy-Evans, 2024) displayed the impact of family, peers, schools, social settings on developmental outcomes. These perspectives suggest that resilience can be strengthened through experiences that encourage self-reflection, social support, and adaptive meaning-making.

Kintsugi, a Japanese art form originating from late 15th century Japan, focuses on repairing broken objects with gold lacquer. The philosophy focuses on embracing imperfections and flaws, deeming the new object better than it was before. Over time, Kintsugi evolved beyond a ceramic technique into a broader metaphor for emotional healing, resilience, and transformation. Kintsugi activities may create safe and symbolic opportunities for adolescents to externalize emotions. Group-based reflective activities from the philosophy of Kintsugi may encourage empathy, openness, and mutual understanding among adolescents, strengthening feelings of interpersonal connection and acceptance. Kintsugi may support resilience by encouraging adolescents to reinterpret setbacks as opportunities for healing and growth rather than as failures.

2. Methodology

Aim and objectives of the study:

This study aimed to explore the variables of emotional expressivity, emotional resilience, and social connectedness amongst adolescents. It examined the extent to which adolescents are engaging in healthy emotional expression, the role of social connectedness in adolescent well-being and the levels of emotional resilience in adolescent populations.

Participants:

The participants were adolescents from the ages of 10 to 19, consisting of all such genders from both nuclear and joint households. Out of the 101 participants, 25 were from an underprivileged background. There were 49 female responses and 52 male responses. 4 responses were discarded due to incomplete responses.

Instrumentation:

To collect data about variables of emotional resilience, emotional expressivity, and social connectedness, differing scales were used.

i) Brief Resilience Scale (BRS): The questionnaire by Smith et al. (2008) measures resilience via using 6 items. All the items are on a 5 point Likert scale ranging from 1 = Strongly Disagree and 5 = Strongly Agree. Three items in the scale are reverse scored. The scale displays a strong internal consistency ranging from 0.90 to 0.91 across diverse samples and also showcases a test-retest reliability of 0.69 over 1 month and 0.62 over 3 month time period. With regard to the validity of the questionnaire, it shows strong positive correlations with other measures of psychological well being, self efficacy and life satisfaction. It has a negative correlation with measures of depression, anxiety and perceived stress. The BRS successfully predicts significant clinical and psychological outcomes and is a widely used tool for assessing resilience.

ii) Positive Expressivity Scale (PES) and Negative Expressivity Scale (NES), the questionnaire created by Barchard et al. (2001) measures emotional expressivity through 10 items. It is a self-report assessment to evaluate the

frequency towards displaying emotional states in behaviours that are observable. Both scales use a 5 point Likert scale where respondents can choose between strongly disagree to strongly agree. The two subscales are Positive Expressivity and Negative Expressivity. Half the items on each scale are reverse scored, wherein higher scores depict greater amounts of the characteristic. The positive expressivity scale measures positive emotions such as joy, affection, and happiness while measuring outward displays such as showing affection physically and laughing. The internal consistency is reported to be $\alpha = 0.79$. The negative expressivity scale measures displays of negative emotions such as sadness, anger, and fear with displays of distress. The internal consistency is typically reported at $\alpha = 0.74$. The scale demonstrates that positive and negative expressivities are empirically distinct, with non significant correlations between the PES and NES. They demonstrate internal consistency, with high reliability in self reporting and predict specific emotion-related outcomes in several settings. They have construct validity, accurately mapping onto standard personality models and correlating with peer ratings, observer judgments, and other established emotional measures like the Berkeley Expressivity Questionnaire.

iii) The Social Connectedness Scale by Lee and Robbins (1995) is a self report questionnaire assessing the degree to which youth feels connected to others in social environments by measuring belongingness, satisfaction and more. It has 20 items, where the responses to the scale range from 1 (strongly disagree) to 6 (strongly agree). It has reverse coded negatively-worded items wherein a higher score indicates more connectedness to others, while low scores indicate psychological distress or loneliness. The scale is widely deployed to examine belongingness in young populations, frequently used in mental health research and identifying risks of social isolation. The scale shows internal consistency, α typically falling between 0.91 and 0.93 across diverse populations and age groups. It shows test-retest reliability of $r = 0.96$. The scale exhibits strong, expected correlations with related constructs. It is positively correlated with measures of self-esteem, social identity, and perceived social support. It successfully distinguishes belongingness from other distinct psychological traits by showing strong negative correlations with measures of loneliness, alienation, anxiety, and depression. It reliably predicts physical and mental health outcomes, demonstrating that lower scores are strongly associated with a higher vulnerability to psychological distress and mood disorders.

These scales were used in a survey. The physical surveys were printed out and given to 25 children in an underprivileged school to collect data. For the rest, responses were put on an online platform, collecting responses from adolescents across the world.

Ethical considerations:

Ethical considerations were followed. The survey description had informed consent by stating that all responses would remain confidential, with an optional section for stating name. Participants were made aware that their responses were contributing to psychological research amongst adolescents for exploring emotional resilience, social connectedness and emotional expressivity. The participation was made voluntary, with the right to withdraw their results at any time.

Statistical analysis employed:

The present research employed descriptive statistics and inferential statistics such as T-test for independent samples, One way ANOVA, and Pearson product moment correlation.

3. Findings of the Study

Table 1. Descriptive Statistics for Positive Expressivity, Negative Expressivity, Resilience, and Social Connectedness by Gender

Variable	Gender	n	M	Mdn	Mode	SD
Positive Expressivity	Male	52	32.92	32	30	4.97
	Female	49	33.63	34	31	5.26
Negative Expressivity	Male	52	29.02	30	31	5.42
	Female	49	30.43	30	29	5.43
Resilience	Male	52	18.58	18	18	3.43
	Female	49	17.31	18	18	2.87
Social Connectedness	Male	52	27.87	28	29	10.31
	Female	49	22.35	21	13	9.38

Note. *M* = mean; *Mdn* = median; *SD* = standard deviation.

Table 1 presents the descriptive statistics for positive expressivity, negative expressivity, resilience, and social connectedness separately for male and female participants. Female participants reported a slightly higher level of positive expressivity ($M = 33.63$, $SD = 5.26$) than male participants ($M = 32.92$, $SD = 4.97$). Similarly, females demonstrated marginally higher negative expressivity ($M = 30.43$, $SD = 5.43$) compared with males ($M = 29.02$, $SD = 5.42$). The similarity between the mean and median values across both genders suggests relatively symmetric score distributions for the two emotional expressivity dimensions. For resilience, male participants obtained a slightly higher mean score ($M = 18.58$, $SD = 3.43$) than female participants ($M = 17.31$, $SD = 2.87$). The identical median and mode values (18) for both genders indicate a comparable central tendency in resilience scores. The largest gender difference was observed for social connectedness. Male participants reported substantially higher social connectedness ($M = 27.87$, $SD = 10.31$) than female participants ($M = 22.35$, $SD = 9.38$). Social connectedness also exhibited the greatest variability among all study variables, as reflected by the comparatively larger standard deviations in both gender groups. Overall, the descriptive statistics indicate only small gender differences in positive and negative expressivity and resilience, whereas a more pronounced difference is evident for social connectedness. Inferential statistical analyses are required to determine whether these observed differences are statistically significant.

Table 2. Independent Samples t-Test Comparing Male and Female Participants on Positive Expressivity, Negative Expressivity, Resilience, and Social Connectedness

Variable	t	df	p	Cohen's d
Positive Expressivity	-0.70	99	.487	0.14
Negative Expressivity	-1.30	99	.195	0.26
Resilience	2.01	99	.047*	0.40
Social Connectedness	2.81	99	.006**	0.56

Note. *df* = degrees of freedom. Cohen's *d* values of 0.20, 0.50, and 0.80 represent small, medium, and large effect sizes, respectively (Cohen, 1988). $p < .05^*$, $**p < .01$.

An independent sample t-test was conducted to examine gender differences in positive expressivity, negative expressivity, resilience, and social connectedness. The analysis indicated that there was no significant gender difference in positive expressivity, $t(99) = -0.70$, $p = .487$, $d = 0.14$, suggesting a negligible effect of gender on positive emotional expressivity. Similarly, no significant gender difference was observed in negative expressivity, $t(99) = -1.30$, $p = .195$, $d = 0.26$. Although female participants reported slightly higher negative expressivity scores than males, the difference was not statistically significant and represented a small effect size. A significant gender difference was found for resilience, $t(99) = 2.01$, $p = .047$, $d = 0.40$. Male participants reported significantly higher resilience scores than female participants. The effect size was small to approaching medium, indicating a modest practical difference between the groups. A significant gender difference was also observed in social connectedness, $t(99) = 2.81$, $p = .006$, $d = 0.56$. Male participants reported significantly greater social connectedness than female participants. The effect size was moderate, suggesting that gender accounted for a meaningful difference in perceived social connectedness. Overall, the findings indicate that gender was significantly associated with resilience and social connectedness, with male participants scoring higher on both variables. In contrast, no statistically significant gender differences were found for either positive or negative emotional expressivity.

Table 3. Descriptive Statistics for Positive Expressivity, Negative Expressivity, Resilience, and Social Connectedness Across Age Groups

Variable	Age Group (years)	n	M	Mdn	Mode	SD
Positive Expressivity	10–12	10	32.40	31.50	41	5.17
	13–16	47	33.21	33.00	31	5.48
	17–19	44	33.52	33.00	31	4.75
Negative Expressivity	10–12	10	26.20	27.00	27	5.20
	13–16	47	29.81	30.00	29	5.77
	17–19	44	30.39	31.00	31	4.93
Resilience	10–12	10	17.60	17.50	18	2.17
	13–16	47	17.81	18.00	17	3.66

Variable	Age Group (years)	n	M	Mdn	Mode	SD
	17–19	44	18.20	18.00	18	2.95
Social Connectedness	10–12	10	26.30	25.00	25	7.07
	13–16	47	25.94	27.00	28	10.68
	17–19	44	24.14	22.00	20	10.38

Note. *M* = mean; *Mdn* = median; *SD* = standard deviation.

Table 3 presents the descriptive statistics for positive expressivity, negative expressivity, resilience, and social connectedness across three age groups (10–12 years, 13–16 years, and 17–19 years). Overall, mean scores for positive expressivity showed a slight increase with age, rising from $M = 32.40$ ($SD = 5.17$) among participants aged 10–12 years to $M = 33.52$ ($SD = 4.75$) among those aged 17–19 years. Similarly, negative expressivity demonstrated a gradual increase across age groups, with mean scores ranging from $M = 26.20$ ($SD = 5.20$) in the youngest group to $M = 30.39$ ($SD = 4.93$) in the oldest group. Mean resilience scores also exhibited a modest increase with age, from $M = 17.60$ ($SD = 2.17$) among participants aged 10–12 years to $M = 18.20$ ($SD = 2.95$) among participants aged 17–19 years. In contrast, social connectedness showed a slight decline across age groups, with the highest mean observed among participants aged 10–12 years ($M = 26.30$, $SD = 7.07$) and the lowest among those aged 17–19 years ($M = 24.14$, $SD = 10.38$). Across all variables, the means and medians were generally comparable, suggesting relatively symmetrical score distributions within each age group. The variability in scores, as reflected by the standard deviations, was moderate for positive and negative expressivity and resilience, whereas social connectedness demonstrated comparatively greater variability, particularly among participants aged 13–16 years ($SD = 10.68$) and 17–19 years ($SD = 10.38$). These descriptive statistics provide an overview of the distribution of scores across age groups and serve as a basis for subsequent inferential analyses.

Table 4. One-Way Analysis of Variance Examining Age Differences in Positive Expressivity, Negative Expressivity, Resilience, and Social Connectedness

Variable	F(2, 98)	p	η^2	Partial η^2	Cohen's f^2
Positive Expressivity	0.20	.802	.00	.00	.00
Negative Expressivity	2.50	.087	.05	.05	.05
Resilience	0.24	.789	.00	.00	.00
Social Connectedness	0.41	.662	.01	.01	.01

Note. η^2 = eta squared; partial η^2 = partial eta squared; Cohen's f^2 = effect size. Values of η^2 around .01, .06, and .14 are commonly interpreted as small, medium, and large effects, respectively.

Four one-way ANOVAs were conducted to examine age-group differences in the study variables. No significant differences were found in positive expressivity, $F(2, 98) = 0.20$, $p = .802$, $\eta^2 = .00$; negative expressivity, $F(2, 98) = 2.50$, $p = .087$, $\eta^2 = .05$; resilience, $F(2, 98) = 0.24$, $p = .789$, $\eta^2 = .00$; or social connectedness, $F(2, 98) = 0.41$, $p = .662$, $\eta^2 = .01$. These findings indicate that participants across the three age groups reported comparable levels of emotional expressivity, resilience, and social connectedness. Negative expressivity showed a non-significant trend toward age-related differences, but this effect did not reach statistical significance.

Table 5. Pearson Correlations Among Positive Expressivity, Negative Expressivity, Resilience, and Social Connectedness ($N = 101$)

Variable	1	2	3	4
1. Positive Expressivity	—			
2. Negative Expressivity	.32**	—		
3. Resilience	.34***	.04	—	
4. Social Connectedness	-.31**	-.18	-.13	—

Note. Values are Pearson's correlation coefficients (r). $p < 0.05^*$, $p < .01^{**}$, $***p < .001$.

Pearson product-moment correlations were computed to examine the relationships among the study variables (see Table 5). Positive expressivity was positively correlated with negative expressivity, $r(99) = .32$, $p = .001$, and resilience, $r(99) = .34$, $p < .001$, but negatively correlated with social connectedness, $r(99) = -.31$, $p = .002$. No significant correlations were observed between negative expressivity and resilience, $r(99) = .04$, $p = .663$; negative expressivity and social connectedness, $r(99) = -.18$, $p = .069$; or resilience and social connectedness, $r(99) = -.13$, $p = .210$. These findings indicate that positive expressivity was the only construct that showed significant relationships with multiple study variables.

4. Discussion

The present findings reveal that there is a statistically significant difference between male and female respondents with regards to the variable of resilience and social connectedness with males reporting a higher mean score than females in the present sample. Previous research has found support for the same, with findings from Harrison (2021) showing that females have lower psychological resilience due to factors such as disparities in social position, psychosocial responsibilities and more. Meta analysis highlights that males tend to have greater psychological resilience (Gök & Koğar, 2021). While the present study did not find any statistically significant difference between male and female participants with regard to emotional expressivity (both positive and negative), findings from previous research suggest otherwise. For instance, a study by Pollastri et al. (2018) on 178 adolescent boys found that emotional expressivity was associated with better social adjustment and those boys who exhibited greater expressivity had better adjustment levels.

Moreover, none of the variables; emotional expressivity, social connectedness, emotional resilience differed significantly across the age groups of 10-19. Fritz et al. (2019) determined that resilience factors within ages of 14-17 were similar across groups, with Shanahan et al. (2024) claiming that early adolescents are at risk of needing resilience in their daily lives. Oberle et al. (2023) determined that social connectedness is linked to ages, wherein higher connectedness in grade 7 resulted in better well-being carried on to grade 8. Another study (Jose et al., 2012) showed that youth with higher social connectedness at one point resulted in a trend over time. Social connectedness factors pose greater threats for young adolescents (under 14) than older adolescents (Blum et al., 2022). Further, it was reported that older adolescents exhibit greater resilience than younger ones (Silvers et al., 2012).

Positive expressivity was positively correlated with negative expressivity and resilience, indicating that participants with higher positive emotional expression also tended to report greater negative emotional expression and higher resilience. A study by Knyazev et al. (2012) showed the same, expressivity was linked to emotional sensitivity.

Positive expressivity was also negatively correlated with social connectedness, suggesting that higher levels of positive expressivity were associated with lower social connectedness in this sample. However, this contradicts most psychological consensus such as that of Sels et al., (2021), which shows that open expression of positive emotions typically acts as an affiliative signal, actively fostering warmth, cooperation, intimacy, and stronger relational bonds. Pollastri et al. (2018) found that emotional expression promotes social adjustment.

In contrast, the relationships between negative expressivity and resilience, negative expressivity and social connectedness, and resilience and social connectedness were not statistically significant.

5. Conclusion

This topic remains significant as emotional resilience, social connectedness, and emotional expressivity play an important role in adolescent development. Higher emotional resilience leads to better mental health (Mesman et al., 2021). Adolescents are a key group for these prevention methods towards the risk of developing mental health disorders. With the rapid increase of social media, emotional expressivity and social connectedness play an important role with increasing feelings of isolation, cyberbullying and more. There is already limited research around their social behaviours and its impact on emotional expressivity (Zhou et al., 2024), raising concerns worldwide with one in seven adolescents experiencing mental health disorders, a leading cause of illness (World Health Organization, 2025). Thus, it should include a more prominent role in clinical practices, research and programs for adolescents. Identifying groups of adolescents facing lower resilience, connectedness and expressivity can allow for faster interventions and reduce the rising self harm and suicide rates (Liu & Wang, 2024). As key factors determining mental health in adolescents, understanding their relationships can strengthen interpersonal relationships and reduce behavioural problems.

Limitations of the study:

1. Sample size consisted of 101 participants, ranging from 10-19 years old. The age sections (10–12), (13-16), (17-19) were uneven in number, with the first age range only having 10 participants, followed by 47 and 44 participants in the respective age groups. Thus, limited data was collected on young adolescents aged 10-12 where results may have varied.
2. Demographic details were limited. The study could have analysed other various factors affecting emotional resilience, social connectedness, and emotional expressivity in adolescents such as family types (nuclear and joint), family sizes, upbringings and more.
3. There was no priori power analysis conducted for the study, wherein the sample for the study was collected using non-probability sampling techniques which may have resulted in a non-diverse sample.
4. Brief Resilience Scale (BRS) by Smith et al (2008) that was used for data collection only focused on recovery stages from adversity, rather than protective factors that contribute to resilience. It may unintentionally capture emotional distress.
5. The present study involved multiple inferential statistical analyses on the same sample, which may have increased the family-wise Type I error rate. As corrections for multiple comparisons were not applied, some statistically significant findings may reflect chance rather than true effects. Therefore, the findings should be interpreted cautiously, and future studies should consider using procedures such as the Bonferroni correction or other methods to control for inflated Type I error.

Future recommendations:

1. The present research is cross-sectional and quantitative in nature. Future research can incorporate interviews to build on depth of understanding the adolescent experience. A mixed methods approach can be beneficial in elevating the depth of knowledge available about adolescent experience.
2. The present research consists of a sample that was gained from diverse cultures in different ratios. As the Google Form was circulated to online communities, and the physical form was provided to adolescents only within India, it is difficult to generalise the findings to the wider population. Future research can focus on comparing different cultures or extensively studying one cultural group in detail, rather than intermixing the two. This should be done by keeping in mind an equal representation of the population.
3. Findings from the present research can be beneficial for educators, parents and mental health professionals in helping adolescents' via focusing on increasing their emotional expressivity, building better resilience and for developing social connectedness with those around them.

References

- Barchard, K., Barchard, K., & Marriott, M. (2001). *Positive expressivity scale and negative expressivity scale: Initial psychometric characteristics*. https://img.faculty.unlv.edu/lab/conference-presentations/conference%20posters/barchard_pesnes_development.pdf
- Blum, R. W., Lai, J., Martinez, M., & Jessee, C. (2022). Adolescent connectedness: Cornerstone for health and wellbeing. *BMJ*, 379(1), e069213. <https://doi.org/10.1136/bmj-2021-069213>
- Burgin, C. J., Brown, L. H., Royal, A., Silvia, P. J., Barrantes-Vidal, N., & Kwapil, T. R. (2012). Being with others and feeling happy: Emotional expressivity in everyday life. *Personality and Individual Differences*, 53(3), 185–190. <https://doi.org/10.1016/j.paid.2012.03.006>
- Cohen, J. (1988). Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ lawrence Erlbaum associates, publishers. - References - scientific research publishing. In www.scirp.org. <https://www.scirp.org/reference/ReferencesPapers?ReferenceID=2041144>
- Delios, M. S., Kehoe, C. E., & Pizarro-Campagna, E. (2023). The role peer responses to adolescent expression of emotions plays in their emotion regulation: A systematic literature review. *Mental Health & Prevention*, 32, 200299. <https://doi.org/10.1016/j.mhp.2023.200299>
- Fritz, J., Stochl, J., Fried, E. I., Goodyer, I. M., Borkulo, C. D. van, Wilkinson, P. O., & Harmelen, A.-L. van. (2019). Unravelling the complex nature of resilience factors and their changes between early and later adolescence. *BMC Medicine*, 17(1), 1–16. <https://doi.org/10.1186/s12916-019-1430-6>

- Guy-Evans, O. (2024). Bronfenbrenner's ecological systems theory. In *ResearchGate*. https://www.researchgate.net/publication/383500583_Bronfenbrenner
- Gök, A., & Koğar, E. Y. (2021). A Meta-Analysis Study on Gender Differences in Psychological Resilience Levels. *Cyprus Turkish Journal of Psychiatry & Psychology*, 3.2. <https://doi.org/10.35365/ctjpp.21.2.15>
- Harrison, R. (2021, December 20). *Stress on the Front Lines: Comparing Resilience in Female and Male Health Care Providers*. Medicine.Yale.Edu. <https://medicine.yale.edu/news-article/stress-on-the-front-lines-comparing-resilience-in-female-and-male-health-care-providers/>
- Jose, P. E., Ryan, N., & Pryor, J. (2012). Does social connectedness promote a greater sense of Well-Being in Adolescence over time? *Journal of Research on Adolescence*, 22(2), 235–251. <https://doi.org/10.1111/j.1532-7795.2012.00783.x>
- Knyazev, G. G., Barchard, K. A., Razumnikova, O. M., & Mitrofanova, L. G. (2012). The relationship of positive and negative expressiveness to the processing of emotion information. *Scandinavian Journal of Psychology*, 53(3), 206–215. <https://doi.org/10.1111/j.1467-9450.2012.00941.x>
- Liu, X.-Q., & Wang, X. (2024). Adolescent suicide risk factors and the integration of social-emotional skills in school-based prevention programs. *World Journal of Psychiatry*, 14(4), 494–506. <https://doi.org/10.5498/wjp.v14.i4.494>
- Mesman, E., Vreeker, A., & Hillegers, M. (2021). Resilience and mental health in children and adolescents. *Current Opinion in Psychiatry*, 34(6). <https://doi.org/10.1097/yco.0000000000000741>
- Nadeem, E., & R. Van Meter, A. (2023). The Impact of the COVID-19 Pandemic on Adolescents: An Opportunity to Build Resilient Systems. *American Journal of Health Promotion*, 37(2), 274–281. <https://doi.org/10.1177/08901171221140641d>
- Oberle, E., Xuejun Ryan Ji, Maram Alkawaja, Molyneux, T., Salima Kerai, Thomson, K., Guhn, M., Schonert-Reichl, K. A., & Gadermann, A. M. (2023). Connections matter: Adolescent social connectedness profiles and mental well-being over time. *Journal of Adolescence*. <https://doi.org/10.1002/jad.12250>
- Pollastri, A. R., Raftery-Helmer, J. N., Cardemil, E. V., & Addis, M. E. (2018). Social context, emotional expressivity, and social adjustment in adolescent males. *Psychology of Men & Masculinity*, 19(1), 69–77. <https://doi.org/10.1037/men0000081>
- Salima Kerai. (2026). Neuroscience explains why teens are so vulnerable to Big Tech social media platforms. In *Theconversation.com*. <https://theconversation.com/neuroscience-explains-why-teens-are-so-vulnerable-to-big-tech-social-media-platforms-278521>
- Sels, L., Tran, A., Greenaway, K. H., Verhofstadt, L., & Kalokerinos, E. K. (2021). The social functions of positive emotions [Review of *The social functions of positive emotions*]. *Current Opinion in Behavioral Sciences*, 39, 41–45. <https://doi.org/10.1016/j.cobeha.2020.12.009>
- Shanahan, L., Steinhoff, A., Ribeaud, D., & Eisner, M. (2024). The role of early adolescence in subsequent risk and resilience. *The Journal of Early Adolescence*, 44(9). <https://doi.org/10.1177/02724316241271381>
- Silvers, J. A., McRae, K., Gabrieli, J. D. E., Gross, J. J., Remy, K. A., & Ochsner, K. N. (2012). Age-related differences in emotional reactivity, regulation, and rejection sensitivity in adolescence. *Emotion*, 12(6), 1235–1247. <https://doi.org/10.1037/a0028297>
- Tariq Masri-zada, Martirosyan, S., Abdou, A., Barbar, R., Kades, S., Makki, H., Haley, G., & Agrawal, D. K. (2025). The Impact of Social Media & Technology on Child and Adolescent Mental Health. *Journal of Psychiatry and Psychiatric Disorders*, 9(2), 111. <https://pmc.ncbi.nlm.nih.gov/articles/PMC12165459/>
- Vidal, C., & Katzenstein, J. (2024, September 30). *Social Media and Mental Health in Children and Teens*. Hopkinsmedicine.Org; Johns Hopkins Medicine. <https://www.hopkinsmedicine.org/health/wellness-and-prevention/social-media-and-mental-health-in-children-and-teens>
- World Health Organization. (2023). *Adolescent health*. World Health Organization. <https://www.who.int/health-topics/adolescent-health>
- World Health Organization. (2025, September 1). *Mental health of adolescents*. World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>
- Wylie, M. S., De France, K., & Hollenstein, T. (2022). Adolescents suppress emotional expression more with peers compared to parents and less when they feel close to others. *International Journal of Behavioral Development*, 47(1), 016502542211327. <https://doi.org/10.1177/01650254221132777>



Zhou, H., Li, Q., Liu, Z., Li, K., Geng, X., & Fang, X. (2024). Family Emotional Expressiveness and Adolescents' Cyberbullying Bystanders: The Mediating Role of Empathy [Review of *Family Emotional Expressiveness and Adolescents' Cyberbullying Bystanders: The Mediating Role of Empathy*]. *Psychology Research and Behavior Management*, Volume 17, 2099–2110. <https://doi.org/10.2147/prbm.s447605>

Copyrights

Copyright for this article is retained by the author(s), with first publication rights granted to the journal. This is an open-access article distributed under the terms and conditions of the Creative Commons Attribution license (CC BY 4.0).