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Social Support and Adolescent Resilience: A Systematic Review of Relationship Patterns, Support Sources, and Contextual Variations

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ABSTRACT

Purpose: To distinguish direct social support–resilience associations from mediation-based and contextual evidence among adolescents, and to identify examined support sources. **Methods**: A systematic literature review was organized using PRISMA 2020 reporting items. Searches of PubMed, Google Scholar, and ScienceDirect covered 2021–2026, with supplementary journal/DOAJ searches. The original searches displayed 70,316 hits, but only 500 relevance-ranked records were retrieved; 15 empirical studies were retained after screening. A structured, non-meta-analytic synthesis classified studies by model role and context. **Findings**: Nine of 15 studies (60.0%) directly examined social support and resilience: eight described positive associations, whereas one reported an almost-zero negative correlation ($r = -0.041$), with no separately established significance for that coefficient. Four studies (26.7%) modeled resilience as a mediator, two (13.3%) modeled social support as a mediator, two (13.3%) examined reversed or other outcomes, and four (26.7%) focused on special contexts; categories overlapped. Family, peer, and teacher support recurred, with no universally dominant source. **Implications**: The classification prevents mediation pathways and indirectly related outcomes from being treated as equivalent to direct associations. However, limited record retrieval, single-reviewer screening, the absence of formal risk-of-bias appraisal, and predominantly observational evidence restrict confidence and causal inference. **Originality**: The contribution lies in distinguishing model direction, support source, and contextual applicability rather than merely enumerathing positive findings.

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INTRODUCTION

Adolescence involves rapid biological, cognitive, and social changes alongside expanding relationships beyond the family. Developmental accounts sometimes extend the period into the early twenties because transitions to adult roles vary (Sawyer et al., 2018). Stress associated with schooling, family relationships, identity formation, and peer interaction makes resilience an important developmental construct. Indonesian adolescent mental-health data further underscore the importance of examining adaptive resources, without implying that resilience is equivalent to the absence of a psychiatric disorder (Erskine et al., 2024).

Resilience refers to positive adaptation in the context of adversity and is better understood as a dynamic process than as an immutable personal trait (Fletcher & Sarkar, 2013; Southwick et al., 2014). Masten (2001) described resilience as "ordinary magic" arising from the operation of common developmental systems. Social support is one such interpersonal resource and may involve emotional care, practical assistance, information, and affirmation (Gottlieb & Bergen, 2010). The stress-buffering hypothesis further suggests that perceived availability of support may alter appraisal of stressful circumstances and coping responses (Cohen & Wills, 1985). These frameworks suggest plausible associations, but neither establishes the causal direction of relationships measured in observational studies.

Existing evidence syntheses have addressed related but different questions. Chu et al. (2010) synthesized social support and psychological well-being in young people, an outcome domain distinct from resilience. Bauer et al. (2021) reviewed attempts to mobilize social support to improve mental health in children and adolescents; their focus was intervention pathways and mental-health outcomes rather than the direction of the support–resilience association. Zhou and Cheng (2022) synthesized online social support and adolescent mental health, reporting associations with self-esteem and depression, but not a comprehensive synthesis of general,

psychological, and emotional resilience. Ye et al. (2024) examined protective factors for academic resilience and demonstrated how operational definitions, data sources, and study methods affect conclusions; academic resilience is not interchangeable with generalized psychosocial resilience. Schäfer et al. (2024) considered resilience factors in societal crises across broader stress-exposed populations and outcomes, rather than adolescents specifically.

These prior reviews provide important context but do not answer the narrower question addressed here: when social support and resilience appear in the same adolescent study, what evidence directly tests their association, what evidence instead concerns mediation or other outcomes, and how should the source of support and population context change interpretation? A mediation model in which resilience predicts life satisfaction, for example, is not equivalent to a bivariate test of support and resilience. Likewise, a regression coefficient adjusted for several covariates cannot be compared as if it were the same estimand as an unadjusted correlation. Failing to distinguish these designs can exaggerate consistency in the literature.

Empirical research from Indonesia, Spain, China, Poland, and Turkey illustrates this problem. Direct tests commonly report positive associations (Akbar et al., 2024; Puspitaningrum & Pudjiati, 2023; Azpiazu et al., 2024), whereas other reports examine resilience as a mediator of life satisfaction or behavioral outcomes (Kaya, 2024; Karabulut et al., 2026), social support as a mediator of sports or school pathways (Wei et al., 2025; Luo et al., 2023), or the reverse ordering of variables (Surzykiewicz et al., 2022). The study of adolescents from divorced families by Azmy and Hartini (2021) adds a very small negative coefficient that requires separate consideration of effect magnitude and significance.

The present review therefore makes a deliberately bounded contribution: it classifies the 15 empirical studies in the available search sample by their evidential relevance to a direct association, examines family, peer, teacher, and other support sources, and assesses whether context and measures constrain interpretation. The review does not claim to establish causality or a pooled association. Three questions guide the synthesis: (1) What directions and reported strengths characterize direct social support–resilience associations? (2) Which social support sources have been assessed? (3) How do analytical models, measures, populations, and contexts qualify the findings?

METHOD

Review Design and Reporting

This study employed a systematic literature review (SLR) to examine the relationship between social support and adolescent resilience, with particular attention to direct associations, analytical pathways, sources of support, and contextual variations. The review process was organized according to the PRISMA 2020 reporting guideline (Page et al., 2021), while the principles of Synthesis Without Meta-analysis (SWiM) informed the presentation and interpretation of heterogeneous findings (Campbell et al., 2020). PRISMA 2020 was used to structure the identification, screening, eligibility assessment, and inclusion of studies. However, adherence to reporting guidelines does not independently establish the completeness of literature retrieval or eliminate potential selection and assessment biases. The review did not have a prospectively registered protocol documented in the available research records.

Information Sources and Search Strategy

Literature searches were conducted using PubMed, Google Scholar, and ScienceDirect, supplemented by searches through the Directory of Open Access Journals (DOAJ) and relevant journal and publisher websites. The search covered publications from 2021 to 2026 written in English or Indonesian.

The principal search terms combined variations of the concepts of social support, resilience, and adolescence. The documented search expressions included:

1. PubMed: "social support" AND resilience AND (adolescent OR adolescents OR adolescence).
2. PubMed: ("social support" OR "perceived social support") AND (resilience OR "psychological resilience") AND (adolescent OR adolescents OR youth).
3. ScienceDirect: The second search expression, with publication-year restrictions of 2021–2026.
4. Google Scholar: Combinations of social support and resilience with adolescent-related terms.

The original search documentation recorded 770 results for the first PubMed strategy, 819 for the second PubMed strategy, 6,837 for ScienceDirect, and 61,890 displayed results for Google Scholar, producing a combined display count of 70,316. Nevertheless, these figures represent displayed search results rather than verified unique records. The original search log did not preserve the exact execution dates, complete Google Scholar search expressions, detailed supplementary-search strings, or database-specific retrieval allocations. Consequently, the reported search counts cannot be interpreted as independently reproducible database yields.To maintain methodological transparency, the present review distinguishes between the total number of displayed search results and the records actually retrieved and screened. The absence of complete search documentation is acknowledged as a limitation affecting reproducibility and literature coverage.

Table 1. Reconstructable search information from the original manuscript

Source	Search expression / restriction documented	Displayed hits
PubMed, strategy 1	"social support" AND resilience AND (adolescent OR adolescents OR adolescence); last-five-years filter as originally applied	770
PubMed, strategy 2	("social support" OR "perceived social support") AND (resilience OR "psychological resilience") AND (adolescent OR adolescents OR youth); last-five-years filter	819
ScienceDirect	Strategy 2 terms; publication years 2021–2026	6,837
Google Scholar	Social support and resilience / adolescent concepts; exact interface string and filters not preserved	61,890
DOAJ / journal sites	Supplementary discovery and full-text retrieval; exact strings, dates, and source-level counts not preserved	Not separately reported

Eligibility Criteria and Population Definition

Studies were considered eligible when they met the following criteria:

1. Published between 2021 and 2026.
2. Available in English or Indonesian.
3. Involved adolescent or preadolescent participants, including samples with age ranges overlapping adolescence.
4. Measured both social support and resilience.
5. Reported quantitative associations, predictive relationships, or analytical pathways involving the two constructs.
6. Used empirical research designs and provided relevant statistical findings.

Studies were excluded when they did not examine both social support and resilience, did not involve an adolescent-relevant population, lacked relevant quantitative findings, or consisted of literature reviews, conceptual discussions, or studies examining unrelated forms of resilience. Resilience was considered in its general, psychological, or emotional dimensions. Because the included studies used different age ranges and population definitions, adolescence was interpreted according to the developmental classifications adopted by the original studies. This variation was retained as a source of population heterogeneity rather than treated as evidence of equivalent developmental characteristics.

Study Selection and Screening Procedures

The original search displays yielded 70,316 results. However, because of database-export and access limitations, only the first 500 relevance-ranked records were retrieved for screening. Of these records, 100 duplicates were removed, leaving 400 records for title and abstract screening. Subsequently, 280 records were excluded, and 120 full-text reports were sought. Ten reports could not be retrieved, leaving 110 full-text reports for eligibility assessment. Following full-text assessment, 95 reports were excluded, resulting in 15 empirical studies included in the final synthesis.

The allocation of the 500 retrieved records across individual databases was not preserved in the original documentation. Furthermore, exact deduplication procedures, the dates of relevance ranking, and a detailed breakdown of the 95 full-text exclusions were unavailable. These methodological details were therefore not reconstructed or estimated. Initial screening and data extraction were conducted by a single reviewer. Uncertain records were reassessed through repeated examination of their titles, abstracts, and available full texts. However, no independent second-reviewer verification or formal inter-reviewer agreement assessment was documented.

The single-reviewer procedure may have increased the possibility of subjective selection and extraction errors. Moreover, restricting retrieval to 500 relevance-ranked records may have excluded potentially eligible studies appearing beyond the selected search results. Therefore, the 15 included studies should be interpreted as the evidence available within the retrieved sample rather than an exhaustive representation of all eligible literature.

Data Extraction and Evidence Classification

Data were extracted from the available study documentation, focusing on author and publication year, country, participant characteristics, sample size, research focus, analytical model, statistical findings, and the respective roles of social support and resilience.

The extraction framework also considered measurement instruments, statistical coefficients, significance levels, confidence intervals, and potential confounding variables. However, these details were not consistently available in the compiled research documentation. Consequently, information that could not be verified was designated as not reported (NR), rather than estimated or inferred.

Statistical findings were retained according to their original analytical forms. Correlation coefficients (r), standardized regression or path coefficients (β), coefficients of determination (R^2), and indirect effects were treated

as distinct statistical measures because they represent different analytical quantities. Five non-exclusive evidence categories were established:

1. Category A: Direct social support–resilience associations, including explicitly estimated direct paths between social support and resilience within broader analytical models.
2. Category B: Studies in which resilience functioned as a mediator between social support and another outcome.
3. Category C: Studies in which social support functioned as a mediator between another predictor and resilience or a related outcome.
4. Category D: Studies examining reversed model ordering or outcomes other than the focal direct relationship.
5. Category E: Studies involving specialized populations or particular contextual conditions, such as parental divorce, bullying victimization, earthquake exposure, or online-learning stress.

Categories A-D represent analytical roles, whereas Category E represents a contextual characteristic. Therefore, a study could receive more than one classification. In particular, the presence of a mediation model did not automatically exclude a study from Category A when a specific direct social support–resilience path was also estimated and reported.

For example, a model containing the pathway social support → resilience → another psychological outcome could provide direct-association evidence for the first pathway while simultaneously providing mediation-related evidence for the broader model. Nevertheless, the direct path and indirect effect were interpreted separately and were not treated as equivalent statistical findings.

Methodological Quality and Risk of Bias

A formal study-level methodological quality appraisal or risk-of-bias assessment was not conducted in the documented review. Therefore, the 15 included studies were not assigned low-, moderate-, or high-quality ratings, and no comparative weighting based on methodological credibility was applied.

The Joanna Briggs Institute (JBI) critical appraisal framework for analytical cross-sectional studies may provide an appropriate instrument for assessing relevant observational studies (Barker et al., 2026). Such an assessment would require examination of participant selection, sample characteristics, measurement validity and reliability, identification and management of confounding variables, and appropriateness of statistical analysis.

Because the primary studies may employ different research designs, the appraisal instrument should be selected according to each study's actual methodology rather than applied uniformly without consideration of design differences. The absence of completed study-level appraisal is consequently treated as a methodological limitation. The present review does not claim to have established the methodological quality or risk-of-bias profile of the included evidence.

Data Synthesis and Analytical Approach

A narrative synthesis was employed instead of a quantitative meta-analysis because the included studies differed in participant characteristics, resilience dimensions, social support sources, measurement instruments, analytical models, and statistical reporting.

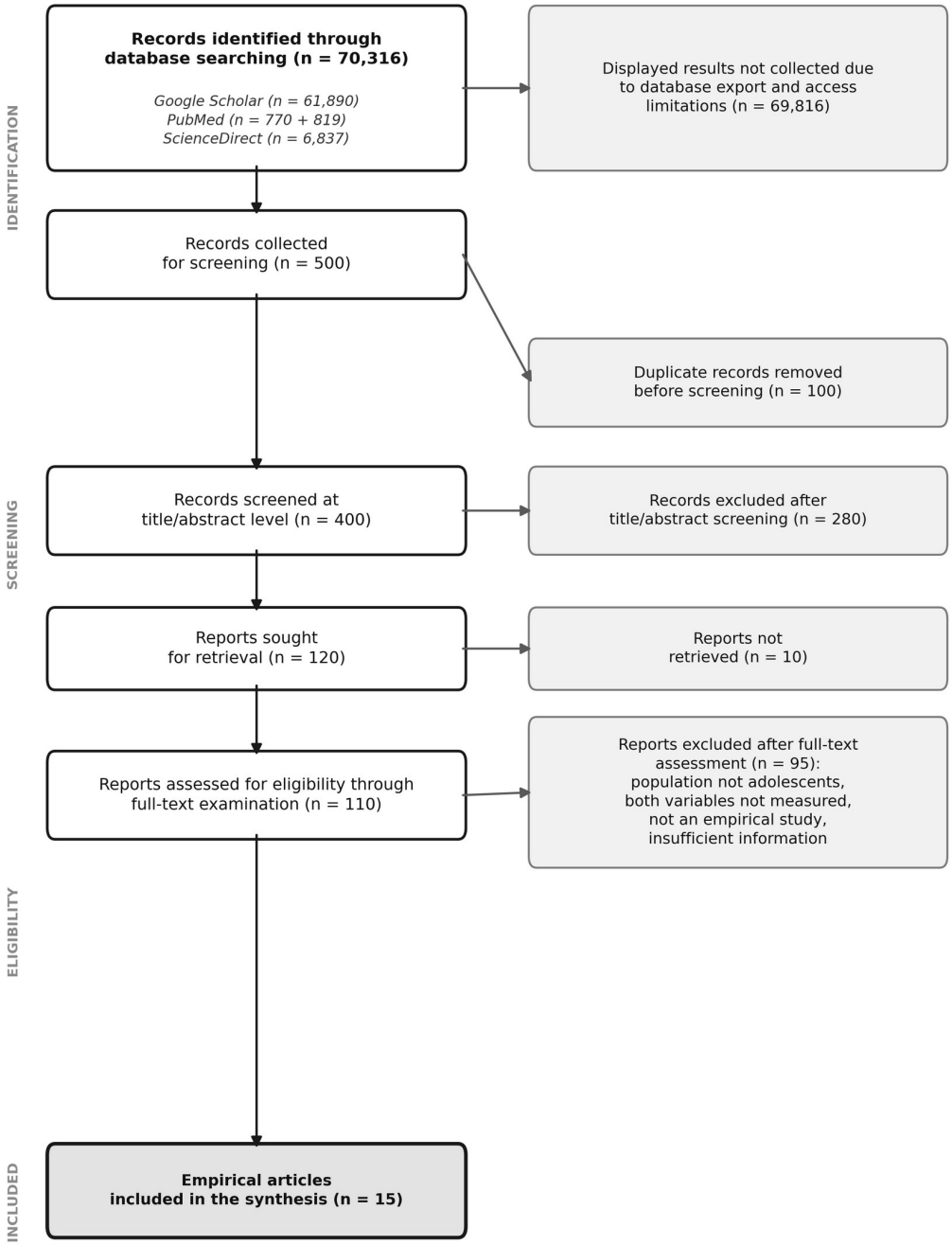
The synthesis was organized around three research questions: (1) the direction and reported magnitude of direct social support–resilience associations; (2) the sources of social support examined in the literature; and (3) the influence of analytical models, participant characteristics, measurement differences, and research contexts on the interpretation of findings. Direct associations were examined separately from mediation pathways, reversed analytical models, and studies focusing on alternative outcomes. Correlation coefficients, standardized regression or path coefficients, explained variance, and indirect effects were interpreted according to their respective statistical meanings.

Statistical significance was attributed only to coefficients for which the corresponding p-value or confidence interval was available. Model-level significance was not used as evidence of the significance of an individual coefficient. Similarly, differences in coefficient magnitude across studies were not interpreted as evidence of comparative effect strength when the underlying models, measures, and covariate adjustments differed. This approach aimed to preserve the distinctions between statistical relationships while providing a structured interpretation of the available evidence.

RESULTS

Study Selection

Figure 1 reproduces the original flow of the 500 retrieved records through eligibility assessment. The 69,816 displayed results not collected should be understood as outside the processed sample rather than as excluded articles following eligibility screening. The count of 15 included empirical studies is arithmetically consistent with 110 full texts assessed minus 95 excluded, but supplementary-source contributions cannot be separated with the documentation available.



Note: the initial number of displayed results (70,316) combines Google Scholar (61,890), PubMed (770 + 819), and ScienceDirect (6,837). Owing to export and access limitations, only the 500 top-ranked records by relevance were collected and processed further; this condition is acknowledged as a limitation of the search process.

Figure 1. Original PRISMA-style selection flow; displayed results were not exhaustively retrieved

Characteristics of Included Studies

The include studies were published between 2021 and 2026 and originated from Indonesia, Spain, China, Poland, and Turkey. Sample sizes ranged from 172 to 1,688 participants. The studies examined different adolescent populations, including general student populations and adolescents experiencing specific cirumstances such as parental divorce, bullying victimization, earthquake exposure, and post-pandemic online learning.

Although all included studies examined social support and recilience, their methodological and analytical characteristic were not uniform. Differences were observed in participant age ranges, operational definitions of resilience, sources of social support, analytical approaches, and reported statistical measures. The available extraction identified several forms of statistical evidence, including correlation coefficients, standardized

regression or path coefficients, and coefficients of determination. These measures represent different analytical quantities and should not be interpreted as interchangeable indicators of effect magnitude.

Information concerning measurement instruments, internal consistency, confidence intervals, and covariate adjustments was not consistently preserved in the available extraction. Accordingly, unverified information is identified as not reported (NR). This designation indicates that the information was unavailable in the compiled review documentation and does not necessarily mean that the original studies failed to report it. The absence of consistently documented measurement and methodological information limits the assessment of comparability across studies. Consequently, the findings are presented descriptively, without ranking studies according to coefficient magnitude or claiming that the reported estimates represent a common effect size.

Table 2. Study-level evidence matrix reconstructed from the 15-study manuscript

Study	Population / sample	Model or research focus	Result and evidence category
Akbar et al. (2024)	Indonesia; n=172; students	Social support → emotional resilience	β=0.198; p=0.009; positive (A)
Alfiasari et al. (2024)	Indonesia; n=202; distance learning	Peer/teacher support, mother communication → resilience	Positive associations; teacher support most prominent in that model (A,E)
Ayllón-Negrillo et al. (2024)	Spain; n=552; ages 10–13	Social support/resilience → life satisfaction	Outcome differs; gender-specific resilience patterns (D)
Azmy & Hartini (2021)	Indonesia; n=451; divorced families	Support/hope and resilience	r=−0.041 (pairwise p NR); joint model p<0.05 (A,E)
Azpiazu et al. (2024)	Spain; n=1,397; students	Teacher support → resilience in school-adjustment model	β=0.167; p<0.01; positive (A)
Azpiazu Izaguirre et al. (2021)	Spain; n=1,188; ages 12–16	Support, resilience, emotion regulation → life satisfaction	Resilience modeled as mediator; contribution varied by source (B)
Bağatarhan (2025)	Turkey; n=598; students	Social support → resilience → internet addiction	β=0.65; p<0.001 for reported support–resilience path (A,B)
Dai et al. (2026)	China; n=583; online learning	Support → loneliness → psychological resilience	β=0.738 for reported support–resilience path; p NR here (A,E)
Karabulut et al. (2026)	Turkey; n=692; post-earthquake	Support → resilience/PTSD → life satisfaction	Serial mediation; indirect evidence for the review question (B,E)
Kaya (2024)	Turkey; n=425; adolescents	Support → resilience/self-compassion → vitality	β=0.11; p<0.05 for reported support–resilience path (A,B)
Luo et al. (2023)	China; n=1,688; students	School climate → support/resilience → prosocial behavior	Social support and resilience in broader mediation model (C)
Puspitaningrum & Pudjiati (2023)	Indonesia; n=429; ages 13–16	Support sources → resilience	Model R^2=0.166; p<0.001; family most prominent (A)
Subagio & Virlia (2024)	Indonesia; n=612; bullying victims	Support/emotion regulation → resilience	Positive contribution; specific effect coefficient NR here (A,E)
Surzykiewicz et al. (2022)	Poland; n=251; ages 14–19	Resilience → self-esteem → support → emotion regulation	Reversed ordering relative to direct support-as-predictor model (D)
Wei et al. (2025)	China; n=698; adolescents	Sports → support/emotion regulation/self-efficacy → resilience	Multi-wave mediation; sports/gender differences (C)

Note. β = study-specific standardized/path coefficient; r = study-specific correlation; R^2 = explained variance; NR = not reported in the supplied extraction. Codes A–E are defined in Methods. The table does not equate statistical metrics or imply that every reported model evaluated the same estimand.

Distribution of Evidence Types

Table 3. Evidence categories among 15 included studies (multiple codes permitted)

Evidence class	n	% of 15	Interpretation
A. Direct support–resilience test	9	60.0%	Eight positive directions; one r=−0.041, individual significance not established
B. Resilience as mediator	4	26.7%	Broader pathways to vitality, life satisfaction, internet addiction
C. Social support as mediator	2	13.3%	Broader sports/school pathways; not direct-effect confirmation
D. Reversed model / other primary outcome	2	13.3%	Model orientation or endpoint not equivalent to A
E. Specialized population / context	4	26.7%	Divorce, bullying, earthquakes, online-learning stress

The evidence classifications presented in Table 3 are based on the analytical role of the variables rather than the overall complexity of each statistical model. Consequently, the categories are non-exclusive and their percentages are not expected to total 100%.Category A comprises nine studies (60.0%) that reported an identifiable direct association or predictive path between social support and resilience. Importantly, the inclusion of a study in this category does not imply that its entire analytical model consisted exclusively of a direct-effect analysis. Some studies incorporated the focal relationship within broader mediation models.

For example, Bağatarhan (2025) examined resilience as a mediator between social support and internet addiction, while also reporting a direct social support–resilience path. Similarly, Kaya (2024) positioned resilience within a multiple mediation framework linking social support to subjective vitality. These studies were therefore classified under both Categories A and B because they provided information about a direct path and the broader mediating role of resilience.

In contrast, Category B includes studies in which resilience functioned as an intervening variable connecting social support with another outcome. Category C identifies studies in which social support functioned as a mediator within broader pathways involving contextual predictors and resilience-related outcomes. Category D captures studies with reversed model ordering or different primary outcomes. Category E identifies contextual characteristics that may influence the interpretation of findings, rather than a separate type of statistical relationship.

The classification therefore distinguishes the presence of a specific social support–resilience path from the broader theoretical and statistical structure of each study. This distinction prevents mediation findings from being automatically interpreted as independent confirmation of a direct association and reduces the risk of double-counting the same analytical evidence. The 21 category memberships represent overlapping classifications across 15 unique studies, rather than 21 independent studies or effect estimates.

Direction and Statistical Interpretation of Direct Evidence (RQ1)

Eight of nine A-coded studies described positive associations or paths. Explicit examples include Akbar et al. 2024; $\beta=0.198$, $p=0.009$), Azpiazu et al. 2024; teacher support, $\beta=0.167$, $p<0.01$), Bağatarhan 2025; $\beta=0.65$, $p<0.001$), and Kaya 2024; $\beta=0.11$, $p<0.05$). Dai et al. (2026) reported a relatively large standardized path ($\beta=0.738$), while Puspitaningrum and Pudjiati (2023) reported $R^2=0.166$ for a social-support model; R^2 should not be interpreted as a correlation coefficient. Because models and adjustments differ, the numerical range of β values is descriptive only and is not evidence of a common effect-size distribution. Azmy and Hartini (2021) reported a negative bivariate correlation between social support and resilience ($r=-0.041$) in adolescents from divorced families. This value is very close to zero and has minimal practical magnitude; the supplied manuscript reports no p value or confidence interval for that specific correlation. The $p<0.05$ reported for a model including both support and hope cannot establish statistical significance for $r=-0.041$. Accordingly, this result is more accurately described as an approximately null correlation with a negative sign, not robust evidence that support is detrimental in divorced-family populations.

Sources of Social Support (RQ2)

Family, peers, and teachers were the most recurrent sources in the available studies. Puspitaningrum and Pudjiati (2023) identified family support as the most prominent source in their sample, whereas Alfiasari et al. (2024) described teacher support as the strongest predictor under pandemic-era distance learning. Azpiazu et al. (2024) also reported a positive teacher-support path. Other contexts introduced significant others, coaches, and teammates (Subagio & Virlia, 2024; Wei et al., 2025). These findings do not support a universal ranking: source-specific scales, age, social context, and model adjustment differ between studies.

Mediation, Population, and Contextual Variation (RQ3)

Mediation studies contribute information about the location of variables within theoretical pathways rather than additional independent estimates of a common direct association. In Dai et al. (2026), loneliness partially mediated the support–resilience link; in Kaya (2024) and Bağatarhan (2025), resilience was placed between social support and other psychological/behavioral outcomes. Wei et al. (2025) examined social support among mediators of sport participation and resilience using multi-wave data, whereas Surzykiewicz et al. (2022) began the model from resilience and considered later psychosocial constructs. Reversed arrows represent different proposed models, not evidence that a cross-sectional analysis has proven temporal direction.

Specific populations include adolescents reporting parental divorce (Azmy & Hartini, 2021), bullying victimization (Subagio & Virlia, 2024), earthquake exposure (Karabulut et al., 2026), and post-pandemic online learning experiences (Dai et al., 2026). The observation that coefficients and dominant support sources vary across such groups is descriptive; the available evidence does not establish that context caused the observed differences.

DISCUSSION

What the Direct Evidence Can—and Cannot—Show

The principal empirical signal across the directly relevant studies is a positive direction of association between perceived social support and resilience. This is compatible with the stress-buffering framework (Cohen & Wills, 1985) and with Masten's (2001) account of adaptive resources embedded in ordinary developmental systems. However, these frameworks indicate theoretical plausibility, not proof that increasing perceived support necessarily increases resilience. Most included studies rely on contemporaneously measured questionnaire variables, so reverse association, common-method bias, and unmeasured confounding remain possible. The one nominally negative result is effectively close to zero and its pairwise significance has not been established; treating it as a substantive contradiction would overstate what the estimate demonstrates.

The major methodological distinction is between a bivariate correlation, an adjusted regression/path coefficient, a model-level R^2, and a mediated indirect effect. These statistics address different questions. For example, $\beta=0.738$ in a particular structural model does not mean that social support exerts a universally stronger relationship than a $\beta=0.11$ in a model with different covariates, scales, and participants. A model R^2 of 0.166 describes variance accounted for by the model, not the causal proportion of resilience produced by social support. The present classification thus strengthens interpretation by identifying the type of claim each study can actually support instead of combining all positive estimates as interchangeable evidence.

Heterogeneity in Measurement Instruments and Statistical Approaches

An important consideration in interpreting the findings is the methodological heterogeneity across the included studies. Although the studies examined social support and resilience, these constructs were not necessarily operationalized in identical ways. Social support may refer to perceived emotional availability, practical assistance, communication quality, or support obtained from specific individuals, including family members, peers, teachers, coaches, and significant others. Similarly, resilience may represent general psychological adaptation, emotional resilience, or context-specific responses to adversity. These conceptual differences have implications for the interpretation of observed associations. A study examining teacher support within a school-adjustment framework may capture a different relational process from a study assessing family support among adolescents experiencing parental divorce. Consequently, differences in reported coefficients cannot automatically be interpreted as differences in the underlying strength of the relationship between social support and resilience.

Measurement heterogeneity also introduces potential differences in construct validity and measurement reliability. When studies employ different instruments or operational definitions, observed associations may partly reflect differences in the dimensions being measured rather than genuine differences in the relationship between the constructs. Furthermore, when both social support and resilience are assessed through self-report questionnaires, shared measurement methods may contribute to common-method bias.The incomplete availability of instrument names, psychometric properties, and measurement details in the current extraction further restricts cross-study comparability. Without consistently verified information regarding scale validity, reliability, score interpretation, and measurement equivalence, the extent to which findings reflect comparable psychological constructs remains uncertain.

Statistical heterogeneity presents an additional challenge. Correlation coefficients, standardized regression coefficients, path coefficients, and coefficients of determination represent different statistical quantities. For example, the correlation reported by Azmy and Hartini (2021) describes a bivariate relationship, whereas the coefficients reported by Akbar et al. (2024) and Azpiazu et al. (2024) reflect relationships estimated within particular analytical models. Similarly, the R^2 reported by Puspitaningrum and Pudjiati (2023) represents explained variance rather than an individual association coefficient. These differences prevent direct numerical comparisons across studies. The interpretation of each finding must therefore consider its statistical model, measurement

approach, and adjustment for potential confounding variables. Future research should report instrument characteristics, reliability estimates, confidence intervals, individual significance levels, and covariate adjustments consistently to improve the comparability of evidence.

Measurement heterogeneity creates at least three interpretive risks. First, coefficients associated with "family support" and "teacher support" may represent different item domains or contexts. Second, social-support scales often measure perception rather than an externally observed level of support, so associations may partly reflect shared response tendencies with self-reported resilience. Third, when resilience is defined as the outcome versus a mediator, it may be measured identically but assigned a different inferential role. Reporting scale names, score ranges, sample ages, psychometric indicators, covariates, and confidence intervals would make these differences testable rather than simply noted.

Population Characteristics and Contextual Variations

The findings also indicate that the relationship between social support and resilience should be interpreted in relation to participant characteristics and the circumstances in which support is experienced. The included studies involved adolescents from different countries, age groups, educational settings, and exposure to adversity. These differences may influence both the availability of social support and the ways in which adolescents perceive and utilize interpersonal resources.

Developmental variation is particularly relevant because the meaning and importance of social relationships may change throughout adolescence. Younger adolescents may remain more dependent on family relationships, whereas older adolescents may increasingly rely on peer relationships and support from individuals outside the family. However, the current review does not provide sufficient harmonized age-stratified evidence to establish these developmental differences as empirical moderators of the social support–resilience relationship.

Differences are also apparent across specialized populations. Puspitaningrum and Pudjiati (2023) identified family support as particularly prominent in their Indonesian adolescent sample, whereas Alfiasari et al. (2024) emphasized teacher support within the context of pandemic-related distance learning. Azpiazu et al. (2024) similarly reported a positive association involving teacher support and resilience in a school-adjustment model.

These findings suggest that the relevance of particular support sources may depend on the social environment in which adolescents experience stress. Family relationships may provide emotional security and continuity, while teachers may offer guidance, recognition, and support within educational settings. Peer relationships may provide belonging and shared experiences during developmental transitions.

Nevertheless, these observations should not be interpreted as evidence of a universal hierarchy of social support sources. Differences between studies may reflect variations in sample composition, measurement instruments, contextual exposure, and statistical adjustment rather than genuine differences in the effectiveness of particular support sources.

The specialized populations included in this review further illustrate the importance of contextual interpretation. Adolescents experiencing parental divorce, bullying victimization, earthquake exposure, and post-pandemic online learning may encounter different forms of stress and interpersonal support. The nearly zero negative correlation reported by Azmy and Hartini (2021), for example, does not establish that social support becomes detrimental among adolescents from divorced families. Rather, the finding represents a negligible negative association whose individual statistical significance was not established in the available documentation.

Similarly, findings from adolescents experiencing bullying or disaster-related adversity should not automatically be generalized to adolescents without comparable experiences. These contexts may involve distinct social and psychological demands that influence how support is perceived and translated into adaptive responses.

Country differences also require cautious interpretation. Although the included studies originated from Indonesia, Spain, China, Poland, and Turkey, the review did not employ harmonized measures or comparable sampling procedures to evaluate cultural background as a statistical moderator. Therefore, the observed geographical variation provides descriptive context rather than evidence of cross-cultural differences in effect strength.

Taken together, these findings indicate that the social support–resilience relationship is embedded within developmental, interpersonal, and situational contexts. Future studies should examine age-related differences, family structures, educational environments, adversity exposure, and cultural conditions using comparable measurement frameworks and appropriately specified analytical models.

Methodological Quality and Confidence in the Evidence

An important consideration when interpreting the findings is the absence of a formal methodological quality and risk-of-bias assessment across the 15 included studies. Although the studies provide evidence of associations between social support and resilience, their methodological credibility cannot be assumed to be equivalent.

Differences in participant recruitment, sample representativeness, measurement validity, potential confounding, and statistical analysis may influence the reliability of reported findings. For example, studies relying on self-reported measures may be susceptible to common-method bias, while studies that do not adequately account for relevant confounding variables may produce associations that are partly attributable to other characteristics of the participants.

Furthermore, the predominance of observational research limits the extent to which the reported relationships can be interpreted causally. Even when statistical models demonstrate significant direct or indirect associations, these estimates do not independently establish temporal ordering or eliminate alternative explanations.

The absence of study-level critical appraisal also prevents the review from determining whether positive findings are concentrated among studies with stronger methodological procedures or whether methodological limitations systematically influence the reported associations. Consequently, the consistency of positive findings should not be interpreted as evidence that all included studies provide equally reliable support for the proposed relationship.

The present synthesis therefore identifies patterns in the available research but does not establish a formal hierarchy of evidence quality. Future systematic reviews should incorporate independent methodological appraisal using design-appropriate instruments, including the relevant JBI critical appraisal tools, and explicitly consider the influence of methodological quality when interpreting the strength and consistency of evidence.

Implications for Research and Practice

The findings suggest that social support from family members, peers, teachers, and other significant individuals represents an important area of consideration in research concerning adolescent resilience. However, the implications should be interpreted as potential directions for practice rather than evidence that specific interventions have already demonstrated effectiveness.

In educational settings, the findings highlight the relevance of supportive teacher–student relationships, positive peer interactions, and school environments that facilitate belonging and interpersonal security. In family contexts, communication and emotional availability may represent important dimensions to consider when examining adolescent adaptation to stressful circumstances. Nevertheless, the relevance of these support sources may differ according to developmental characteristics and individual circumstances. Therefore, interventions should avoid assuming that the same source or form of support will be equally beneficial for all adolescents.

From a research perspective, future studies should prioritize longitudinal designs capable of examining changes in perceived social support and resilience over time. Such designs would provide stronger information regarding temporal relationships and help distinguish whether social support precedes changes in resilience or whether more resilient adolescents are also more likely to perceive and access interpersonal support.

Additionally, future research should employ validated and clearly documented measurement instruments, report complete statistical information, and account for relevant confounding variables. Comparative research involving different age groups and adversity-related contexts would also help determine whether particular sources of support are more relevant under specific developmental or environmental conditions.Ultimately, the practical contribution of the current evidence lies in identifying interpersonal support as a relevant dimension of adolescent resilience research, while recognizing that intervention effectiveness and causal mechanisms require further empirical investigation.

Review Limitations and Confidence in the Evidence

Several methodological limitations should be considered when interpreting the findings of this review. First, literature retrieval was restricted to 500 relevance-ranked records from 70,316 displayed search results. The database-level allocation of the retrieved records was not preserved, and the original search documentation did not contain complete execution dates, supplementary search strategies, or detailed retrieval records. Consequently, the review cannot establish that all potentially eligible studies were identified. The use of relevance-ranked retrieval may also have introduced selection bias by prioritizing highly ranked publications over potentially relevant studies appearing beyond the retrieved subset.

Second, screening and data extraction were conducted by a single reviewer without documented independent verification. Although uncertain records were reassessed, the absence of a second reviewer prevents the evaluation of inter-reviewer agreement and increases the possibility of subjective selection and extraction errors.

Third, no formal study-level methodological quality or risk-of-bias assessment was completed. Therefore, the review cannot determine whether the included studies differ systematically in methodological credibility or assign evidence-strength ratings based on formal appraisal criteria. This limitation restricts the interpretation of the consistency and reliability of the reported findings.

Fourth, the completeness of the extracted statistical and methodological information varied across studies. Measurement instruments, reliability estimates, confidence intervals, individual significance levels, and potential confounding variables were not consistently available in the compiled extraction. These gaps limit the assessment

of measurement comparability, statistical precision, and the potential influence of confounding on the reported relationships.

Fifth, the included studies differed in participant age ranges, geographical settings, sources of social support, resilience dimensions, and analytical approaches. The absence of harmonized measures and comparable statistical models prevents meaningful quantitative comparisons across all studies. Furthermore, the predominantly observational nature of the evidence restricts causal interpretation and does not establish the temporal direction of the observed associations.

Taken together, these limitations mean that the findings should be interpreted as a constrained narrative synthesis of 15 retrieved empirical studies rather than an exhaustive or definitive estimate of the relationship between social support and adolescent resilience. The predominance of positive associations provides an indication of a recurring pattern in the available literature, but it does not independently establish the magnitude, certainty, or causal nature of that relationship.

Future systematic reviews should implement comprehensive and reproducible database searches, preserve complete search strategies and retrieval logs, employ independent reviewers for screening and extraction, and conduct design-appropriate methodological quality assessments. More complete reporting of measurement instruments, statistical estimates, confidence intervals, and confounding variables is also necessary to improve the transparency and reliability of future evidence syntheses.

CONCLUSION

This systematic literature review examined 15 empirical studies investigating social support and adolescent resilience. Nine studies reported direct associations or predictive paths involving the two constructs, with eight describing positive directions and one reporting a negligible negative correlation ($r = -0.041$), for which individual statistical significance was not established in the available documentation.

Family, peer, teacher, and other significant individuals emerged as recurring sources of social support. However, the available evidence does not establish a universally dominant source, as the relevance of different support relationships may vary according to participant characteristics, developmental stages, educational environments, and experiences of adversity.

The review also demonstrates the importance of distinguishing direct associations from mediation pathways, reversed model orientations, and alternative outcomes. These analytical distinctions prevent statistically different findings from being interpreted as equivalent evidence and provide a more contextually appropriate understanding of the relationship between social support and resilience. Nevertheless, confidence in the findings is constrained by limited retrieval of relevance-ranked records, single-reviewer screening and extraction, the absence of formal methodological quality appraisal, incomplete reporting of measurement and statistical information, and heterogeneity across study populations and analytical approaches. Therefore, the findings should be interpreted as descriptive evidence of recurring associations rather than definitive evidence of a causal relationship.

Future research should prioritize comprehensive and reproducible search procedures, independent study selection and verification, formal methodological quality assessment, validated measurement instruments, and more complete statistical reporting. Longitudinal and intervention-based research is also needed to clarify the temporal mechanisms through which social support may contribute to adolescent resilience.

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AUTHOR CONTRIBUTION STATEMENT

NAA: Conceptualization, original study selection and extraction, synthesis, writing original draft, and writing review and editing.
ANH: Supervision, guidance, validation, and writing, review and editing.
All authors reviewed and approved the final version of the manuscript.

AI DISCLOSURE STATEMENT

AI-assisted language and structural editing was used during revision of this manuscript. The authors remain responsible for verifying primary-study data, citations, methodological statements, and the submitted text.

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