

Research Article

TRANSLATION AND VALIDATION OF THE FLOURISHING SCALE IN THAI CONTEXT: EVIDENCE FROM PARENTS OF NEURODIVERGENT CHILDREN

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ABSTRACT

This study aimed to translate and validate the Flourishing Scale (FS) for Thai parents of neurodivergent children. Originally developed to measure social-psychological prosperity across domains such as purpose, engagement, competence, and positive relationships, the FS had not been previously validated for this population in Thailand. Cross-cultural validation enhances the utility of flourishing as a construct in Southeast Asian health research. The translation followed the World Health Organization's forward-backward method and was reviewed a panel of three bilingual experts. The Thai version was first administered to a sample of 200 parents, and Exploratory Factor Analysis (EFA) supported a unidimensional structure. Internal consistency was excellent ($\alpha = .92$). Confirmatory Factor Analysis (CFA) conducted on a separate sample of 659 participants confirmed the model with strong standardized loadings (.736–.880) and good fit indices (CFI = .989, TLI = .981, RMSEA = .062). Convergent validity was further supported by moderate positive correlations with validated Thai versions of the CD-RISC-10 (resilience) and GQ-6 (gratitude). These findings indicate that the Thai version of the Flourishing Scale is a psychometrically robust tool and culturally relevant tool that can be applied not only in research, program evaluation,

and clinical practice for caregiving populations but also in broader Thai contexts, policy development, and cross-cultural studies on well-being.

Keywords: flourishing, scale validation, confirmatory factor analysis, Thai parents, neurodivergent children

INTRODUCTION

In recent years, the construct of flourishing has gained prominence in positive psychology as a representation of optimal well-being, encompassing both hedonic (feeling good) and eudaimonic (functioning well) aspects of life (Keyes, 2002; Huppert & So, 2013; Seligman, 2011; Diener et al., 2010). Unlike deficit-based approaches, flourishing emphasizes strengths, personal growth, and psychosocial prosperity (Keyes, 2002; Seligman, 2011). This strength-based perspective of flourishing is especially relevant for populations facing chronic stress, where a focus on resilience and well-being may provide a more holistic understanding of their mental health (Ryff & Singer, 2003; Wong, 2011).

Despite increasing global research on flourishing, there is limited empirical work in Southeast Asian contexts, particularly in Thailand, where cultural values such as collectivism, emotional restraint, and Buddhist teachings shape well-being differently than in Western settings (Suavansri et al., 2022; Pholphirul

et al., 2024). A small but growing body of studies from neighboring countries has begun to highlight regional perspectives on flourishing (Ilias et al., 2017; De Guzman et al., 2019; Sorrenti et al., 2021). However, within Thailand, flourishing has rarely been examined, and existing tools developed in Western contexts may not fully capture culturally specific dimensions of thriving, including the emphasis on social harmony and relational sensitivity expressed in concepts like *kreng-jai*. This underscores the need for cultural adaptation and validation.

This gap is especially critical among caregiving populations. Parents of neurodivergent children, such as those with autism or ADHD, face substantial psychological and caregiving demands. Thailand is estimated to have one of the highest rates of childhood autism in Southeast Asia, yet only about 15% of those affected receive specialized services. These gaps in access, compounded by workforce shortages and urban-rural disparities, place significant caregiving

responsibility on families (Tangviriyapaiboon et al., 2022; Duang-Chan et al., 2021).

While most Thai research has focused on caregiver stress and burden (Chuthapisith et al., 2015; Narkngam & Phungphol, 2017), there is increasing recognition of the need to explore strengths-based outcomes such as flourishing and resilience (Nelson et al., 2016). A validated measure of flourishing in this population would support more holistic research, as well as inform interventions and clinical practice aimed at promoting caregiver well-being.

RESEARCH OBJECTIVES

This study aimed to:

1. translate the Flourishing Scale (Diener et al., 2010) into Thai using the World Health Organization's forward-backward translation protocol.

2. evaluate the psychometric properties of the Thai version using Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA).

3. assess the internal consistency reliability and construct validity of the translated instrument.

4. examine convergent validity by comparing the Flourishing Scale with existing validated Thai versions of

the CD-RISC-10 (resilience) and GQ-6 (gratitude) scales.

EXPECTED BENEFITS

The validated Thai version of the Flourishing Scale is expected to support research and practice by offering a linguistically and contextually adapted tool for assessing flourishing among Thai caregiving populations. It will enable strengths-based psychological assessment, inform interventions, and contribute to the growing body of literature on positive mental health in Southeast Asia. The tool can also be used in future cross-cultural studies and in clinical screening within Thai mental health services.

RESEARCH SCOPE

This study focused on the translation and psychometric validation of the Flourishing Scale for Thai parents of neurodivergent children. The scope included linguistic adaptation of the original English version, followed by empirical testing to evaluate its factor structure, internal consistency, and convergent validity. While the findings are specific to caregiving populations, the validated Thai version may be applicable in broader Thai contexts.

LITERATURE REVIEW

The concept of flourishing has become a central focus in positive psychology, representing the highest state of psychosocial well-being (Keyes, 2002; Seligman, 2011; Huppert & So, 2013). It integrates emotional, psychological, and social components of mental health and is widely considered a marker of optimal human functioning (Keyes, 2002; Huppert & So, 2013). Flourishing individuals are not merely free of mental illness; they report greater purpose, stronger relationships, higher self-worth, and life satisfaction (Schotanus-Dijkstra et al., 2015).

Several theoretical models underpin the construct. Seligman's (2011) PERMA model defines flourishing as a combination of Positive Emotion, Engagement, Relationships, Meaning, and Accomplishment. Keyes (2002) conceptualizes flourishing as the presence of high levels of emotional, psychological, and social well-being. Other perspectives, such as Self-Determination Theory (Ryan & Deci, 2000), explain well-being as the fulfillment of autonomy, competence, and relatedness, while Fredrickson's (2013) Broaden-and-Build Theory highlights the role of positive emotions in expanding psychological resources and fostering

resilience. Together, these models provide a strong theoretical grounding for measuring flourishing across cultural contexts.

Although flourishing has been widely studied in Western contexts, research in Southeast Asia remains limited but is gradually expanding. In Malaysia, Ilias et al. (2017) found that cultural values, family interdependence, and religiosity shaped parental resilience and well-being. In Indonesia, Sorrenti et al. (2021) reported that resilience and gratitude predicted flourishing among university students. In the Philippines, De Guzman et al. (2019) highlighted the central role of family interdependence and spirituality among caregivers. Collectively, these studies suggest that flourishing in Southeast Asia is closely tied to collectivist values, family relationships, and spirituality, reflecting pathways that differ from Western contexts.

Instruments such as the Flourishing Scale (FS) developed by Diener et al. (2010) provide a practical tool to assess flourishing in empirical research. The FS is an 8-item self-report measure capturing perceived success in key domains such as meaning and purpose, social contribution, competence, self-esteem, and optimism. It has demonstrated strong psychometric properties, including

high internal consistency ($\alpha = .87$) and a clear unidimensional factor structure. Its brevity, clarity, and strengths-based framing have made it a widely adopted measure of well-being.

The FS has been translated into more than 30 languages and validated in diverse cultural contexts, including Portugal (Silva & Caetano, 2013), China (Tang et al., 2016), and France (Villieux et al., 2016). Across these validations, the FS has consistently shown reliability and a stable one-factor structure, although cultural differences have influenced how items are interpreted and endorsed.

In Thailand, adapting psychological scales is essential because cultural values shape how individuals interpret and respond to items. Concepts such as social harmony, *kreng-jai* (consideration for others), and Buddhist views of balance and acceptance may not be reflected in instruments developed in Western contexts. Prior Thai adaptations, including the Connor-Davidson Resilience Scale (Vongsirimas et al., 2017) and the Gratitude Questionnaire (Wongpakaran & Wongpakaran, 2017), show that translation alone is insufficient, and cultural nuance must be considered. International guidelines emphasize that scale adaptation

must go beyond linguistic accuracy to ensure conceptual and cultural equivalence (WHO, 2013)

While cultural adaptation ensures conceptual relevance, validity must also be demonstrated through associations with related constructs. Prior research shows that resilience and gratitude are consistently linked with flourishing. Gratitude has been identified as an indicator of flourishing and shown to predict well-being outcomes (Hilton et al., 2019). Resilience has likewise been found to serve as a protective factor that enables individuals to thrive, with studies reporting its positive association with flourishing across different populations (Aivalioti et al., 2020; Barnhart et al., 2022)

In summary, flourishing is a multidimensional, empirically supported construct that has gained global relevance. The Flourishing Scale offers a theoretically grounded and widely adopted measure of this construct. However, its application must be validated for specific cultural contexts, such as Thai caregiving populations, to ensure accurate and meaningful use.

HYPOTHESIS

1. The Thai version of the Flourishing Scale will exhibit a unidimensional factor

structure, as supported by both Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA)

2. The Thai version of the Flourishing Scale will demonstrate high internal consistency reliability.

3. The Flourishing Scale will show significant positive correlations with the Thai versions of the CD-RISC-10 (resilience) and

GQ-6 (gratitude), supporting its convergent validity.

Conceptual Framework

This framework in figure 1 outlines the translation and validation process of the Flourishing Scale. The detailed explanation of each stage in this framework is provided in the Methodology section.

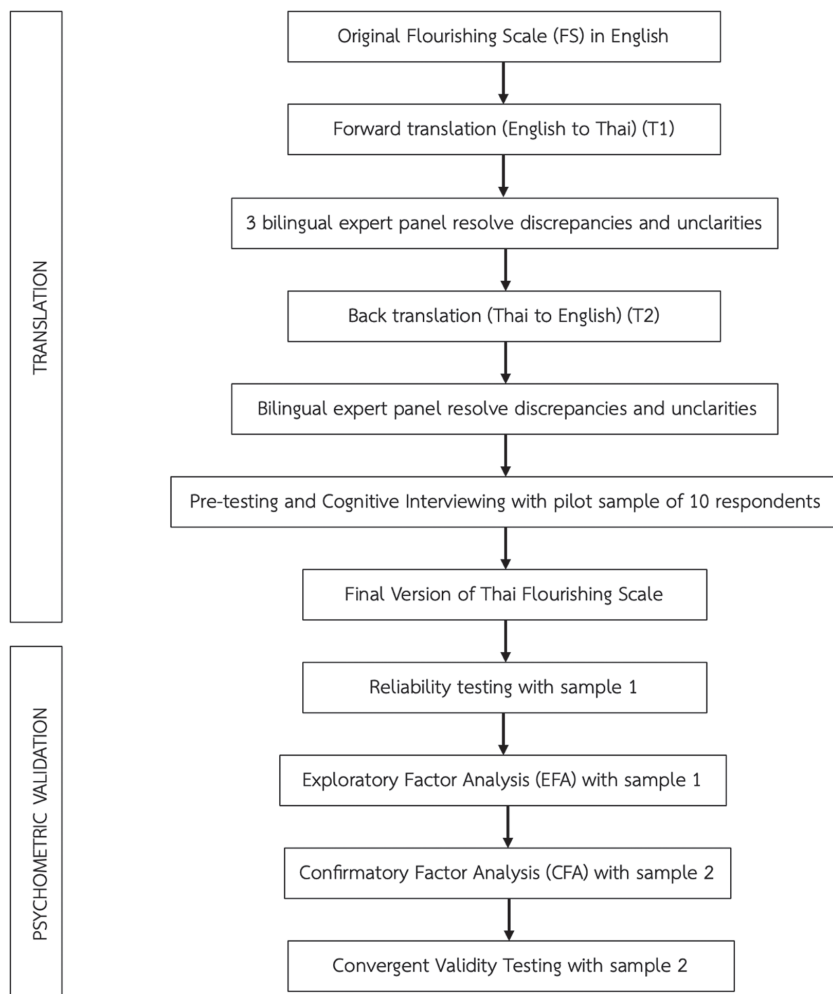


Figure 1 Translation and Validation Process of the Study

Methodology Material

Research Design

This study employed a quantitative cross-sectional design to translate and validate the Flourishing Scale (FS) for Thai parents of neurodivergent children, a design commonly recommended for validation studies as it enables assessment of psychometric properties at a single point in time (Boateng et al., 2018). The process included linguistic translation and expert-based review to ensure semantic and conceptual appropriateness, followed by psychometric validation through reliability analysis, exploratory factor analysis (EFA), confirmatory factor analysis (CFA), and convergent validity testing.

Participants

Participants in this study were Thai parents of neurodivergent children residing in Bangkok and its metropolitan area. Two independent samples were used, sample 1 (n = 200) and sample 2 (n = 659). Participants were recruited using convenience and snowball sampling methods, which were employed because these parents represent a relatively hard-to-reach population, and these approaches allowed efficient access through existing networks. Data was collected through 13 schools, special education centers, clinics,

and non-profit organizations that support children with neurodivergence, selected based on accessibility and institutional approval for data collection. Inclusion criteria required that participants be the parent of a child with a neurodivergence (e.g., autism spectrum disorder, ADHD, or learning disability), be 18 years of age or older, and be able to read and write Thai. Participation was voluntary and anonymous, and all participants provided informed consent.

Research Instruments

Flourishing Scale (Diener et al., 2010) is an 8-item self-report measure designed to assess social-psychological well-being. Each item is rated on a 7-point Likert scale ranging from 1 (Strongly disagree) to 7 (Strongly agree), with total scores ranging from 8 to 56. Higher scores reflect greater perceived flourishing, including domains such as meaning and purpose in life, positive relationships, engagement, and optimism. Example item include “I lead a purposeful and meaningful life”. The original version demonstrated strong internal consistency (Cronbach’s $\alpha = .87$) and a unidimensional factor structure.

Connor-Davidson Resilience Scale 10 items (CD-RISC-10) (Campbell-Sills & Stein, 2007) assesses resilience using 10 items rated on a 5-point Likert scale

(0–4), with higher scores indicating greater resilience. The Thai version, validated by Vongsirimas et al. (2017), demonstrated good internal consistency ($\alpha = .86$) and a unidimensional structure.

Gratitude Questionnaire–6 items (GQ-6) (McCullough et al., 2002) measures dispositional gratitude using 6 items on a 7-point Likert scale. Higher scores indicate higher gratitude. The Thai version by Wongpakaran and Wongpakaran (2017) showed acceptable reliability ($\alpha = .71$) and good model fit in CFA.

Translation Procedure

The translation of the Flourishing Scale followed the four-step guidelines recommended by the World Health Organization (WHO, 2013) to ensure semantic and conceptual equivalence. First, the scale was forward-translated from English to Thai by a bilingual psychologist whose native language is Thai. This version was then reviewed by a panel of three bilingual experts to resolve discrepancies and suggest alternatives. Key revisions included clarifying culturally sensitive terms and adapting wording for greater conceptual accuracy, such as refining items relating to spirituality (“*higher power*”) and clarifying demographic questions (e.g., family structure) for cultural relevance.

Next, the revised Thai version was back-translated into English by an independent bilingual translator unfamiliar with the original scale. The expert panel compared the back-translation with the original version, focusing on conceptual accuracy rather than literal wording. Several discrepancies emerged, such as “feeling down” vs. “despair,” “upset” vs. “annoyed,” and “optimistic” vs. “positive thoughts,” which were revised to better reflect the intended meaning.

Following revisions, the pre-final version was administered to 10 Thai parents of neurodivergent children for pre-testing and cognitive interviewing. Feedback on clarity and comprehension was collected, and further changes were made to sentence structures in some items. Importantly, the wording for “*higher power*” was revised from “พลังเหนือธรรมชาติ” (supernatural power) to “อำนาจสิ่งศักดิ์สิทธิ์” (sacred power) to better reflect cultural meaning.

The finalized Thai version of the Flourishing Scale was then used for testing with the target population.

Data Analysis

Data were analyzed using SPSS and AMOS software. Descriptive statistics, including means, standard deviations, skewness, and kurtosis, were calculated

to examine item distributions and assess the normality of the Flourishing Scale (FS) items.

Internal consistency was evaluated using Cronbach's alpha. An Exploratory Factor Analysis (EFA) was conducted on the first sample using Principal Component Analysis, with factors extracted based on eigenvalues greater than 1.

A Confirmatory Factor Analysis (CFA) was then conducted on the second sample to test the unidimensional model of the FS. Model fit was evaluated using standard

indices: Comparative Fit Index ($CFI \geq .95$), Tucker-Lewis Index ($TLI \geq .95$), Root Mean Square Error of Approximation ($RMSEA \leq .08$), and Standardized Root Mean Square Residual ($SRMR \leq .08$) (Hair et al. 2019).

Convergent validity was assessed using Pearson's correlation coefficients between the FS and two related constructs: resilience (measured by the Thai version of the CD-RISC-10) and gratitude (measured by the Thai version of the GQ-6). All analyses were conducted using a significance level of $p < .05$.

Table 1 Descriptive Statistics of The Thai Version of the Flourishing Scale (n = 200)

Item code	Items	Mean	SD	Skewness	Kurtosis
F1	I lead a purposeful and meaningful life.	6.050	0.898	-1.097	1.879
F2	My social relationships are supportive and rewarding.	5.750	1.050	-0.877	0.669
F3	I am engaged and interested in my daily activities.	5.980	0.953	-1.320	2.532
F4	I actively contribute to the happiness and wellbeing of others.	5.880	0.990	-0.854	0.546
F5	I am competent and capable in the activities that are important to me.	5.900	0.958	-1.206	2.116
F6	I am a good person and live a good life.	5.910	1.087	-1.327	2.563
F7	I am optimistic about my future.	6.060	0.996	-1.232	1.819
F8	People respect me.	5.520	1.125	-0.882	1.154

Note: SD = Standard Deviation

Table 2 KMO and Bartlett's Test

Test	Value
Kaiser-Meyer-Olkin Measure of Sampling Adequacy	0.891
Bartlett's Test of Sphericity	$\chi^2(28) = 801.46, p < .001$

Table 3 Factor Loadings and Communalities from Principal Component Analysis of the Thai Version of the Flourishing Scale (n = 200)

Item	Factors	Communality (h^2)
F7	0.836	0.699
F5	0.796	0.634
F6	0.784	0.615
F3	0.769	0.591
F4	0.759	0.576
F2	0.728	0.530
F1	0.709	0.503
F8	0.704	0.496
Eigen value	4.644	
% variance explained	58.049	

Table 4 Reliability Analysis of the Thai Version of the Flourishing Scale (n = 200)

Item	Corrected Item-Total Correlation	Cronbach's Alpha If Item Deleted
F1	0.613	0.887
F2	0.634	0.885
F3	0.685	0.881
F4	0.673	0.882
F5	0.719	0.878
F6	0.707	0.878
F7	0.769	0.872
F8	0.615	0.888
Full scale reliability		0.895

Table 5 Standardized Factor Loadings from Confirmatory Factor Analysis of the Thai Version of the Flourishing Scale (n = 659)

Item	Standardized Loading (β)
F1	0.810
F2	0.803
F3	0.880
F4	0.772
F5	0.799
F6	0.788
F7	0.764
F8	0.736

Table 5 Model Fit Indices for the One-Factor CFA Model (n = 659)

Discrepancy χ^2	df	p	Normed χ^2	GFI	TLI	CFI	RMSEA
56.934	16	0.000	3.558	0.98	0.981	0.989	0.062

Note: CFI = Comparative Fit Index; TLI = Tucker-Lewis Index; RMSEA = Root Mean Square Error of Approximation

Table 6 Convergent Validity Indicators for the Thai Version of the Flourishing Scale (n = 659)

Constructs	Convergence		
	AVE	CR	α
FS	0.632	0.932	0.895

Note: AVE = Average Variance Extracted; CR = Composite Reliability;
 α = Cronbach's alpha.

Table 7 Pearson Correlations Between Total Scores of the Thai Version of the Flourishing Scale (FS), Gratitude (GQ-6), and Resilience (CD-RISC-10) (n = 659)

Construct Pair	Pearson Correlation (r)
Flourishing (FS) - Gratitude (GQ-6)	0.610**
Flourishing (FS) - Resilience (CD-RISC)	0.505**

Note: All correlation are based on total scores.

**p < .001

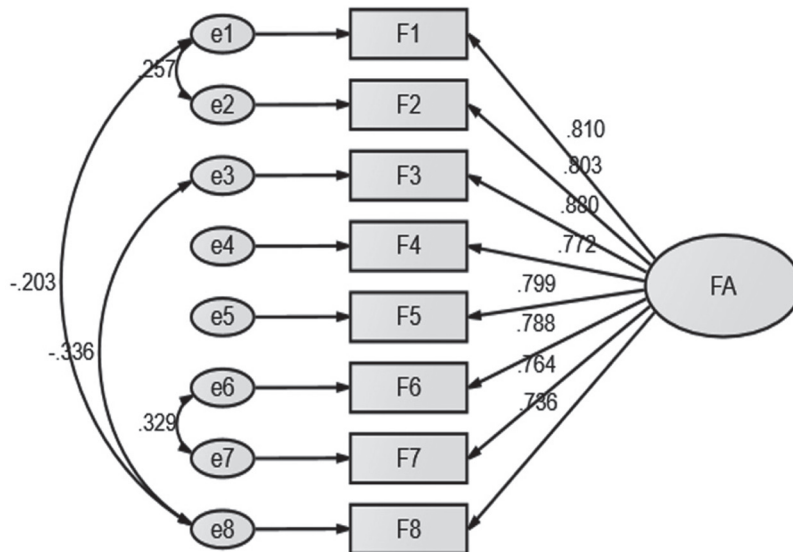


Figure 2 Standardized Path Diagram of the CFA Model
for the Thai Version of the Flourishing Scale

RESULTS CONCLUSION AND DISCUSSION

Results Conclusion

Descriptive statistics (Table 1) showed high mean scores ($M = 5.52-6.06$), indicating strong endorsement of positive experiences across all items. Skewness and kurtosis values for all items were within acceptable ranges (± 2), supporting assumptions of normality (Hair et al., 2019).

The data were deemed suitable for factor analysis, with a Kaiser-Meyer-Olkin (KMO) value of 0.891 and a statistically significant Bartlett's Test of Sphericity, $\chi^2(28) = 801.46$, $p < .001$ (Table 2), indicating adequate sampling and inter-item correlations (Hair et al., 2019). Exploratory Factor Analysis using principal component extraction

supported a unidimensional structure (Table 3). A single factor explained 58.05% of the total variance, and all items loaded strongly on this factor (range = 0.704 to 0.836). Communalities ranged from 0.496 to 0.699, indicating substantial shared variance among the items (Hair et al., 2019).

Reliability analysis demonstrated excellent internal consistency. Cronbach's alpha for the full scale was 0.895 (Table 4), and corrected item-total correlations exceeded the recommended minimum of 0.33, further supporting the coherence of the scale (Ho, 2014).

Confirmatory Factor Analysis (CFA) using a separate sample ($n = 659$) validated

the unidimensional structure (Table 5, Figure 2). Standardized factor loadings ranged from 0.736 to 0.880, exceeding the acceptable cutoff of 0.50 (Hair et al., 2019). The model showed a good fit to the data: $\chi^2(16) = 56.93$, $p < .001$; CFI = 0.989; TLI = 0.981; RMSEA = 0.062 (Table 6). These values indicate a well-fitting model, with CFI and TLI values exceeding the recommended threshold of 0.95 and RMSEA below the acceptable limit of 0.08 (Hair et al., 2019).

Evidence of convergent validity was established through high values for Average Variance Extracted (AVE = 0.632), Composite Reliability (CR = 0.932), and Cronbach's alpha (α = 0.895), as shown in Table 6. These values support the conclusion that the scale captures a coherent and internally consistent latent construct (Hair et al., 2019).

Pearson correlation analyses demonstrated significant positive correlations between the Flourishing Scale and two conceptually related measures: Gratitude (GQ-6) and Resilience (CD-RISC-10). Specifically, flourishing was moderately and positively correlated with gratitude ($r = 0.610$, $p < .001$) and resilience ($r = 0.505$, $p < .001$), providing strong evidence for convergent

validity (Table 7; Hair et al., 2019). These results are consistent with prior research highlighting the role of gratitude and resilience in supporting well-being and psychological flourishing (Diener et al., 2010; Schotanus-Dijkstra et al., 2015).

Discussion

These findings affirm the psychometric soundness of the Thai version of the Flourishing Scale in this context. The scale maintained its original factor structure, demonstrated excellent internal consistency, and showed meaningful associations with theoretically related constructs. These findings are consistent with previous cross-cultural validations of the Flourishing Scale, which also reported a stable unidimensional structure and strong reliability in diverse contexts, including Portugal, China, and France (Silva & Caetano, 2013; Tang et al., 2016; Villieux et al., 2016). The significant correlations with resilience and gratitude further align with positive psychology research demonstrating that gratitude (Hilton et al., 2019) and resilience (Barnhart et al., 2022) are key contributors to flourishing.

The item "People respect me" yielded the lowest loading but remained above the acceptable threshold. This may reflect cultural nuances in how Thai

caregivers perceive respect and social value, with greater emphasis on harmony and connectedness than on explicit recognition, consistent with collectivist orientations (Somsak & Yolles, 2010). Such nuances are also understandable in light of theoretical models that emphasize social well-being (Keyes, 2002) and positive relationships (Seligman, 2011) as central to flourishing.

The validated Thai Flourishing Scale offers a valuable tool for assessing positive psychological functioning among parents of neurodivergent children. Its strengths-based focus can complement existing assessments of stress and burden in Thai caregiving research and practice (Chuthapisith et al., 2015; Narkngam & Phungphol, 2017).

In applied settings, this scale may support screening, intervention planning, and evaluation in community, clinical, and educational programs aiming to promote well-being. Low FS scores, in particular, could also help identify individuals at risk of languishing or experiencing low levels of psychological and social well-being (Keyes, 2002), signaling a need for additional support or targeted interventions. For researchers, it provides a culturally appropriate measure for advancing

positive psychology and cross-cultural mental health studies in Southeast Asia. Future research should explore the scale's predictive validity and test its use in broader Thai populations, including clinical and longitudinal designs.

SUGGESTIONS AND RECOMMENDATIONS

The present study provides strong support for the reliability and validity of the Thai version of the Flourishing Scale among parents of neurodivergent children. To extend its applicability and contribution to the field, several directions for future research and practice are proposed.

Future studies should consider validating the scale across more diverse Thai populations, including adolescents, university students, healthcare workers, and the general public. Broader validation would help determine the generalizability of the scale across demographic groups and strengthen its role in both research and applied settings.

In addition, longitudinal research is recommended to assess the scale's temporal stability and predictive validity. Investigating how flourishing changes over time, and how it relates to important psychological outcomes such as caregiver stress, mental health, and family functioning,

would enhance the understanding of its practical utility.

The scale may also be integrated into strengths-based intervention programs aimed at supporting caregiver well-being. It can serve as an evaluative tool for assessing the effectiveness of culturally adapted approaches, including positive psychology interventions, mindfulness-based practices, and narrative therapy.

Moreover, future research could explore how flourishing interacts with culturally significant constructs such as

interdependence, compassion, and spiritual well-being. Such inquiry would contribute to a more nuanced understanding of flourishing within Thai sociocultural contexts and promote models of positive mental health that are grounded in Thai cultural values and lived experiences.

Together, these recommendations support the further development and application of the Thai Flourishing Scale in advancing research, intervention, and policy related to psychological well-being in Thailand.

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