

Study Confirms: Whatever Doesn't Kill Us Can Make Us Stronger

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We've all heard the adage that whatever doesn't kill us makes us stronger, but until now the preponderance of scientific evidence has offered little support for it.

However, a new national multi-year longitudinal study of the effects of adverse life events on mental health has found that adverse experiences do, in fact, appear to foster subsequent adaptability and resilience, with resulting advantages for mental health and well being.

The study, "Whatever Does Not Kill Us: Cumulative Lifetime Adversity, Vulnerability and Resilience," to be published in the forthcoming issue of the *Journal of Personality and Social Psychology*, is available on the website of the American Psychological Association [here](#).

It examined a national sample of people who reported their lifetime history of adverse experiences and several measures of current mental health and well being.

Authors are Mark Seery, PhD, assistant professor of psychology at the University at Buffalo; E. Alison Holman, PhD, assistant professor of nursing sciences, University of California, Irvine; and Roxane Cohen Silver, PhD, professor of psychology and social behavior and medicine at UC Irvine.

Seery, senior author of the study, says previous research indicates that exposure to adverse life events typically predicts negative effects on mental health and well-being, such that more adversity predicts worse outcomes.

But in this study of a national survey panel of 2,398 subjects assessed repeatedly from 2001 to 2004, Seery and co-researchers found those exposed to some adverse events reported better mental health and well-being outcomes than people with a high history of adversity or those with no history of adversity.

"We tested for quadratic relationships between lifetime adversity and a variety of longitudinal measures of mental health and well-being, including global distress, functional impairment, post-traumatic stress symptoms and life satisfaction," Seery says.

"Consistent with prior research on the impact of adversity, linear effects emerged in our results, such that more lifetime adversity was associated with higher global distress, functional impairment and PTS symptoms, as well as lower life satisfaction.

"However," says Seery, "our results also yielded quadratic, U-shaped patterns, demonstrating a critical qualification to the seemingly simple relationship between lifetime adversity and outcomes.

"Our findings revealed," he says, "that a history of some lifetime adversity -- relative to both no adversity or high adversity -- predicted lower global distress, lower functional impairment, lower PTS symptoms and higher life satisfaction."

The team also found that, across these same longitudinal outcome measures, people with a history of some lifetime adversity appeared less negatively affected by recent adverse events than other individuals.

Although these data cannot establish causation, Seery says the evidence is consistent with the proposition that in moderation, experiencing lifetime adversity can contribute to the development of resilience.

"Although we studied major lifetime adversity," he says, "there is reason to believe that other relatively mundane experiences should also contribute to resilience.

"This suggests that carefully designed psychotherapeutic interventions may be able to do so, as well, although there is much work that still needs to be done to fully understand resilience and where it comes from."

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