

Determinants of Well-being: Impacts of Adversity and Resilience Across the Lifespan

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Introduction

Adversity and resilience have both been consistently shown to impart holistic, life-long impacts on well-being in a cumulative and dose-dependent manner (e.g. Bellis et al., 2017; Bellis et al., 2018; Flouri et al., 2010; Hughes et al., 2016; Infurna et al., 2015; Liu et al., 2020; Sciaraffa et al., 2018). However, experiencing adversity and developing resilience through the accumulation of protective factors in both childhood and adulthood has shown to be a complex and interactive relationship. Adversity and resilience have been shown to antagonistically affect variables such as well-being (e.g. Bellis et al., 2017; Bellis et al., 2018; Jung, 2018; Moore & Ramirez, 2016; Meng et al., 2018), but also to impact one another, exhibiting an inverse relationship (Larkin et al., 2018; Nurius et al., 2015; Shrira et al., 2012).

While the independent impacts that adverse childhood experiences (ACEs), recent adversity in adulthood, and protective factors in both childhood and adulthood have on well-being have been previously studied and consistently supported, adequate research looking into the complex relationships between these variables as they relate to determining overall well-being remains lacking.

The current study attempts to 1) parse out the relative predictive power of each of the four factors in determining overall well-being in adulthood, and 2) demonstrate and clarify the presence and nature of their interactive relationships.

Methods

ACEs: ACE Questionnaire (Felitti et al., 1998)

Recent Stress: Stressful Life Events Questionnaire (Roohafza et al., 2011)

Adulthood Protective Factors:

Social Support: Multidimensional Scale of Perceived Social Support (Zimet et al., 2010)

Socioeconomic Status: Income relative to the federal poverty level, education, occupation (Hollingshead, 1975), and perceived financial security (Lawson, 2016)

Religiosity: Intrinsic Spirituality Scale (Hodge, 2003) and religious belief and practice

Childhood Protective Factors:

Social Support: Protective Factors Survey (Counts et al., 2010) and the presence of an always available adult

Socioeconomic Status: Parental education, parental occupation (Hollingshead, 1975), and perceived financial security (Lawson, 2016)

Religiosity: Familial and individual religious belief and participation

Overall Well-being:

Life Satisfaction: Satisfaction with Life Scale (Pavot et al., 1991)

Coping Competence: Coping Competence Questionnaire (Schroder & Ollis, 2013)

Psychological Well-being: Selections from the Multidimensional Personality Questionnaire – Brief Form (Patrick et al., 2002)

Participant Demographics

Sample	355	54.6% Male, 45.4% Female
Age Range	18-79	($M = 37, SD = 10.84$)
Ethnicity	87.9% Caucasian/White, 7.0% African American/Black, 6.2% Hispanic, 3.1% Asian, 2% American Indian/Alaska Native, 0.3% Native Hawaiian/Pacific Islander, 0.3% "Other"	
Recruitment	Amazon's Mechanical Turk, online platforms (Facebook and Linked IN), homeless shelters and recovery programs	

Results & Conclusions

Variable Relationships: Contrary to predictions, only childhood and adulthood protective factors remained significant in the overall regression model predictive of well-being (Table 1). These results indicate that, together, protective factors in both childhood and adulthood explain all of the variance in well-being due to adversity in both childhood and adulthood. In fact, nonsignificant correlations indicate that recent stress may not be a significant determinant of well-being at all.

As predicted, a series of two-variable regression models (Table 2) indicated that, with all else the same, childhood factors appear to be more predictive of well-being than adulthood factors. However, contrary to predictions, additional two-variable and exploratory regression analyses indicated that protective factors appear to be more predictive of well-being than adversity, regardless of timing.

Interactions: In support of the hypotheses, regression analyses revealed three significant interactions (Table 3).

The interaction between ACEs and recent stress appears to indicate that recent stress moderates the impact of ACEs on well-being through a recency effect, though not necessarily in the anticipated direction. Though low recent stress fails to impart any significant impact on well-being, high recent stress appears to both decrease the high level of well-being exhibited by individuals with low ACEs and increase the low level of well-being exhibited by individuals with high ACEs, arriving at a moderate level of well-being regardless of level of ACEs. Consequently, at high levels of recent stress, levels of well-being are similar regardless of whether ACEs are high or low, but at low levels of recent stress, those with high ACEs show significantly lower levels of well-being than those with low ACEs.

Adulthood protective factors exhibited a significant interaction with both ACEs and recent stress. The results indicate that adulthood protective factors moderate the impact of both ACEs and recent stress on well-being. If adulthood protective factors are high, even when adversity is high in childhood or adulthood, well-being remains comparable to when adversity is low. However, if adulthood protective factors are low, well-being is significantly lower when both ACEs and recent stress are high than when they are low.

Contrary to what was hypothesized, no significant interactions were found between childhood protective factors and any of the other three variables. The influence of childhood protective factors on well-being appears to be so salient that none of the other factors make a significant impact regardless of their magnitude.

Key Findings

Of the factors utilized in this study, childhood protective factors appear to be the greatest predictor of well-being, with adulthood protective factors following closely behind. Furthermore, ACEs appear to impact well-being to a greater extent than recent stress, which may not significantly impact well-being at all.

Childhood protective factors and adulthood protective factors both appear to moderate (i.e. buffer) the negative impacts of ACEs and recent stress on well-being. Furthermore, recent stress appears to moderate the impacts of ACEs on well-being, both buffering against the negative impacts associated with high ACEs, and exacerbating the negative impacts associated with low ACEs.

Table 1

Results of Overall Multiple Linear Regression Model

Model	Standardized Beta	Sig.
ACEs	-.061	.409
Recent Stress/Adversity	-.110	.134
Adult Protective Factors	.124	.040
Child Protective Factors	.259	< .001

Dependent variable: overall well-being in adulthood

Table 2

Summary of Individual Multiple Linear Regression Analyses

Model	Standardized Beta	Sig.
1 ACE	-.173	.018
Recent Stress	.009	.898
2 Child PF	.288	< .001
Adult PF	.104	.082
3 Stress	-.139	.009
Adult PF	.264	< .001
4 Child PF	.324	< .001
ACE	-.121	.019
5 ACE	-.190	< .001
Adult PF	.261	< .001
6 Child PF	.335	< .001
Recent Stress	-.138	.008

Dependent variable: overall well-being in adulthood

Note. ACE = adverse childhood experiences.
 PF = protective factors.

Table 3

Summary of Regression-Based Tests of Moderation

Model	Standardized Beta	Sig.
1 ACEs	-.259	.001
Recent Stress	.046	.526
ACEs * Recent Stress	.235	< .001
2 ACEs	-.215	< .001
Adult Protective Factors	.280	< .001
ACEs * Adult PF	.148	.005
3 Recent Stress	-.180	< .001
Adult Protective Factors	.307	.001
Recent Stress * Adult PF	.141	.015

Dependent variable: overall well-being in adulthood
 Note. All Variables are Centered.