Category: Research Spotlight

After Adversity: How Identity Shapes the Way We Heal

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Most of us typically recall our childhood as 'we had joy, we had fun, we had seasons in the sun'. Unfortunately, around 16% of the global population has at least one adverse childhood experience (ACE). These experiences include traumatic events like sexual, emotional or physical abuse, neglect, and household dysfunction, and have been linked to long-term negative health outcomes, including mental illness, obesity, and cardiovascular disease. Yet some individuals who experience the same adversities go on to show post-traumatic growth, achieving better functioning despite their trauma. What drives that difference?

This research proposes that one vital factor is identity. Think of identity formation like a game of Tetris: the pieces fit together to provide a clear, consistent sense of self, which is natural and effortless, like blocks disappearing as they slot into place. An adverse experience is the piece that doesn't fit, an unaccommodated central event that disrupts the whole. The resulting identity distress, or the struggle to see oneself as a coherent, consistent person, may be what separates those who develop various mental disorders from those who don't.

Crucially, this research does not look at adolescents in isolation. Adversities extend well beyond the household: economic deprivation, discrimination, and peer victimisation, like bullying, can all lead to negative mental health outcomes just as profoundly as abuse or neglect. This broader lens matters as it reframes child safeguarding as a community responsibility, not just a family one. Identity, too, is both individual (one's values, friendships, sense of career) and social (religion, culture, ethnicity). Mental health, it follows, requires not only individual resilience but resilient communities.

For this research, a systematic review, carried out as the first study, confirmed a significant positive relationship between ACEs and identity distress in young people. It further suggested that identity distress may mediate the path toward multiple mental health disorders. That finding set the direction for everything that followed.

I am now examining identity distress from four angles: how it manifests clinically, how it develops during adolescence, whether strong identity can be protective, and what is happening in the brain. The clinical study looks at fragmentation in identity akin to a personality disorder, and the developmental study analyses the adolescent process of exploring and committing to values, relationships, and goals. Both studies test whether disrupted identity is the common thread linking ACEs to at least four distinct mental disorders.

Moving away from pathology, a separate study shifts the focus toward what goes right by examining whether functional identity (self-efficacy, clarity of self, pride in one's community) mediates the path from adversity toward resilience, flourishing, well-being and meaning. Finally, a neurological study will examine differences in brain networks between those with ACEs who develop PTSD and those who don't, asking whether social identity plays a role in that divergence.

What unites these four angles is a shared ambition – to find a common lever for change. Therapies for PTSD already work by helping people integrate trauma into their life story. However, adversity does not always lead to PTSD. If identity distress is a common mechanism, a shared thread running through depression, anxiety, PTSD and beyond, then targeting it could prevent a wide range of outcomes, not just one. Additionally, if a strong, functional identity is genuinely protective, then building it becomes an act of mental health promotion. Communities, schools, and families can aid in building that sense of identity before any disorder develops. Furthermore, a broader conceptualisation of adversity and identity can also reorient us to align mental health policies for communities and socio-political systems, instead of the individual focus. This shift can be crucial for the prevention of mental disorders. For the one in six people worldwide who carry the weight of adverse childhood experiences, these possibilities are worth pursuing.