

Editorial

Early-Life Influences on Later Life Well-Being: Innovations and Explorations

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A mantra of social gerontology and life course research is that “aging starts at birth.” The proliferation of major longitudinal studies in recent decades allows researchers to explore prospectively the ways that early-life social, economic, and historical factors shape life course trajectories which, in turn, have powerful implications for mid- and late-life well-being. Conceptual frameworks like the life course paradigm (Elder, 1994) and cumulative (dis)advantage model (Dannefer, 2003) guide scholars as they explicate the mechanisms through which early adversities and advantages shape later well-being, whereas conceptual models of resilience identify the personal and structural factors that may minimize or even reverse the long-term effects of well-documented risk factors (Ryff, Friedman, Morozink, & Tsenkova, 2012). Multiple waves of data obtained over long time periods also enable researchers to ascertain the extent to which disparities that unfold over the life course are a function of social selection, causation, or some combination thereof. An understanding of precisely how, for whom, and to what end early-life factors affect health and functioning in later life is a critical goal, as this information may point to sites of interventions that can improve longevity and quality of life among older adults.

In this special issue and a companion issue published in January 2019, researchers demonstrate how diverse early-life experiences affect physical, emotional, and cognitive health in later life. This work exemplifies the life course tradition by using multiple waves of data spanning periods as long as 50 years, from path-breaking longitudinal studies in the United States, Australia, and Europe including the Health and Retirement Study (HRS), Household, Income, and Labour Dynamics in Australia (HILDA), Midlife Development in the United States (MIDUS), Panel Study

of Income Dynamics (PSID), Survey on Health, Ageing and Retirement in Europe (SHARE), and the Wisconsin Longitudinal Study (WLS).

One of the most widely documented findings in life course research is that early social and economic factors powerfully shape one’s life chances. The articles in this and the January 2019 special issues advance this scholarship by pinpointing specific aspects of social inequality that have long-term consequences for health and well-being, considering both parental socioeconomic resources as well as one’s own status attainment markers. These studies also identify the biological and psychosocial pathways through which early disadvantages “get under one’s skin” to affect health in the longer term, and the psychological and economic resource that buffer against such effects.

Several papers identify the pathways through which early-life experiences including childhood economic conditions (e.g., parental unemployment), psychosocial stressors (e.g., child mistreatment), and contextual factors (e.g., neighborhood conditions) affect emotional, physical, and cognitive well-being in the longer term. These studies underscore the importance of resilience, demonstrating that protective resources in adulthood help to overcome the long-term health-depleting effects of early stress. Angelini, Howdon, and Mierau (2019) examine gender differences in the long-term mental health consequences of child socioeconomic status (SES), measured with an index comprising housing characteristics, material possessions, and householder’s occupational status. Using data from the SHARE, they find that the long-term impacts of childhood SES on late-life depressive symptoms diminish yet persist even after accounting for one’s adult socioeconomic attainments, captured with household income. Lam and Ambrey (2019) focus on the specific early-life adversity of paternal

unemployment and its effects on adult mental health symptoms. Using data from 15 waves of HILDA, they find that the effect of father's unemployment on one's adult mental health persists yet is partially accounted for by one's own poorer satisfaction with job security at midlife.

Williams, Kemp, Ferraro, and Mustillo (2019) use five waves of HRS data to examine whether five types of childhood misfortune are linked with the progression from being disease-free in midlife to developing disease in subsequent years. Risky parental behaviors, especially smoking, undermine adult health, with these effects amplified by one's own smoking in adulthood. Scott, Reed, Garcia-Willingham, Lawrence, and Segerstrom (2019) document how socioeconomic context (SEC) based on one's lifetime residential trajectories affects cognitive functioning. They find that richer childhood and adult SEC are linked with superior cognition in midlife, with the magnitude of the association differing across subscales. Taken together these studies show that early economic adversity undermines late-life health, in part, by compromising one's own economic well-being, health behaviors, and financial security in adulthood.

Several studies demonstrate that early adversities compromise later-life health through the gradual accumulation of subsequent adversities or "chains of risk." Laditka and Laditka (2019) examine PSID data and find that older adults who retrospectively reported four or more childhood adversities, such as parental unemployment or bullying, evidence significantly greater risks of midlife work disability than those experiencing fewer adversities. Surachman, Wardecker, Chow, and Almeida (2019) use daily diary data from the MIDUS and find that child SES, directly and indirectly, affects daily well-being, with such effects operating via daily stress exposure and severity. These studies underscore that adversity gives rise to subsequent adversities, thereby contributing to widening health disparities over the life course (Dannefer, 2003).

Three papers shed new light on the long-term impacts of childhood conditions by exploiting novel data embedded in population-based studies of aging, including linked Census spatial data, biomarker data, and intergenerational data provided by parent-child dyads. Karlamangla and colleagues (2019) use biomarker data from the MIDUS to demonstrate how chronic childhood economic (e.g., family welfare dependence), and social (e.g., parental death) stress affect diurnal cortisol rhythms in mid- and later-life, a risk factor for conditions like heart disease and diabetes. Their results reveal the physiological pathways through which early adversities take a toll on adult health. Kail, Spring, and Gayman (2019) use PSID data linked with Census data to explicate how temporal and spatial dimensions of income are linked with disability in older adulthood. This creative use of data pinpoints the distinctive health effects of household income over the life course as well as neighborhood-level income on disability risk. Willson and Shuey (2019) take advantage of intergenerational data in

the PSID to document the persistence and transmission of midlife work disability across generations. They document the intergenerational transmission of disability, consistent with the life course theme of "linked lives," and find evidence of resilience, where upward social mobility protects the younger generation from disability in adulthood.

A relatively common young-adult experience among current cohorts of older men and (to a lesser extent) women was military service, underscoring the life course theme that individual lives are a product of historical context (Elder, 1994). For those cohorts born in the 1920s through 1940, military service was common, although experiences varied widely based on one's level of exposure to trauma and violence. Using data from the 2013 Veterans Mail Survey and eight waves of data from the HRS, Taylor, Ureña, Carr, and Min (2019) examined the long-term consequences of traumatic military experiences including combat, warfare, or exposure to dead bodies. Exposure to death had long-term impacts on functional limitations, yet these effects were less pronounced for those who evidenced psychological resilience, showing how individual differences in coping resources and styles may mitigate against the lingering physical damages imposed by early trauma.

Interpersonal violence, especially childhood mistreatment, is emerging as an important risk factor for later-life health problems. Four innovative papers reveal the complex ways that physical, emotional, and sexual violence in childhood and adolescence render one vulnerable to compromised health and an elevated risk of subsequent victimization in old age. Easton, Kong, Gregas, Shen, and Shafer (2019) use WLS data to examine childhood sexual abuse (CSA) among men, and its long-term mental health impact. The authors use growth curve models to track depressive symptom trajectories following abuse and evaluate whether the effect of CSA is conditional upon the social support they have received. Men who experienced CSA have more depressive symptoms in later life than their counterparts who had not been victimized, yet the magnitude of the effect is reduced for those who received social support.

Two papers identify potential mechanisms through which early abuse undermines later-life health, focusing on subsequent mistreatment, and adult family ties. Analyzing WLS data, Kong and Easton (2019) examine whether histories of childhood maltreatment (neglect, emotional, physical, and sexual abuse) increase one's risk of victimization in later life, and find significant effects even after controlling for life course consequences of early abuse, such as physical health and socioeconomic attainments. In another study based on MIDUS data, Kong, Moorman, Martire, and Almeida (2019) show that childhood abuse undermines the quality of family ties in adulthood, including perceived strain, contact, and support, which in turn erode one's mood, psychological well-being and life satisfaction.

Early family ties have far-ranging life course consequences, and these effects are not limited to health outcomes. Using dyadic parent-child data from the PSID, Lin

and Wu (2019) find that family structure in childhood affects the nature of intergenerational exchanges decades later. Adult children of single mothers report more frequent transfers of time to that parent (relative to those who grew up with two parents), whereas adult children of single fathers do not evidence a similar pattern. Taken together, these studies document the powerful ways that the structure, quality, and level of trauma in one's childhood family relationships can undermine health, security, and intergenerational ties as many as six decades later. These studies exemplify the life course theme of "linked lives," where ties with parents are consequential for how we age even decades after a youth has left the family home.

The innovative and methodologically sophisticated studies in this special collection carry important lessons for policy and practice. Each paper demonstrates that even when adulthood demographic, socioeconomic, and psychosocial factors are controlled, the impacts of early-life experience persist—as many as six decades after one's initial experience of adversity. These results suggest that policies and practices to enhance later-life health and well-being must start far earlier than one's 60s, when most older adults become eligible for the health benefits provided by Medicare or financial benefits provided by Social Security. Early-life interventions, such as providing emotional support to victims of childhood mistreatment, ensuring sufficient economic provisions for parents suffering from unemployment or low income, and public health campaigns that mitigate against unhealthy behaviors such as smoking may have long-lasting protective effects across subsequent generations.

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