



Registered Report

Thriving in midlife: The roles of childhood nurturance and adult defense mechanisms



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ABSTRACT

The current study examined whether reliance on more adaptive defense mechanisms throughout early adulthood may help explain previously documented relationships between childhood nurturance and better midlife functioning. Utilizing a unique longitudinal study, data were from age 18 through midlife (age 63) on 135 males. Childhood nurturance was assessed upon study entry and defense mechanism usage was assessed throughout earlier adulthood. Percentage of 'engaging' (more adaptive) vs. 'avoidant' (less adaptive) defenses mediated the relationship between childhood nurturance and 3 midlife outcomes: participants' relationship quality with their children, marriage stability, and maximum earned income. Results suggest that greater childhood nurturance relates to more adaptive defensive styles in early adulthood, which is then associated with healthier midlife functioning at work and in relationships.

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1. Introduction

Studies have documented connections between nurturing childhood environments and more adaptive adult functioning, as emphasized in an Institute of Medicine report (Institute of Medicine, 2009). Higher levels of childhood nurturance are associated with better romantic relationships (Waldinger & Schulz, 2016) and buffer against the effects of childhood poverty on midlife health (Miller et al., 2011). In addition, lack of nurturance predicts worse mental and physical health (Repetti, Taylor, & Seeman, 2002), more substance abuse (Repetti et al., 2002), and higher job-related stress in adulthood (Hintsanen et al., 2010). Healthy emotion processing styles have been proposed as one mechanism by which nurturing childhood environments may foster adaptive adult functioning (Repetti, Robles, & Reynolds, 2011). Using rare prospectively collected data spanning adolescence to midlife, the present study examines the role of defense mechanisms – a subset of emotion processing styles – in the association of childhood experiences with adult functioning.

Compared with the childhood antecedents of early adulthood, childhood predictors of midlife functioning have received relatively little research attention, despite midlife being a significant stage for familial and professional life, as well as a key inflection point for subsequent aging. Most studies of the antecedents of adult functioning rely on middle-aged adults' recollections of childhood or use prospectively-collected data that do not reach

into midlife. To our knowledge, no prospective studies have incorporated data on childhood experience, earlier adult emotion processing styles, and midlife functional outcomes in multiple domains. This combination of longitudinal data is crucial to examine proposed pathways from childhood experience to major areas of midlife functioning. Using information spanning 45 years, we sought to examine how levels of nurturance in childhood may predict midlife functioning, and how the adaptiveness of defense mechanisms may mediate this link.

1.1. The role of nurturance

In a nurturing family, children can count on the environment to provide for their emotional security, physical safety and well-being, and they acquire strategies that will eventually allow them to maintain emotional and physical health independent of caregivers (Repetti et al., 2002). Such an environment allows for critical interpersonal experiences that shape the development of effective emotion management styles. Thus, childhoods marked by positive maternal (Chopik, Moors, & Edelstein, 2014) and/or paternal (Schwartz & Finley, 2006) nurturance are associated with more adaptive emotion regulation and better adult interpersonal functioning. Similarly, cross-sectional studies of healthy emotion regulation are associated with better interpersonal functioning (Brennan & Shave, 1995), higher income, and wealth (Côté, Gyurak, & Levenson, 2010). In addition, healthier childhood emotion regulation prospectively predicted less substance dependence and crime, and better personal finances (Moffitt et al., 2011).

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1.2. The role of defense mechanisms

Emotion regulation encompasses a broad range of processes responsible for monitoring and altering aspects of emotional experiences. Defense mechanisms are a subset of these regulatory processes that are largely outside of awareness and are directed particularly at modulating internal distress. More adaptive defense mechanisms have been linked prospectively with better late-life health (Malone, Cohen, Liu, Vaillant, & Waldinger, 2013), higher adult work satisfaction (Larsen et al., 2010), and greater security of attachment to spouses (Waldinger, Cohen, Schulz, & Crowell, 2015). Empirical research demonstrates that defenses develop in predictable ways across the lifespan (Costa, Zonderman, & McCrae, 1991), are stable throughout adulthood (Vaillant, 2000), and are related to one's affective wellbeing (Cramer, 2008). Research suggests that parents' defenses shape children's emotional development. For example, Porcerelli, Huth-Bocks, Huprich, and Richardson (2016) found that healthier maternal defense mechanisms during pregnancy predicted better attachment security, social-emotional competence, and less problematic behavior in their toddlers.

In addition, more nurturing childhood environments are associated with more adaptive (mature) defense mechanism use in midlife (Martin-Joy et al., 2017). Defenses are often categorized as adaptive or maladaptive based on the degree to which they facilitate engagement with the reality of an experience or support the avoidance or distortion of reality (Waldinger & Schulz, 2010). Defensive maneuvers such as minimizing, denying, or distorting threatening information bring short-term reduction of anxiety at the potential cost of longer-term dysfunction. From this perspective, a defense such as repression—dealing with an uncomfortable reality by banishing it from awareness—can be relieving in the moment but detrimental over time. On the other hand, suppression allows a person to compartmentalize temporarily an anxiety-provoking situation to protect current functioning, but to return later to address the concern at an appropriate time. Repression would therefore be considered an avoidant defense, and suppression a more engaging defense. The current study utilizes this categorization of engaging and avoidant defenses to explore midlife outcomes.

1.3. The present study

We utilized prospectively-collected data to examine associations of childhood nurturance with midlife functioning in three major domains of adult life – parental relationships, romantic relationships, and work. We hypothesized that greater childhood nurturance would predict more adaptive functioning at work (as indexed by earned income) and more satisfying relationships with spouses and children in midlife, and that these links would be mediated by reliance on more adaptive defenses earlier in adulthood.

2. Method

2.1. Participants

Between 1939 and 1942, 268 male college sophomores (ages 18–19) were recruited for an intensive multidisciplinary study (Vaillant, 2000). These students were selected for exemplary mental and physical health based on college entrance examinations and their deans' perceptions. All were white; 50% were on scholarships or worked during college; 64% eventually obtained graduate degrees. In adult life most worked as physicians, lawyers, university professors, or business executives. The students' parents were

interviewed and extensive family, social, and medical histories were obtained. On entering the study, the men were assessed by internists, psychiatrists, psychologists, and anthropologists. Participants completed questionnaires every 2 years thereafter, and were re-interviewed by study staff at approximately ages 30 and 45. Of the original study group of 268 men, 12 dropped out of the study during college and 8 were killed in World War II. The 135 participants who had complete data from early childhood, defense mechanism ratings between ages 18 to 47, and midlife outcomes (> age 50) in relational and earned income domains were included in the current study based on the availability of these measures. T-tests indicated that these 135 participants did not differ significantly from the 133 for whom complete data were not available on the following measures: IQ, childhood social class, lifetime history of alcohol dependence, diagnosis of a depressive disorder, relationship quality with their children (ages 50–63), marriage stability (age 50), and maximum earned income (age 55). T-tests indicated differences in two measures, both with medium effect sizes: (1) childhood nurturance ($t = -2.96, p < .01$; Cohen's $d = 0.37$), with the study sample showing slightly higher levels of nurturance ($M = 11.73, SD = 4.59$) than those not in the analyses ($M = 10.13, SD = 4.04$), and (2) percentage of engaging defense mechanisms in earlier adulthood (ages 18–47) ($t = -2.55, p = .01$; Cohen's $d = 0.33$), with the study sample showing slightly higher percentage of engaging defenses ($M = 0.32, SD = 0.06$) than those not included in analyses ($M = 0.30, SD = 0.06$). Using regression-based power estimates for 135 participants (Cohen, 1988), we had 0.99 power to detect large effects ($r_{\text{effect}} > 0.50$), 0.90 power to detect medium effects ($r_{\text{effect}} > 0.30$), and are underpowered to detect small effects ($r_{\text{effect}} > 0.10$) (Cohen, 1988). Links between early family social environments and adult emotion processing and health outcomes reveal small-to-medium ($r_{\text{effect}} > 0.20$) to medium ($r_{\text{effect}} < 0.50$) effect size ranges (Repetti et al., 2002). All procedures involved with the study were reviewed and approved by the Partners Human Research Committee.

2.2. Measures

2.2.1. Childhood nurturance

Two independent raters assessed the quality of each participant's relationship with parents and the overall nurturance in the childhood home environment after reviewing the following data: psychiatrist's and family worker's notes on the participant's reports of his home life; family worker's interviews with parents in the home; and a developmental history obtained from parents by the family worker. Four measures from this early assessment were created by study staff: (1) relationship quality with participant's mother (0 = distant, hostile, or smothering; 1 = average; and 2 = nurturing, encouraged positive autonomy, fostered self-esteem), (2) relationship quality with participant's father (0 = distant, hostile, or smothering; 1 = average; and 2 = nurturing, encouraged positive autonomy, fostered self-esteem), (3) general warmth and cohesiveness of the participant's home atmosphere with emphasis on interactions between the parents (0 = poor, non-congenial home, lack of family cohesiveness; 1 = average; 2 = warm, cohesive), and (4) a global impression by the interviewer regarding the level of nurturance and positive aspects of participant's childhood environment (both inside and outside of the home) given all of the information reviewed (0 = poor, negative, non-nurturing environment; 1 = average; 2 = positive and healthy early environment). The two coders' ratings were added and adjusted (each summed score raised by 1), resulting in a scale of 1–5 for each of the four measures. An overall composite of early childhood nurturance was made by summing the four measures (4 = worst score; 20 = best score). Inter-rater reliability for these childhood measures has been found to be good ($r = 0.71$)

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