

## COMMENTARY

# **‘Is it my trauma or yours?’ Impact of self-compared to other-experienced trauma in childhood and adulthood on remote mental health outcomes**

Commentary on “Adverse events over the life course and later-life wellbeing and depressive symptoms in older people” by Richardson *et al.*

Iracema Leroi

Global Brain Health Institute and Department of  
Psychiatry, School of Medicine, Trinity College Dublin, Dublin 2, Republic of Ireland  
E-mail: [iracema.leroi@tcd.ie](mailto:iracema.leroi@tcd.ie)

John Beddington, in his influential 2008 Nature paper, the ‘Mental Wealth of Nations’, described the findings of the UK Government Office for Science’s Foresight Project on Mental Capital and Wellbeing (<http://tinyurl.com/49jonm>) using the lens of the life course approach to later adult brain health and mental well-being (Beddington *et al.*, 2008). He provided an elegant summary of the Foresight Project’s findings, drawing attention to the younger person’s brain’s ‘neural disadvantages’ or vulnerability to physical and mental adverse events for later-life ‘mental capital’ and mental well-being, both of which have important implications for a nation’s prosperity, broadly defined. The paper’s strap line was ‘countries must learn how to capitalize on their citizens’ cognitive resources if they are to prosper, both economically and socially. Early interventions will be key’. This is a fitting context for the study by Richardson *et al.* (2022, this issue) in which the authors found a differential impact of childhood life adversity, compared to adult adversity, on remote older adult mental health and well-being outcomes. Specifically, using data from 4208 respondents aged over 50 years from the English Longitudinal Study of Ageing (ELSA), they demonstrated that adverse life events in childhood experienced vicariously through harm to others, rather than self, were associated with worse remote outcomes. Interestingly, the opposite was found for adversity experienced in adulthood, where harm to self, rather than other, had greater negative impacts on later mental well-being. These findings underscore the importance of applying a more nuanced understanding of the timing and nature of adverse life events on later outcomes.

The study by Richardson *et al.* applied the well-accepted ‘accumulation-of-risk’ model, in which the greater the buildup of adverse events across the life course, defined as 16 types of life events, the stronger

the association with poorer later-life well-being, mirroring a dose–effect; however, in contrast to most previous studies, they examined the timing of the adverse life events, rather than merely the overall load, thus taking age-related differences in ‘neural vulnerability’ into account. This hearkens back to Beddington’s life course approach to mental well-being. However, the explanation for this difference is likely more complex than a reductionist biological explanation at the level of the neuron or neural network. Rather, it can be argued that psychological and cognitive perceptions or appraisals of the adverse events are influenced by social and cultural contexts (e.g., Brown *et al.*, 2018), particularly in adulthood, thus influencing outcomes along with, or through, neurobiological processes.

Applying the construct of ‘orientation’ to the adverse events (i.e. happening to self vs other) has added depth to our understanding of which types of adverse events influence later outcomes. This concept of experiencing trauma or adversity vicariously through another person’s experience has been variously recognized in the literature and may be associated with typical symptoms of post-traumatic stress disorder, including hyperarousal, avoidance, and re-experiencing phenomena. In children, such secondary trauma syndromes, or vicarious victimization, may be more strongly associated with socioeconomic status, race, gender, and characteristics of the caregiver relationship (Howard, 2021). These same factors, particularly low socioeconomic status, can be predictive of worse mental health outcomes in adulthood and risk of cognitive impairment (e.g. Nishizawa *et al.*, 2019), independent of exposure to adversity. Thus, teasing out the relative impact of individual factors and their mechanisms can be challenging and warrants further investigation.

What are the implications of findings such as these and do they extend beyond the English context? The data were derived from England through ELSA, and since childhood secondary trauma is frequently experienced in the context of familial relations, different family structures across cultures, such as joint or multigenerational family structures, as compared to the typical English nuclear family structure, may vary impacts in the longer term. The authors acknowledge this as a limitation. Nonetheless, Beddington's exhortations to recognize the impact of life course adversity on a nation's health, wealth, and prosperity are agnostic to culture and nation and require wide-ranging policy interventions at the government level to address crime, poverty, poor education, access to healthcare and other systemic challenges that affect all nations.

At an individual level, Richardson *et al.*'s chosen outcomes, mental health, and well-being, are increasingly recognised as key components of the wider concept of 'brain health' (Chen *et al.*, 2022) and dementia prevention across the life course. It is clear, then, that regardless of the exact mechanism linking childhood adversity and risk factors to later mental and brain health outcomes, childhood is clearly not too early to start addressing the prevention agenda for later adult brain health (Williamson and Leroi, 2019).

Mental well-being, captured by the study using the CASP-12 tool (control, autonomy, self-realisation, and pleasure) transitions smoothly to the increasingly recognised concept of resilience, which can foster better outcomes even in older people with neurodegenerative disorders (Vatter and Leroi, 2022), and strengthening resilience, even at a time point the life course remote from the events that shaped resilience and mental well-being, may be a promising approach to improving outcomes in older adults (e.g. Treichler *et al.*, 2020).

I conclude by commending the authors on their interesting study which has added important insights to the life course approach to mental health and well-being in later life, and supported the growing number of evidence-based approaches that may

mitigate against the effects of adversity in childhood (Black *et al.*, 2017).

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