



Intergenerational social mobility and subjective wellbeing in later life



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ABSTRACT

Whereas a great deal of literature has been devoted to investigating the link between intergenerational social mobility and health, the few studies that have examined the association between social mobility and life satisfaction have produced conflicting findings. In the present study, we attempt to rectify several shortcomings common to previous work by examining the association between intergenerational social mobility and both life satisfaction and self-rated health as measured in later-life. Our sample consisted of individuals born in Scotland in 1936, who took part in the Scottish Mental Survey 1947 and were subsequently followed-up into later-life. Regression analyses demonstrated that satisfaction with life at age 78 was not significantly predicted by childhood or adulthood socioeconomic status, or by the amount of social mobility experienced from parental occupational social class. In contrast, self-rated health at age 78 was significantly predicted by adult socioeconomic status and by education, but not by social mobility from parental occupational social class. These results suggest that efforts to promote upwards social mobility may not result in better subjective wellbeing, despite the apparent benefits for health.

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1. Introduction

Improving the social class of citizens, particularly between generations, has been the focus of many successive governments (e.g., “Opening Doors, Breaking Barriers: A Strategy for Social Mobility”, UK Government, 2011; “State of the Nation 2016: Social mobility in Great Britain”, Social Mobility Commission; “Equally Well Review 2010”, Scottish Government). This has been driven by the apparent assumption that those who increase their socioeconomic status (SES) – defined as an individual’s social prestige and access to material and social resources – or who experience upwards intergenerational social mobility will be happier and more satisfied with their lives. For example, in the foreword of the most recent (2016) UK State of the Nation report published by the Social Mobility Commission, it is suggested that “higher social mobility ... can be a rallying point to prove that modern capitalist economies can create better, fairer and more inclusive societies” (“State of the Nation 2016: Social mobility in Great Britain”, Social Mobility Commission, p. xiii). Consistent with this assumption, those nations with increasing income, Gross Domestic Product and standards of

living are also those likely to show increases in self-rated life satisfaction (Diener et al., 2010a; Diener et al., 2010b; Diener et al., 2013). Whether this is driven by social mobility, and whether this association holds on an individual level, remains unclear.

The assumption that upwards social mobility may lead to better subjective wellbeing is probably motivated in part by the relative success over the last few decades of studies demonstrating an association between higher SES and better health outcomes (e.g., Angell, 1993; Adler et al., 1994; Marmot and Shipley, 1996; Davey Smith et al., 1997). Indeed, this association has been replicated across different countries (e.g., Feinstein, 1993; Goldman, 2001). Social mobility has similarly been associated with health outcomes, with upwards mobility relative to parental social class (intergenerational social mobility) associated with reduced mortality (Mare, 1990), reduced morbidity (Marmot et al., 2001; Heraclides and Brunner, 2010), improved cognitive functioning (Turrell et al., 2002), better self-rated health (Power et al., 1999), and better health behaviours (Lynch, 2000). In one such study, Luo and Waite (2005) demonstrated that intergenerational social mobility predicted physical and psychological health in later-life (aged 50+). For those individuals with lower childhood SES, upwards mobility predicted better health outcomes than did stable or downwards mobility. These results suggest that later-life health can be improved, and health inequalities reduced, if those from low SES backgrounds can attain higher SES by adulthood. Furthermore, this

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supports previous assertions that upwards social mobility compensates for the early-life disadvantages which would otherwise increase the risk of ill-health (Graham, 2002).

Whereas upwards intergenerational social mobility is associated with better health outcomes, it is relatively unclear whether upwards social mobility similarly predicts better subjective wellbeing. Just as with health (Feinstein, 1993; Luo and Wen, 2002; Evans and Kim, 2010), inequalities in life satisfaction may result from the unequal distribution of risks and resources – such as access to health or social services, positive working conditions, and recreational opportunities – across the social classes. However, findings regarding the association between social mobility and life satisfaction have been mixed. Marshall and Firth (1999) examined cross-sectional social survey data from several countries, covering both life satisfaction and occupational information. They observed that social mobility, upwards or otherwise, was not strongly associated with changes in life satisfaction. However, in a longitudinal study covering UK and Swiss panel data, Hadjar and Samuel (2015) observed that upwards intergenerational social mobility was associated with lower life satisfaction, though only in the UK sample. In contrast, in an American cross-sectional sample, Nikolaev and Burns (2014) observed that upwards intergenerational social mobility was associated with higher self-rated happiness, and that downwards mobility was associated with lower self-rated happiness. Zhao et al. (2017) similarly observed that upwards intergenerational social mobility was associated with higher subjective wellbeing in a Chinese cross-sectional sample; however, they did not observe a significant association between downwards mobility and wellbeing.

This confusion regarding the association between social mobility and life satisfaction is supplemented by several limitations common to previous work. Firstly, the majority of previous studies (e.g., Marshall and Firth, 1999; Zhao et al., 2017) have used somewhat coarse measures of social mobility, such as transitions between working class and salariat class, and have largely ignored the amount of social mobility (i.e., the degree of class change) experienced. One of the few studies to have examined the contribution of the amount of social mobility observed no significant association between the degree of class change and self-rated happiness, albeit in a cross-sectional sample (Zang and de Graaf, 2016). Secondly, by using samples formed of individuals born at different times, previous studies have introduced error associated with historical economic and social factors that are not shared by all individuals. For example, in the UK, those born in the early 20th century faced more severe shortages in employment (e.g., exposure to the inter-war economic depression) than those born in the mid-20th century (Lindsay, 2003), and so these individuals would likely differ in their SES trajectory. Similarly, female participation in the workforce has increased across the 20th century (Lindsay, 2003), and so women born later are more likely to be economically active. Thirdly, by surveying individuals at different ages, previous studies have examined life satisfaction in individuals that differ in their exposure to potential social mobility; older individuals have had more time to accumulate social position than younger cohort members.

In the present study, we examine whether those whose own social class has improved relative to that of their parents are more likely to be satisfied when they reflect on their lives, and whether the amount of social mobility experienced predicts self-rated life satisfaction. Note that in the present study we use occupational status as an indicator of SES, as it captures both social prestige and access to material resources (see Krieger et al., 1997). Importantly, we examine social mobility within a cohort of Scottish individuals born in 1936, thus avoiding potential differences in economic environment or exposure to changes in socioeconomic status.

Alongside life satisfaction, we also examine the association between the amount of social mobility and self-rated health. Again, the association between upwards social mobility and health outcomes has been well-replicated (e.g., Power et al., 1999; Marmot et al., 2001). However, whether the amount of change in SES matters for health outcomes is unclear.

In particular, we examine the association between intergenerational social mobility and both life satisfaction and health in later-life, around age 78. This means that these individuals have had a lifetime within which to experience social mobility from their parents' social status. Furthermore, as exposure to SES-related risks accumulates over the life course, middle- and older-aged adults show the strongest SES-health relationship (House et al., 1990). Older age may likewise be the ideal time to assess the association between SES and life satisfaction, as individuals will have lived full lives with which to be satisfied or not.

2. Methods

2.1. Study sample

A total of 7383 individuals (3723 females), all of whom were born in Scotland in 1936, were included in the study. These individuals took part in the Scottish Mental Survey 1947 (The Scottish Council for Research in Education, 1949), in which almost all children born in Scotland in 1936 and attending school in Scotland on the 4th of June 1947 completed a test of general cognitive ability. These individuals were then followed-up in later-life as part of two separate projects: i.e., the Lothian Birth Cohort 1936 (Deary et al., 2007), and the 36-Day Sample Study (Brett and Deary, 2014; Deary and Brett, 2015). These two studies have been combined here due to their similarity in design, timescale and available variables. This sample consisted of individuals from the 36-Day Sample of the Scottish Mental Survey 1947 ($N = 6292$; The Scottish Council for Research in Education, 1953) and the Lothian Birth Cohort 1936 ($N = 1091$; Deary et al., 2007).

The combined sample of 7383 individuals was further narrowed to include only those with complete measures of social class (parental and own), life satisfaction, self-rated health, and childhood cognitive ability (Fig. 1). Individuals with missing adult occupational social class were removed as they either did not complete the occupation questionnaire at follow-up ($N = 3087$), or they had died ($N = 2298$) or become otherwise untraceable by follow-up ($N = 313$). At each step, the removed individuals demonstrated significantly lower childhood cognitive ability than the retained sample (all $ps < 0.05$), with the exception of those with a missing life satisfaction measure ($p = 0.08$). Similarly, removed individuals spent significantly fewer years in full-time education than the retained sample (all $ps < 0.001$), with the exception of those with a missing health measure ($p = 0.43$) and those with a missing measure of childhood cognitive ability ($p = 0.05$). The majority of individuals removed at each stage originated from the middle ('Skilled') parental occupational social class. A full comparison of demographic characteristics between the full combined sample and both the analytic sample and removed individuals is presented in the supplementary material. The final sample carried forward to the analyses consisted of 1255 individuals.

2.2. Assessments

Both the 36-Day Sample and the Lothian Birth Cohort 1936 provided early-life measures of cognitive ability and socioeconomic status, alongside later-life measures of full-time education, socioeconomic status, satisfaction with life and general health. Although assessed in the same way, the time point at which certain measures

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