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# The Fulfillment of Career Dreams at Midlife: Does it Matter for Women's Mental Health?

DEBORAH CARR

*University of Michigan*

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*This paper examines whether a woman's mental health at midlife is affected by the degree to which her earlier career aspirations have been fulfilled. Two dimensions of mental health are considered: depression and purpose in life. Based on data for 3,499 female respondents to the Wisconsin Longitudinal Study (WLS), the results indicate that women who have fallen short of their earlier career goals suffer from lower levels of purpose in life and higher levels of depression, even after controlling for social background, human capital, family, and health characteristics. For purpose in life, the harmful effects of falling short of one's goal attenuate considerably when current family characteristics are controlled. For depression, the harmful effects of falling short of one's goal decline considerably once health characteristics are considered. Although women who aspired to be housewives evidenced lower levels of purpose in life at midlife than women with work aspirations, this difference was not statistically significant once human capital characteristics were controlled. Women who, at age 35, "did not know" what they hoped to do in the future had significantly lower levels of purpose in life in their 50s, even after controlling for social background, human capital, family, and health characteristics.*

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Midlife is often described as the stage in the life course when men and women assess their past accomplishments, and come to terms with the extent to which their earlier goals have been realized (Neugarten 1968). For men, fulfilling one's earlier occupational dreams, or replacing a youthful dream with a more mature, realistic goal, are components of psychological adjustment at midlife (Brim 1976; Levinson et al. 1978; Drebing and Gooden 1991).

Less is known about the mental health consequences for midlife women whose career goals are—or are not—attained. Although past research generally concludes that paid employment is associated with lower levels of distress and depression for women (Menaghan 1989; Thoits 1986), few studies have examined the importance of occupational goal fulfillment for women's mental health at midlife. This neglect may be attributable to the fact that women's work careers are generally more fragmented than men's and include spells of homemaking and jobs which may be unrelated to the woman's earlier aspirations, education, or prior work experience (Moen 1985). Al-

though many midlife women may have had sporadic work histories, paid employment is still an important role for them. In 1995, 75 percent of women age 45 to 54 participated in the labor force (U.S. Bureau of the Census 1996). Moreover, Giele (1993) has argued that at midlife and beyond, a role crossover and blurring process occurs, whereby men and women place greater emphasis on accomplishments in the life domains traditionally identified with the opposite sex. Women in their 40s and 50s may elevate the importance of their workplace accomplishments, while men may recognize the limits of workplace accomplishments, and turn to family relationships for meaning.

## CONCEPTUAL ISSUES

The central aim of this paper is to assess whether a discrepancy between a woman's early occupational aspiration and her midlife occupational attainment influences her mental health. The aspiration-attainment "gap" is measured in terms of the distance between the occupational status to which a woman aspired and the occupational status of the job that she eventually held at midlife. This conceptualization of a "gap" or discrepancy draws on sociological perspectives including relative deprivation theory (Stouffer et al. 1949) and multiple discrepancy theory (Michalos 1985).

Relative deprivation theory is based on the assumption that one's position *relative to some standard*, rather than one's *absolute position*, affects one's level of satisfaction. Building upon this assumption, multiple discrepancy theory postulates that happiness is linked *both* to objective levels of one's social and economic standing and to one's standing relative to what one hopes for. Both the size and direction of the discrepancy matter; having less than one hoped for lessens satisfaction, and the larger this discrepancy, the lower one's level of satisfaction (Michalos 1985).

Drawing loosely on these propositions, the central hypotheses of this paper are:

**H1:** A discrepancy between a woman's early occupational aspiration and midlife occupational attainment will influence mental health.

**H2:** The direction of the discrepancy matters; a negative discrepancy (i.e., one's actu-

al occupational attainment falls short of one's earlier occupational aspiration) will have a negative effect on mental health.

**H3:** The size of the discrepancy matters: the larger the discrepancy between one's aspiration and attainment, the greater the effect of the discrepancy on mental health.

For most women, however, the opportunity to achieve one's occupational goal may be constrained by family characteristics. Numerous studies demonstrate that family characteristics, especially the number and ages of one's children, may constrain women's career prospects (Presser and Baldwin 1980) and influence their occupational goals (Gerson 1985). Consequently, a woman's ability to reach her earlier career goals may be hindered by marriage and children. However, failing to attain one's occupational goal may be less harmful to the mental health of women with spouses and children; multiple roles may provide women with a sense of balance, with shortcomings in one domain offset by achievements in another (Barnett and Baruch 1985; Thoits 1983). Thus, the analysis will also address a fourth hypothesis.

**H4.** The negative mental health effect of failing to reach one's goal will attenuate when marital and parenting characteristics are controlled.

In order to rule out competing explanations for the relationship between goal attainment and mental health, three additional sets of variables must be controlled: health, human capital, and social background characteristics. Some psychologists argue that goal fulfillment might not influence mental health. Rather, they argue that one's mental health influences how "high" their goal is, which in turn influences whether or not the person is capable of reaching this goal. On one hand, Beck (1967) argued that depressed persons set unrealistically high goals for themselves and are thus doomed to fail. Alternatively, Alloy and colleagues (1990) argue that depressed persons hold no goals or only very modest goals because they have more realistic—and less optimistic—views of their future. Thus, it may be that depressed persons set goals that are more easily attainable.

Likewise, prior mental or physical health may influence one's occupational attainment;

that is, poor health may "select" a person into a low status occupation. The social selection hypothesis postulates that persons who suffer from mental or physical illness may complete less schooling, may be selected into less challenging or prestigious occupations, or may not work at all. Therefore, physical health and prior depression will be controlled in the analysis.

Whether or not a woman attains her goal may also be dependent on her own human capital characteristics. Her formal education, work experience, intelligence, and training may explain why some women reach their goals while others do not. It is also possible that a woman's 1975 occupational aspiration simply reflects her past or current work experience. Therefore, human capital characteristics will be controlled in the analysis.

Finally, the multivariate analyses include controls for multiple social background characteristics, in order to address the possibility that occupational aspirations, occupational attainments, and mental health share a common source—social background characteristics. A significant body of research on status attainment has documented the effect of socioeconomic background on high school students' occupational aspirations and subsequent achievements (Sewell and Hauser 1975). Family background characteristics—especially parental socioeconomic status—have also been found to influence adult mental health (Brown and Harris 1978). Accordingly, I control for a detailed set of family background characteristics, based on the Wisconsin model of status attainment (Sewell and Hauser 1975).

## DATA AND METHODS

### *Data*

Analyses are based on data from the Wisconsin Longitudinal Study (WLS), a long-term study of a random sample of 10,317 men and women who graduated from Wisconsin high schools in 1957.<sup>1</sup> The respondents were interviewed three times: during their senior year in high school when they were 17 to 18 years old (1957); when they were 35 to 36 years old (1975); and when they were 52 to 53 years old (1992-1993). Respondents also com-

pleted self-administered mail questionnaires in the 1992-1993 wave of data collection.

The present analysis focuses on the 3,499 women who completed the three waves of interviews, including the psychological well-being and depression questions asked on the 1992 mail questionnaire. Because this paper is concerned with women's occupational aspirations, the multivariate analyses are limited to the 2,624 women who named an occupational aspiration in 1975 (age 35) when asked: "If you were free to choose, what kind of work would you like to be doing 10 years from now?" It is critical to point out that the women with occupational aspirations constitute a "select" subsample. In terms of mental health, human capital, and social background characteristics, these women differ significantly from the subgroup of women who, in 1975, responded that they "did not know" what they hoped to be doing ten years in the future ( $n = 558$ ) and the subgroup of women who aspired to be homemakers ( $n = 317$ ). These differences are presented in Table 1, and will be elaborated in the discussion section.

Weaknesses of the WLS sample should also be mentioned. The sample includes white high school graduates only; thus results cannot be generalized to the United States population at large. Roughly one-fifth of the WLS sample is of farm origin, but this proportion is consistent with national estimates of persons of farm origins in cohorts born in the late 1930s (Hauser et al. 1993).

### *Dependent Variables*

Two dimensions of mental health are considered: purpose in life, and depression. *Purpose in life* refers to a sense of meaning and directedness in one's life. The construct is one of six seven-item subscales of Ryff's (1989) psychological well-being scale.<sup>2</sup> Respondents are asked their level of agreement or disagreement with seven statements: (1) "I am an active person in carrying out plans I set for myself;" (2) "I enjoy making plans for the future and working to make them a reality;" (3) "I used to set goals for myself, but that now seems like a waste of time;" (4) "My daily activities often seem trivial and unimportant to me;" (5) "I tend to focus on the present, because the future nearly always brings me problems;" (6) "I don't have a good sense of

what it is I'm trying to accomplish in life;" and (7) "I sometimes feel as if I've done all there is to do in life." Possible responses, which range from one (strongly disagree) to six (strongly agree) are summed to form a scale which ranges from 7 to 42 ( $\alpha = .789$ ). Question items three through seven are reverse-coded.

*Depression* is measured with a modified version of the widely used Center for Epidemiologic Studies Depression Scale (CES-D) (see Radloff 1977 for construct reliability and validity analyses). The scale consists of 20 self-rated items designed to measure the frequency of depressive symptoms experienced during the past week, on a scale ranging from zero days to seven days. The CES-D scale administered in the WLS differs slightly from the original scale version, which has a four-category response set. Scores on each item were summed to obtain a total score that ranges from 0 to 140 ( $\alpha = .877$ ). Because the scale is so highly skewed, the scores above 67 (i.e., the top 2 percent of respondents) were recoded to a top score of 67.

### *Independent Variables*

*Aspiration and attainment variables.* The extent to which respondents attained their earlier occupational aspirations is the key independent variable of this study. Goal attainment is measured by determining the difference, or "gap," between the occupational status of a woman's occupational aspiration in 1975 and the occupation she was holding in 1992. Occupational status is defined according to the Stevens-Featherman (1981) TSEI scale, a widely used indicator of occupational ranking, based on occupation-specific education and income data from the male and female job holders in the 1970 U.S. Census.

Respondents who held the exact occupation in 1992 as the one aspired to in 1975 were classified as a "match" (the reference group). For instance, a woman who, in 1975, aspired to be a registered nurse and who held the job of registered nurse in 1992 would be classified as a match. Occupations were defined according to the 1970 Census three-digit occupational codes (U.S. Department of Commerce, 1971). When the aspiration and attainment were different from one another, the "gap" scores (i.e., 1992 occupation TSEI minus 1975 aspiration TSEI) were recoded into four

dummy variables signifying gaps of different sizes and directions: fell short by a short distance; fell short by a large distance; surpassed by a short distance; and surpassed by a large distance. The cutpoints for the "surpass" and "fell short" variables were determined based on the distribution of values of the "gap" between the women's aspirations and attainments. The gap scores were recoded into dummy variables because a regression model which includes both measures for the main effects of aspiration and occupation and a linear variable representing the difference between the two occupational status scores would be underidentified (Hendrickx et al. 1993).

*Human capital characteristics.* *Occupational status of one's 1975 (or most recent) job* is measured using the Stevens-Featherman TSEI scale. *1975 employment status* is represented by a dummy variable, set equal to 1 if the respondent had not worked as of 1975. *Work experience* is measured as the number of years a woman has worked for pay since graduating from high school. Categories include less than 10 years, 10 to 25 years (reference group), and more than 25 years. *Formal education* is coded into four categories: 12 years (reference group), 13 to 15 years, 16 years, and 17 years of schooling or more. *Post-1975 education* is a dummy variable, set equal to 1 if the respondent received additional education after 1975, the time at which she stated her future aspiration. *Mental ability* is one's percentile score on the Henmon-Nelson (1954) intelligence test, administered during the respondent's junior year in high school.

*Family characteristics.* *Marital status* is coded 1 if currently married, 0 for others. *Number of children* is a linear variable, top-coded at 5 or more children. Although the 53-year-old women of the WLS have completed their childrearing years,<sup>3</sup> their careers and mobility prospects at midlife were likely influenced by the family responsibilities they held during their 30s and 40s.

*Health characteristics.* *Prior depression* is measured with the National Institute of Mental Health (NIMH) Diagnostic Interview Schedule (DIS) (Robins et al. 1981). Respondents were asked to recall whether and at what ages they experienced their first, worst, and longest spells of depression lasting two weeks or longer. *Depression at or before the 1975 interview*, and *depression between*

the 1975 and 1992/93 interviews are each characterized as a dummy variable (where 1 equals prior depression).<sup>4</sup> Unfortunately, the investigators of the WLS did not obtain histories of respondents' physical health. Rather, *physical health* was measured in 1992 only, and is thus represented by a dummy variable, set equal to 1 if the respondent indicated that her health was "fair" or "poor," based on the question, "how would you rate your health at the present time? Would you say it is poor, fair, good, very good, or excellent."

*Social background characteristics.* These variables are included in the analyses as controls only. These variables include: *high school class rank*, *number of siblings* (top coded at 6 or more siblings); *mother's years of completed education*; *father's years of completed education*; *father's (or householder's) occupational status* (Duncan (1961) Socio-economic Index (SEI) score) in 1957; *family income at the time that the respondent graduated from high school*; *family structure in 1957* (coded 1 if the family was not intact); and *farm background* (coded 1 if respondent's father was a farmer). Family income at the time the respondent graduated from high school is determined by the average income (in hundreds) of the respondent's parents for the years 1957 to 1960. High school academic performance is measured as the student's class rank (expressed as a percentile), based on her course grades in high school.

In the multivariate analyses, sample-specific means are imputed to independent variables with missing data, and dummy variables signifying missing data are included as controls. Descriptive statistics for all variables are presented in Table 1.

## RESULTS

The analysis proceeds as follows. First, I review the relationship between the absolute level of a woman's occupational attainment and mental health. Next, I present regression models predicting depression and purpose in life scores. The multivariate analyses began with a regression model including only the aspiration and attainment variables. The model was gradually expanded to include social background, human capital, family, and physical and mental health characteristics. Results in Table 2 display unstandardized regression

coefficients and standard errors for only the full final models. Finally, I more thoroughly examine the difference in mental health levels of women with and without work aspirations, with findings presented in Table 3.

Before discussing the effect of goal attainment on women's mental health, it is informative to consider the types of career aspirations the 35-year old women reported in 1975. Despite claims that varied career doors opened for women in the 1970s (Bardwick 1980), the majority of WLS women aspired to occupations that are considered traditionally female" (Reskin and Padavic 1994). Roughly 15 percent of the women named teacher, teacher's aide, or school administrator as their aspiration; 15 percent aspired to positions as nurses, nurse's aides, or health service workers, and more than 20 percent aspired to clerical or secretarial occupations. Overall, 25 percent named as aspirations the occupations that they were holding in 1975. These data suggest that women's occupational aspirations represent realistic goals for the future; their aspirations closely approximate the occupations actually held by white women in their 30s, in the 1970s. Although early studies of career choice have criticized measures of occupational aspirations on the grounds that they capture unrealistic, youthful dreams rather than actual goals (Schmidt and Rothney, 1955), the women of the WLS appear to hold aspirations that were realistic. By age 35, men and women have quite accurate assessments of their skills and of the job market, and their aspirations reflect this understanding (Jacobs, Karen, and McLelland 1991).

A central purpose of this paper is to ascertain whether a gap between occupational aspirations and attainments influences mental health above and beyond the effect of absolute levels of occupational attainment. The absolute level of a woman's occupational success is the status of the job she was holding in 1992. For men, current occupational status is a strong predictor of mental health (Dohrenwend, Levav, and Shrout 1992). This bivariate relationship also holds true for the women of the WLS. In these data, women were categorized into five groups: one group included those who were not working in 1992, while the other four classified women according to the occupational status of their 1992 occupation (by percentile). As occupational status increased, women's scores on the purpose in life scale

**TABLE 1. Summary of Means and Standard Deviations for Variables in the Analysis, by Aspiration Type**

Construct	1975 Aspiration		
	Paid Work	Don't Know	House-work
<b>DEPENDENT VARIABLES</b>			
Purpose in Life	34.430 (5.700)	33.190** (5.830)	33.450** (5.870)
Depression	16.770 (14.680)	17.970+ (15.150)	18.010 (15.090)
<b>INDEPENDENT VARIABLES</b>			
<i>Aspiration and Attainment Variables</i>			
Occupational Status (TSEI) of 1992 Job	42.560 (18.990)	35.750** (17.980)	35.170** (17.080)
Not Working, 1992	.195 (.396)	.258** (.438)	.309** (.463)
Occupational Status (TSEI) of 1975 Aspiration	44.400 (19.090)	—	—
Matched Occupational Goal	.193 (.394)	—	—
Fell Short of 1975 Goal, by Large Distance	.236 (.425)	—	—
Fell Short of 1975 Goal, by Short Distance	.199 (.400)	—	—
Surpassed 1975 Goal, by Short Distance	.176 (.381)	—	—
Surpassed 1975 Goal, by Large Distance	.195 (.396)	—	—
<i>Human Capital Characteristics</i>			
Occupational Status (TSEI) of 1975 or Most Recent Job	37.290 (18.260)	31.680** (16.080)	31.940** (15.890)
Never Worked as of 1975	.018 (.133)	.029 (.167)	.032 (.175)
Less Than 10 Years Work Experience	.094 (.292)	.179** (.384)	.224** (.418)
11–24 Years Work Experience	.433 (.496)	.468 (.499)	.461 (.499)
25+ Years Work Experience	.473 (.499)	.353** (.478)	.316** (.465)
12 Years Education	.577 (.494)	.715** (.452)	.757** (.429)
13–15 Years Education	.164 (.370)	.140 (.347)	.139 (.346)
16 Years Education	.145 (.353)	.093** (.291)	.076** (.265)
17+ Years Education	.113 (.317)	.052** (.222)	.028** (.166)
Has Post-1975 Education	.291 (.454)	.169** (.375)	.120** (.291)
IQ (Henmon-Nelson Score)	55.480 (27.750)	48.190** (28.390)	47.600** (27.230)
<i>Social Background Characteristics</i>			
High School Class Rank (Percentile)	62.160 (26.430)	54.060** (27.790)	58.940* (26.670)
Number of Siblings	3.270 (2.520)	3.410 (2.580)	3.240 (2.720)

(Continued)

TABLE 1. (Continued)

Construct	1975 Aspiration		
	Paid Work	Don't Know	Housework
Mother's Education (years)	10.470 (2.880)	9.990** (2.810)	10.180 (2.740)
Father's Education (Years)	9.830 (3.47)	9.410** (3.13)	9.430* (3.26)
Occupational Status (SEI) of Householder's 1957 Job	35.580 (23.540)	32.800* (23.050)	33.860 (22.170)
Parental Income, 1957-1960, (in Hundreds)	64.690 (58.630)	61.920 (68.260)	63.880 (59.890)
Non-Intact Family, 1957	.098 (.297)	.099 (.298)	0.070 (.255)
Farm Background	.189 (.392)	.197 (.398)	.208 (.407)
<i>Family Characteristics</i>			
Currently Married	.807 (.394)	.794 (.405)	.874** (.333)
Number of Children	3.020 (1.750)	3.040 (1.690)	3.250 (1.730)
<i>Health Characteristics</i>			
Had 2+ Weeks of Depression, 1939-1975	.085 (.279)	0.060 (.242)	.052* (.223)
Had 2+ Weeks of Depression, 1975-1993	.178 (.383)	.155 (.362)	.169 (.375)
Poor Physical Health	.108 (.311)	.109 (.312)	.139 (.346)
N	2,624	558	317

\*  $p < .05$ ; \*\*  $p < .01$ . Separate t-tests were conducted to assess statistically significant differences between work aspirations versus "don't know" aspirations; and work aspirations versus housewife/not working" aspirations.

increased monotonically—from 32.9 for the lowest quartile, to 36.4 for the top quartile ( $F(4,2624) = 35.45, p \leq .000$ ). Similarly, scores on the depression scale decreased from 18.8 for the lowest quartile, to 13.7 for the top quartile ( $F(4,2624) = 10.8, p \leq .000$ ). Women who were not employed in 1992 or 1993 did *not* report the poorest mental health scores, however. Rather, non-working women have slightly healthier scores than women in the lowest occupational status group, yet worse scores than the three remaining occupational status groups. The bivariate analysis offers only a preliminary view of the relationship between socioeconomic status and mental health, however. The multivariate analyses, shown in Table 2, further elaborate the relationship between occupational aspirations, occupational attainments, and mental health.

The paper's central hypotheses are confirmed by the data: (1) a discrepancy between early occupational aspirations and subsequent attainment influences mental health; (2) the direction of the discrepancy matters; falling short of one's goals significantly increases

depression and lowers purpose in life levels, but surpassing one's goal does not enhance mental health; (3) the size of the discrepancy matters; falling short by a large distance is more harmful than falling short by a smaller distance; and (4) the harmful effect of falling short of one's goal attenuates when family characteristics are controlled.

### Depression

Results in Table 2 show that falling short of one's career goal by a great distance significantly raises one's level of depression by 2.95 points ( $p \leq .01$ ). Although falling short of one's career goal by a short distance significantly raised one's level of depression in a baseline model controlling only for aspiration and attainment characteristics, this effect was no longer statistically significant after I controlled for family characteristics. Family characteristics not only buffer against the harmful effects of falling slightly short of one's goals, but they also directly reduce depression levels.



Being married reduces current depression levels by 3.7 points, although having children is not a significant predictor of depression.

Contrary to assumptions of multiple discrepancy theory, only the relative level—

rather than both absolute and relative levels—of a woman's accomplishments influences depression. Although the bivariate analysis shows that absolute level of attainment (i.e., current occupational status) is sig-

**TABLE 2 OLS Regression of Mental Health on Aspiration-Attainment Gap**

	Depression (CES-D)	Purpose in Life
<i>Aspiration and Attainment Variables</i>		
Occupational Status (TSEI) of 1992 Job	0.004 (.041)	.043** (.017)
Not Working, 1992	1.630+ (.898)	-.873* (.362)
Occupational Status (TSEI) of 1975 Aspiration	-.036 (.042)	.018 (.017)
Fell Short of 1975 Goal, by a Large Distance	2.950* (1.380)	-1.070+ (.555)
Fell Short of 1975 Goal, by a Short Distance	1.040 (.995)	-.574 (.401)
Surpassed 1975 goal, by a Short Distance	.995 (1.020)	-.449 (.413)
Surpassed 1975 goal, by a Large Distance	-1.130 (1.310)	-.593 (.530)
<i>Human Capital Characteristics</i>		
Occupational status (TSEI) of 1975 or Most Recent Occupation	-.010 (.025)	-.0004 (.010)
Never Worked as of 1975	.076 (2.380)	.223 (.963)
Up to 10 Years Work Experience	-.559 (1.210)	.030 (.489)
25+ Years Work Experience	.657 (.680)	.167 (.275)
13-15 Years Education	-1.580 (.984)	.621 (.397)
16 Years Education	-.975 (1.220)	-.012 (.494)
17+ Years Education	-1.830 (1.460)	.449 (.592)
Post-1975 Education	.154 (.835)	.710* (.337)
IQ (Henmon-Nelson Score)	-.049** (.014)	.002 (.006)
<i>Family Characteristics</i>		
Currently Married	-3.690** (.795)	1.030** (.321)
Number of Children	-.272 (.191)	.159* (.077)
<i>Health Characteristics</i>		
Had 2+ Weeks of Depression, 1939-1975	3.250** (1.150)	-.392 (.465)
Had 2+ weeks of Depression, 1975-1993	7.350** (.846)	-1.790** (.342)
Poor Physical Health	11.690** (.959)	-2.930** (.386)
Constant	26.550 (3.180)	29.750 (1.280)
Adjusted R <sup>2</sup>	.165	.111
N	2043	2043

+ <.10; \* <.05; \*\* p<.01, one-tailed test.

*Notes:* Unstandardized regression coefficients and standard errors are presented. Social background characteristics are controlled, although regression coefficients are not shown. These variables include number of siblings, high school academic performance, mother's education, father's education, parental income, householder's 1957 occupational status, family structure, farm background, and dummy variables denoting missing data on parental income, parental occupational status, and high school academic performance.

nificantly associated with mental health, the multivariate analyses yield quite different results. Once the aspiration-attainment gap is controlled, a woman's 1992 occupational status is no longer a significant predictor of depression levels. At first inspection, it might appear that the goal attainment "gap" variables are capturing the main effects of current occupational status, yet this is not the case. I ran additional analyses where only two "gap" variables—surpass and fell short, regardless of distance size—were controlled. In these analyses, current occupational status was not a significant predictor of depression. Moreover, coefficients displayed in Table 2 show that both the "fell short by a great distance" variable and the variable measuring current occupational status are statistically significant predictors of purpose in life.

Poor physical health and prior depression have very large effects on current depression levels, and also account for some of the psychologically harmful effects of failing to meet one's goals. Falling short of one's goal by a large distance increased depression scores by 3.38 points, before health characteristics were controlled. After physical health and prior depression were controlled, this effect fell to 2.95, as shown in Table 2. This decrease suggests that the harmful effects of falling short may be partially explained by poor health, which may have prohibited goal attainment.

Interestingly, surpassing one's occupational aspiration is not a significant predictor of mental health. Women whose career accomplishments surpass the goals they set for themselves at age 35 do not enjoy lower levels of depression than women who achieved the goal they set in 1975.

### *Purpose in Life*

The failure to achieve one's career goals significantly lowers a woman's level of purpose in life, yet the size and significance level of the effects decline somewhat after family characteristics are controlled. Results in Table 2 show that falling short by a great distance reduces purpose in life levels by one full point ( $p \leq .10$ ). However, the significance level of this coefficient declined (from  $p \leq .05$ ), once family characteristics were controlled. Women who fell short of their career goal by a short distance evidenced reduced purpose in life scores that

were .8 points ( $p \leq .05$ ) lower than women who matched their goals in the baseline aspiration-attainment gap model, yet this effect was no longer significant after family characteristics were controlled. Moreover, being married and having children have direct, positive effects on purpose in life. Being married increases purpose in life scores by 1.03 points, and each child a woman has increases her purpose in life score by .16 points.

For purpose in life, unlike depression, both the absolute and relative levels of one's accomplishments matter. In Table 2, we see that each one point increase in occupational status is accompanied by a .043 point increase in purpose in life. Interestingly, women whose career accomplishments surpassed their earlier aspirations do not have significantly higher purpose in life scores. Health characteristics are large, significant predictors of purpose in life. Depression experienced between 1975 and 1992 lowers purpose in life scores by 1.8 points, and poor physical health reduces purpose in life levels by nearly three points.

### *Women Without Occupational Aspirations*

The analysis thus far has focused on women who articulated career aspirations in 1975. However, a sizeable proportion of WLS women either said that they "did not know" what they hoped to be doing ten years in the future (16%), or that they hoped to be keeping house or not working for pay ten years in the future (9%). Past research suggests that women who aspired to non-work roles at age 35 may have poorer mental health in their 50s. Some scholars believe that the housewife role confers little institutional recognition or social prestige, yet at the same time is accompanied by diffuse and never-ending duties—a combination which makes the role depression-prone (Gove and Tudor 1973). Likewise, women who said they "did not know" what they hoped to do in the future may also suffer poorer mental health at midlife. As noted earlier, Alloy et al. (1990) argued that holding low aspirations or no aspirations at all was a characteristic of the depressed. Levinson et al. (1978) similarly noted that "a Dream" or goal around which to organize one's life is an essential component of psychological adjustment at midlife.

A simple comparison of the subsample means, presented in Table 1, shows that

women who said they "did not know" what their future goal was had significantly lower purpose in life scores and significantly higher depression scores, compared to those with work aspirations. Women who hoped to be keeping house ten years in the future had significantly lower purpose in life scores. The three aspiration-type subgroups also differ significantly along most other dimensions, especially human capital and social background characteristics.

Regressions models were then run to assess whether the bivariate relationship between goal type and mental health could be "explained away" by other variables. Table 3 shows the effects of goal type on purpose in life and depression. Each row shows how the effect of goal type attenuates once additional variables are controlled. Although women who said they "did not know" what their aspirations were in 1975 had depression scores that were 1.2 points higher than those with work aspirations ( $p \leq .10$ ), this effect was no longer significant once social background characteristics were controlled.

Having no aspirations is a persistent, negative predictor of purpose in life, however. Even after social background, human capital, family, and health characteristics were controlled, women with no 1975 aspirations still had purpose in life scores that were .6 points

lower than those with work aspirations. Women who, at age 35, hoped to be keeping house in the future did not have significantly lower purpose in life scores at age 53, once human capital characteristics were controlled. Thus, it appears that holding an earlier "Dream"—be it paid employment or housework—protects midlife women against depressed levels of purpose in life.

## DISCUSSION AND CONCLUSION

Although social scientists have argued that men at midlife suffer from depression and low self-esteem when they recognize that their earlier aspirations have not been reached (Brim 1976; Levinson et al. 1978; Drebing et al. 1991), my analysis shows that women, too, enjoy higher levels of positive mental health and lower levels of depression when they have achieved the goals that they set out to tackle earlier in life. Although researchers have shown that current working conditions such as job stress and the pressures of blending work and family demands impact women's mental health (Barnett and Baruch 1985; Lennon and Rosenfield 1992), paid work may also represent a sense of accomplishment and achievement for women, thereby providing a source of positive mental health at midlife.

**TABLE 3. Effects of Aspiration Type on Purpose in Life and Depression**

1975 Aspiration:	Purpose in Life			Depression (CESD)		
	Occupation	Housewife	Don't Know	Occupation	Housewife	Don't Know
Average	34.430	33.450	33.190	16.770	18.010	17.970
No Controls	0	-.975** (.341)	-1.240** (.267)	0	1.240 (.881)	1.200+ (.690)
Social Background Characteristics Controlled	0	-.805* (.337)	-.945** (.266)	0	.812 (.871)	.465 (.687)
Social Background, and Human Capital Characteristics Controlled	0	-.379 (.338)	-.671** (.265)	0	.475 (.883)	.313 (.692)
Social Background, Human Capital, and Family Characteristics Controlled	0	-.396 (.336)	-.585* (.264)	0	.545 (.877)	.101 (.689)
Social Background, Human Capital, Family, and Health Characteristics Controlled	0	-.386 (.372)	-.594* (.294)	0	.756 (.929)	.284 (.734)

+ $p < .10$ ; \*  $p < .05$ ; \*\*  $p < .01$ , one-tailed tests.

Notes: Unstandardized regression coefficients and standard errors are presented.

These findings call into question early claims that women—particularly women who came of age in the 1950s, an era marked by traditional gender-role expectations—possess a “fear of success.” Horner (1972) noted that women “fear success” due to the discomfort associated with competing with men. Nadelson, Notman, and Bennett (1978:1092) echoed that “self-actualization, the pursuit of independent goals, and risk-taking have not been seen by our society as consistent with femininity.” To the contrary, the pursuit and attainment of independent goals is a source of emotional well-being among the midlife women of the WLS.

The harmful psychological effects of falling short of one's goal attenuate somewhat when family and health characteristics are considered. Falling short of one's goals by a short distance is no longer a significant predictor of depression once family characteristics are controlled. Likewise, the effect of falling short of one's goal declines substantially for purpose in life, and is significant only at the  $p \leq .10$  level when marital status and number of children are controlled. These results suggest that with multiple roles, one can help temper setbacks in one domain with achievements in another (Barnett and Baruch 1985; Thoits 1983). Although employment may be a source of stress for mothers of young children, due to the burdens of competing work and family demands, for midlife women, daily childrearing demands have essentially disappeared. Grown children may provide direct enhancements to mental health, in terms of social support, or may indirectly bolster their mother's mental health: Women at midlife who have successfully raised children to adulthood may feel that this success “balances” out a worklife that falls short of their earlier expectations.

Alternatively, it is possible that marriage and childrearing have led women to redirect their earlier career aspirations. Perhaps women lowered or abandoned their earlier career goals and instead focused on raising their children. Consequently, for these women who redirected their aspirations, failure to reach an early career goal may no longer be relevant to their mental health.

Physical health and prior depression also have direct effects on midlife mental health and contribute to the relationship between goal fulfillment and mental health. The effect of current employment status and the aspiration-

attainment gap on both depression and purpose in life decline when poor health and prior depression are controlled, suggesting that one's ability to work and the attainment of one's goals may be due in part to health characteristics.

Perhaps one of the most perplexing findings is that surpassing one's goal—relative to meeting one's goal—does not further enhance mental health. At first glance, it may appear that women who meet—yet do not exceed their goals—are simply working at the exact occupation they set out to hold 17 years earlier, and that those who surpass their goals are working at jobs other than those they aspired to. If this were the case, however, we might expect women who “surpass” their goals to be similar to those who fell short of their goals; that is, we would expect them to have poorer mental health. Results in Table 2 show that this is not the case; the two variables signifying “surpassing one's goal” were not significant predictors of mental health.

An underlying proposition of relative deprivation and multiple discrepancy theories is that receiving more than one had hoped for, or more than significant others receive, is a source of reward. If so, then why aren't mental health levels significantly higher for women who surpass their goals? It is possible that women who achieve higher status occupations than they had earlier aspired to hold face continually rising expectations and aspirations. James (1890) wrote that self-evaluations are based on personal successes and pretensions; the more success an individual achieves and the lower her expectations, the more positive her self-evaluations. Perhaps each accomplishment in the workplace is accompanied by an act of goal “re-setting,” whereby the woman creates a higher set of expectations. Thus, each accomplishment is met with a new and higher aspiration rather than an elevated sense of satisfaction and success.

It is also possible that those who surpass their goals gauge their success by a different reference group than do other women. Women who succeed beyond their expectations may live and work in situations where their peers are also very successful, thus one's own accomplishments may seem quite ordinary by comparison (Wills 1991). Similarly, woman who far surpass what they hoped for may work primarily with men, or may rely on men as their reference group. Past research has shown

that female employees who compare themselves with male coworkers are less satisfied with their jobs than those who compare themselves with other women (Zanna, Crosby, and Lowenstein 1987). However, these claims are speculation and can only be ascertained or refuted with further analyses.

The incorporation of social psychological variables into future analyses may be particularly instructive. It is possible that attaining (or surpassing) one's career goals at midlife may be meaningful only among persons for whom the extrinsic benefits of work, such as pay and status, are particularly important or salient (Gecas and Seff 1990); for those who are most certain about and committed to their initial aspirations (Lewin et al. 1944); and for persons who lack the flexibility to adapt their aspirations to reflect the actual opportunities and circumstances facing them (Brandstadter and Renner 1990). Future analyses would benefit from considering the effects of social psychological variables which may moderate the relationship between goal attainment and well-being.

The analyses also show that women without clear-cut aspirations at age 35 experienced lower levels of purpose in life at age 53. This provides support for claims by Alloy et al. (1990) that having no goals (or very low goals) is associated with poor mental health. Even after controlling for depression at or before the time of the 1975 interview, women who "did not know" what they hoped to do in the future had significantly lower levels of purpose in life. Women who aspired to the housewife role, however, were no worse off than those with occupational aspirations. An interesting question—although one beyond the scope of this paper—is whether women who aspire to be housewives yet end up having careers suffer from lower levels of well-being. In other words, what are the mental health consequences of working, among those who hoped not to work? Unfortunately, this question is particularly difficult to answer using WLS data. As of 1993, more than 98 percent of these women had worked at some point in their lives. Thus, defining who is and is not a "homemaker" is particularly difficult. Does the definition of a "homemaker" depend on the number of years spent working for pay, the hours worked per week, or a woman's belief that she is "mainly" a homemaker, regardless of whether she is employed for pay? All of

these questions warrant further investigation and may help illuminate distinct pathways to midlife mental health.

Finally, although I find that goal attainment—measured in terms of traditional measures of status attainment (i.e., occupational status)—influences women's mental health, it is possible that women do not define goal fulfillment in terms of extrinsic work benefits alone. Rather, the experience of performing challenging and fulfilling work may be a contributor to mental health at midlife. Future analyses should define an aspiration-attainment "match" in terms of the *substance*, rather than the *status*, of one's work. For instance, women who, in 1975, aspired to teaching professions (e.g., elementary or secondary school teacher, teacher's aide, or school principal) and who hold a teaching position later in life would be classified as a match. Women—and men—may maintain high levels of mental health when they are performing the tasks that they enjoy most, regardless of the status characteristics of that occupation.

## NOTES

1. In 1975, 9,138 of the original 10,317 respondents were interviewed. Excluding the 5.3 percent of the sample who died between 1957 and 1992, telephone interviews were completed with 8,020 (90% of 1975 respondents) and completed mail questionnaires were received from 6,535 (71% of 1975 respondents). The 1992 phone/mail respondents are more likely than non-respondents to be married, have slightly higher IQ scores, and have slightly higher incomes. There was no difference with respect to educational attainment or occupational status (Hauser et al. 1993).
2. The analyses presented in this paper have also been conducted for each of the five remaining subscales: autonomy, environmental mastery, personal growth, positive relations with others, and self-acceptance. Consistent with Ryff's (1989) assertion that the overall well-being scale comprises six theoretically and empirically distinct subscales, my analyses show that the effects of the aspiration-attainment gap vary somewhat across subscales, although generally similar findings emerge. Results for all subscales are available from the author.
3. As of 1993, nearly all of the children of the WLS women were between the ages of 24 and 37 years old (Hauser et al., 1993).
4. The depression history questions were administered to a randomly selected 80 percent subsam-

ple, in order to limit the duration of the 1992-93 interview. Consequently, the analytic sample size drops to 2,043 women for analyses controlling for depression history.

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**Deborah Carr** is an assistant professor of sociology at The University of Michigan and a faculty associate of the Population Studies Center and the Survey Research Center, Institute for Social Research. She received her Ph.D. in sociology at the University of Wisconsin-Madison in 1997. Her current research examines the mental health consequences of career change at midlife, and midlife adults' explanations for perceived successes and shortcomings in their work and family lives.